

**Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 0615-0008  
Grand Haven Public Schools**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.\*

**Control Plan – Delta Dental of Michigan**

**Benefit Year – July 1 through June 30**

**Covered Services –**

	<b>Delta Dental PPO Dentist Plan Pays</b>	<b>Delta Dental Premier Dentist Plan Pays</b>	<b>Nonparticipating Dentist Plan Pays*</b>
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Emergency Palliative Treatment – to temporarily relieve pain</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Brush Biopsy – to detect oral cancer</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Radiographs – X-rays</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Basic Services</b>			
<b>Minor Restorative Services – fillings and crown repair</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Endodontic Services – root canals</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Periodontic Services – to treat gum disease</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Oral Surgery Services – extractions and dental surgery</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Major Restorative Services – crowns</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Other Basic Services – misc. services</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Relines and Repairs – to prosthetic appliances</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Major Services</b>			
<b>Prosthodontic Services – bridges, implants, dentures, and crowns over implants</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Orthodontic Services</b>			
<b>Orthodontic Services – braces</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Orthodontic Age Limit –</b>	<b>up to age 19</b>	<b>up to age 19</b>	<b>up to age 19</b>

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people age 18 and under.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Benefits for cephalometric X-rays and photographs are not limited to orthodontics.
- Benefits for diagnostic casts are not limited to orthodontics.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Vestibuloplasty and excision of odontogenic tumors are Covered Services.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and

help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** – \$1,000 per person total per Benefit Year on all services except orthodontic services. \$750 per person total per lifetime on orthodontic services.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 80% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

**Deductible** – None.

**Waiting Period** – Enrollees who are eligible for Benefits are covered on the first day of employment.

**Eligible People** – All Secretaries with more than eight year of service who do not choose the Contractor-sponsored medical health program as certified to Delta by the contractor as subscribers eligible for full family coverage and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable.

Also eligible are your legal spouse and your dependent children.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

Benefits will cease on the last day of the month in which the employee is terminated.