



DeltaPremier USA
Summary of Dental Plan Benefits
Plan Number 205
HOLY CROSS HEALTH, INC.

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 -	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)	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, fillings)	80%	20%
Sealants - Used to prevent decay of pits and fissures of permanent back teeth	80%	20%
Class III Benefits		
Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns)	50%	50%
Prosthodontic Services - Used to replace missing natural teeth (for example, bridges and dentures)	50%	50%
Class IV Benefits		
Orthodontic Services (no age limit) - Used to correct malposed teeth (for example, braces)	50%	50%

- ~ The orthodontic age limitations are hereby waived for eligible Subscribers, spouses and dependent children.
- ~ Benefits for oral examinations, and prophylaxes are payable twice per calendar year.
- ~ Fluoride treatment (to age 14) is payable once per calendar year.
- ~ Benefits for bitewing X-rays are payable once per calendar year.
- ~ Benefits for full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- ~ Sealants are only payable for the occlusal surface of permanent molars to age 14. The surface must be free from decay and restorations. Sealants are payable once per tooth per lifetime.
- ~ Inlays and precision attachments will be covered under this plan.

- ~ Composite resin (white) restorations and porcelain crowns are not Covered Services on posterior teeth.
- ~ Implants and related services are Covered Services.
- ~ 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're outside of the United States through our Passport Dental program. This program gives you access to the International SOS Assistance (I-SOS) worldwide network of dentists and dental clinics. English-speaking I-SOS 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 - \$1,000 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 \$50 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 - Coverage will become effective after you satisfy the waiting period as defined by your Trinity Health RMO.

Eligible People - All employees of Holy Cross Health, Inc. as defined by Trinity Health RMO who choose the Delta Premier 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 (legal spouses are those for whom the Internal Revenue Services recognizes as a legal spouse, common law marriage is excluded), 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 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 calendar month in which employment ends.