Delta Dental PPO (Standard)
Summary of Dental Plan Benefits
For Group# 2355-2001, 2099
Detroit Public Schools Community District
PPO Core

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 – January 1 through December 31

Covered Services –

<table>
<thead>
<tr>
<th>Diagnostic &amp; Preventive Services – exams, cleanings, fluoride, and space maintainers</th>
<th>Delta Dental PPO Dentist Plan Pays</th>
<th>Delta Dental Premier Dentist Plan Pays*</th>
<th>Nonparticipating Dentist Plan Pays*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Palliative Treatment – to temporarily relieve pain</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Brush Biopsy – to detect oral cancer</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Radiographs – X-rays</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Basic Services

| Minor Restorative Services – fillings and crown repair | 85% | 75% | 75% |
| Endodontic Services – root canals | 85% | 75% | 75% |
| Periodontic Services – to treat gum disease | 85% | 75% | 75% |
| Oral Surgery Services – extractions and dental surgery | 85% | 75% | 75% |
| Other Basic Services – misc. services | 85% | 75% | 75% |
| Relines and Repairs – to bridges, implants, and dentures | 85% | 75% | 75% |

Major Services

| Major Restorative Services – crowns | 50% | 50% | 50% |
| Prosthodontic Services – bridges, implants, and dentures | 50% | 50% | 50% |

Orthodontic Services

| Orthodontic Services – braces | 50% | 50% | 50% |
| Orthodontic Age Limit – up to age 19 | up to age 19 | up to age 19 | up to age 19 |

* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule 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.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.
- Bitewing X-rays are payable twice in any period of 12 consecutive months for people under age 19 and once in any period of 12 consecutive months for people age 19 and older. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.
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** – $1,500 per person total per Benefit Year on all services except orthodontic services. $1,000 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 50% 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 upon the determination by the Detroit Public Schools.

**Eligible People** – All regular employees and para-professional employees qualified under Detroit Public Schools Action who choose the PPO Core dental plan (2001) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (2099).

Also eligible are your legal spouse and your dependent children to the end of the calendar year in which they turn 19 and your dependent unmarried children to the age of 25 if a full-time student who are eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse’s coverage if you and your Spouse are both covered as Subscribers under This Plan.

Benefits will cease on the last day of the month in which the employee is terminated.
This plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

This plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats)

This plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call 1-800-524-0149 (TTY users call 711).

If you believe that this plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with-the civil rights coordinator at PO Box 9089, Farmington Hills, MI 48333-9089; by phone at 1-800-524-0149 (TTY users call 711) or fax to 517-706-3513. You can file a grievance by mail, fax or phone. If you need help filing a grievance, the civil rights coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

KUIDES: Nése flitni shqip, përkujtuje këto asistencë gjëshësore, pa pagëse. Telefononi në 1-800-524-0149 (TTY: 711).

 Tearata: Këto kufijë mund të ndihmojnë tregueshët e këto asistencë bazë tregët. Më shtatë numër të ndihmuar: 1-800-524-0149 (TTY: 711).


주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-524-0149 (TTY: 711) 번으로 전화해 주십시오.