



DeltaPremier
Summary of Dental Plan Benefits
For Group#0006215-0009
WEBBERVILLE COMMUNITY SCHOOLS

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 - July 1 through June 30

| 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% |
| Class II Benefits | | |
| Radiographs - X-rays | 90% | 10% |
| Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care | 90% | 10% |
| Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals) | 90% | 10% |
| Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth | 90% | 10% |
| Relines and Repairs - Relines and repairs to bridges and dentures | 90% | 10% |
| Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings) | 90% | 10% |
| Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns) | 90% | 10% |
| Class III Benefits | | |
| Prosthetic Services - Used to replace missing natural teeth (for example, bridges and dentures) | 90% | 10% |
| Class IV Benefits | | |
| Orthodontic Services (to age 19) - Used to correct malposed teeth (for example, braces) | 90% | 10% |

- ~ Oral exams, prophylaxes (cleanings), and fluoride treatment (to age 19) are payable twice in any period of 12 consecutive months.
- ~ Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays are payable once in any five-year period.
- ~ Composite resin (white) restorations and porcelain crowns are not Covered Services on posterior teeth.
- ~ Implants and related services are not Covered Services.