

**DeltaPremier USA  
 Benefit Features for  
 Trinity Health  
 High Plan 207**

The following chart indicates the services covered by Delta Dental Plan of Michigan through DeltaPremier USA. It also shows the percentage of coverage of Delta Dental's allowed fee for each category and your copayment, if any:

<b>Effective: January 1, 2007</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Deductible</b> – deductible per person / per family per <b>calendar</b> year on Class II and Class III Benefits. The deductible does not apply to Class I or Class IV Benefits.	\$25 / \$50	
<b>CLASS I</b>		
<b>Diagnostic and Preventive Services</b> – Used to diagnose and/or prevent dental abnormalities or disease (includes exams and cleanings payable twice in any calendar year, and fluoride treatments [through age 14] payable once in a calendar year)	100%	0%
<b>Emergency Palliative Treatment</b> – Used to temporarily relieve pain.	100%	0%
<b>Radiographs</b> – X-rays, including bitewing X-rays payable once in a calendar year. Full mouth X-rays are allowed once in a three-year period.	100%	0%
<b>CLASS II</b>		
<b>Oral Surgery Services</b> – Extractions and dental surgery, including preoperative and postoperative care.	80%	20%
<b>Endodontics</b> – Used to treat teeth with diseased or damaged nerves (for example, root canals).	80%	20%
<b>Periodontics</b> – Used to treat diseases of the gums and supporting structures of the teeth.	80%	20%
<b>Relines and Repairs</b> – Relines and repairs to bridges and dentures.	80%	20%
<b>Minor Restorative Services</b> – Used to repair teeth damaged by disease or injury (for example, amalgam [silver] and resin [white] fillings). Composite resin restorations are not covered services on posterior teeth.	80%	20%
<b>Sealants</b> – Dental sealants to age 14 to prevent decay on the occlusal surface of permanent molars once per tooth per lifetime.	80%	20%
<b>CLASS III</b>		
<b>Major Restorative Services</b> – Used when teeth cannot be restored with another filling material (for example, crowns). Porcelain crowns are not covered services on posterior teeth.	50%	50%
<b>Prostodontics</b> – Used to replace missing natural teeth (for example, bridges and dentures).	50%	50%
<b>CLASS IV</b>		
<b>Orthodontic Services (to age 19)</b> – Used to correct malposed teeth and/or facial bones (for example, braces).	50%	50%
<b>Maximum Payment</b> – <b>\$1,500</b> per person total per <b>calendar</b> year on Class I, Class II, and Class III Benefits. Delta Dental's payment for Class IV Benefits will not exceed a <b>lifetime</b> maximum of <b>\$1,500</b> per eligible person.		

**Customer Service toll-free number (800) 524-0149  
 www.deltadental.com**

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for policy exclusions and limitations.