

Appendix 224
Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group #0009558
Trinity Health
Plan Code 224

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. The percentages below will be applied to the lesser of the dentist's submitted fee and Delta Dental's allowance for each service. Delta Dental's allowance may vary by the dentist's network participation. PLEASE NOTE - If you choose a Nonparticipating Dentist, you will be responsible for any difference between the amount Delta Dental allows and the amount the Nonparticipating Dentist charges, in addition to any Copayment or Deductible.

Control Plan – Delta Dental of Michigan

Benefit Year – January 1 through December 31

Covered Services -

	PPO Dentist	Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Class I Benefits			
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Class II Benefits			
Sealants - to prevent decay of permanent teeth	80%	80%	80%
Minor Restorative Services - includes fillings	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Endodontic Services - includes root canals	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Relines and Repairs - to bridges and dentures	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Class III Benefits			
Major Restorative Services - includes crowns	60%	50%	50%
Prosthodontic Services - includes bridges, implants, and dentures	60%	50%	50%
Class IV Benefits			
Orthodontic Services - includes braces	50%	50%	50%
Orthodontic Age Limit -	No Age Limit	No Age Limit	No Age Limit

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Fluoride treatments are payable once per calendar year for people up to age 14.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per lifetime for the occlusal surface of permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Inlays are Covered Services.
- Porcelain crowns are optional treatment on posterior teeth.
- Precision attachments on dentures are Covered Services.

- Precision attachments on bridges are Covered Services.
- Implants and implant related services are payable once per tooth in any five-year period.
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

Having Delta Dental coverage makes it easy for our enrollees 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 –

PPO Dentist - \$1,500 per person total per benefit year on all services except Orthodontics. \$1,500 per person total per lifetime on Orthodontic Services.

Premier Dentist or Nonparticipating Dentist - \$1,500 per person total per benefit year on all services except Orthodontics. \$1,000 per person total per lifetime on Orthodontic Services.

These are not separate maximums by type of dentist.

Deductible –

PPO Dentist - None.

Premier Dentist or Nonparticipating Dentist - \$25 deductible per person total per benefit year limited to a maximum deductible of \$75 per family per benefit year. The deductible does not apply to Diagnostic and Preventive services, Emergency Palliative Treatment, Brush Biopsy, X-rays, and Orthodontic services.

Waiting Period –Coverage will become effective after you satisfy the waiting period as defined by your Trinity Health MO.

Eligible People – All Associates of the Contractor as defined by your Trinity Health MO who choose the dental plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees.

Also eligible are your legal spouse (legal spouses are those for whom the Internal Revenue Services recognizes as a legal spouse, common law marriage is excluded), dependent children by birth, marriage, adoption, legal guardianship or Qualified Medical Child Support Order (QMCSO).

Dependent children are eligible for coverage under the Plan through the end of the calendar year in which they turn 19 or to the end of the calendar year in which they turn 24 and are enrolled as full-time student for at least five months of the year and, provided they meet all of the following criteria:

- They are unmarried.
- They are the natural, legally adopted or court appointed children of either you and/or your legal spouse (a legal spouse is a person who is legally married to you under applicable State and Federal law and who the IRS recognizes as your spouse and for income tax purposes; a spouse by common law marriage is not considered your legal spouse for Plan purposes).
- They are not otherwise covered under the Plan or any other group health plan offered by the Employer.
- They either:
 - have the same principal place of abode as you for more than half of the taxable year, and they do not provide more than half of their own support for the taxable year (a “qualifying child”); or
 - have gross income for the taxable year, which is less than the exemption amount under Code Section 151(d) (\$3,650 for 2009), you provide over half of their support and they are not anyone else’s qualifying child.

Dependent children are eligible for coverage under the Plan through the end of the calendar year in which they turn 26, provided they meet all of the following criteria:

- They are unmarried.
- They are the natural, legally adopted or court appointed children of either you and/or your legal spouse (a legal spouse is a person who is legally married to you under applicable State and Federal law and who the IRS recognizes as your spouse and for income tax purposes; a spouse by common law marriage is not considered your legal spouse for Plan purposes).
- They are not otherwise covered under the Plan or any other group health plan offered by the Employer.

- They have gross income for the taxable year, which is less than the exemption amount under Code Section 151(d) (\$3,650 for 2009).
- You provide over half of their support for the taxable year.
- They are not anyone else's qualifying child.

Dependent children who are totally and permanently disabled are eligible for coverage beyond age 26, provided they also meet all of the following criteria:

- They are continuously enrolled in a creditable plan prior to their 19th or 26th birthday, and
- They are deemed legally disabled by mental or physical incapacity (i.e., unable to engage in any substantially gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months) prior to their 19th or 26th birthday.

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 if both you and your spouse are employed with Trinity Health. 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 pay period in which employment ends.