

DeltaPremier USA
Summary of Dental Plan Benefits
For Group#0009557-2710
MERCY HEALTH SERVICES, GRAYLING

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 - January 1 through December 31

Covered Services -	Delta Dental 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)	100%	0%
Emergency Palliative Treatment - Used to temporarily relieve pain	100%	0%
Radiographs - X-rays	100%	0%
Class II Benefits		
Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care	80%	20%
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals)	80%	20%
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth	80%	20%
Relines and Repairs - Relines and repairs to bridges and dentures	80%	20%
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, amalgam [silver] and resin [white] fillings)	80%	20%
Class III Benefits		
Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns) -	50%	50%
Prosthetic Services - Used to replace missing natural teeth (for example, bridges and dentures)	50%	50%
Class IV Benefits		
Orthodontic Services (to age 19) - Used to correct malposed teeth and/or facial bones (for example, braces)	50%	50%

Maximum Payment - \$1,000 per person total per benefit year on Class I, Class II and Class III Benefits. Delta Dental's payment for Class IV Benefits will not exceed a lifetime maximum of \$1,000 per eligible person.

Deductible - \$25 deductible per person total per benefit year limited to a maximum deductible of \$75 per family per benefit year on Class II and Class III Benefits. The deductible does not apply to Class I or Class IV Benefits.

Waiting Period - Employees who are eligible for dental benefits can be covered on the first day of the calendar month after the completion of 30 days of continuous service as an employee.

Eligible People - All regular full-time employees of Mercy Health Services, Grayling scheduled to work 64 hours bi-weekly and regular part-time employees scheduled to work 32 hours bi-weekly who choose the High Option dental plan and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 if applicable.

Also eligible are your legal spouse, your dependent children to the end of the calendar year in which they turn 19 and your dependent unmarried children to the end of the calendar year in which they turn 24 who are eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year.

If you and your spouse are both eligible under this contract, you may be enrolled together on one application card or separately on individual application cards. Your dependent children may only be enrolled on one subscriber's application card. Delta Dental will not coordinate benefits. Unless this is a Section 125 plan, subscribers and their dependents who enroll in the dental plan are required to remain enrolled for a minimum of 12 months. If this is a Section 125 plan, an election may be revoked or changed at any time if the change is the result of a change in family status as defined under Internal Revenue Code Section 125. The contractor and subscriber share the cost of this plan.

Benefits will cease on the last day of the calendar month in which employment ends.