

DeltaPremier
Summary of Dental Plan Benefits
For Group#0000372-0006
PETOSKEY PUBLIC SCHOOLS

This Summary of Dental Plan Benefits should be read in conjunction with your Dental Care Certificate. Your Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. In the event that you seek treatment from a dentist that does not participate in any of Delta Dental's programs, you may be responsible for more than the percentage indicated below.

Control Plan - Delta Dental Plan of Michigan

Benefit Year - July 1 through June 30

Covered Services -	Plan Pays	You Pay
Class I Benefits		
Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments)	60%	40%
Emergency Palliative Treatment - Used to temporarily relieve pain	60%	40%
Class II Benefits		
Diagnoses - X-rays	60%	40%
Surgery Services - Extractions and dental surgery, including preoperative and postoperative care	60%	40%
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals)	60%	40%
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth	60%	40%
Relines and Repairs - Relines and repairs to bridges and dentures	60%	40%
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings)	60%	40%
Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns)	60%	40%
Class III Benefits		
Prosthodontic Services - Used to replace missing natural teeth (for example, bridges and dentures)	60%	40%

- Oral exams, prophylaxes (cleanings), and fluoride treatment (to age 19) are payable twice in any period of 12 consecutive months.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays are payable once in any five-year period.
- Composite resin (white) restorations and porcelain crowns are not Covered Services on posterior teeth.

If you're planning on traveling outside the United States, you can receive emergency dental treatment through a worldwide dental network of English-speaking dentists. English-speaking customer service is available 24 hours a day, seven days a week, to help you find a dentist. Contact your benefits representative to obtain our international dental emergency brochure before you travel.

Maximum Payment - \$1,000 per person total per benefit year on Class I, Class II and Class III Benefits.

Co-payable - None.

Waiting Period - Employees who are eligible for dental benefits are covered on the first day of employment.