Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 6492  
Lenawee County Consortium

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental’s allowance for each service and it may vary due to the dentist’s network participation.*

Control Plan – Delta Dental of Michigan

Benefit Year – July 1 through June 30

Covered Services –

<table>
<thead>
<tr>
<th>Service Description</th>
<th>PPO Dentist</th>
<th>Premier Dentist</th>
<th>Non-participating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic &amp; Preventive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Palliative Treatment – to temporarily relieve pain</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Brush Biopsy – to detect oral cancer</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sealants – to prevent decay of permanent teeth</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Radiographs – X-rays</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Minor Restorative Services – fillings and crown repair</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Endodontic Services – root canals</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Periodontic Services – to treat gum disease</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Oral Surgery Services – extractions and dental surgery</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Major Restorative Services – crowns</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Other Basic Services – misc. services</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Relines and Repairs – to bridges, dentures, and implants</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthodontic Services – bridges, implants, and dentures</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic Services – braces</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Orthodontic Age Limit –</td>
<td>Up to age 19</td>
<td>Up to age 19</td>
<td>Up to age 19</td>
</tr>
</tbody>
</table>

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental’s Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.

Customer Service Toll-Free Number: (800) 524-0149  
www.DeltaDentalMI.com  
July 1, 2013
Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.

Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.

Benefits for cephalometric X-rays and photographs are not limited to Orthodontics.

Benefits for diagnostics casts are not limited to Orthodontics.

Composite resin (white) restorations are Covered Services on posterior teeth.

Porcelain and resin facings on crowns are optional treatment on posterior teeth.

Vestibuloplasty and excision of odontogenic tumors are Covered Services.

Implants and implant related services are payable once per tooth in any five-year period.

Maximum Payment – $1,500 per person total per benefit year on all services except orthodontics. $1,500 per person total per lifetime on orthodontic services.

Deductible – None.

Eligible People – All Lenawee County Consortium Members who do not choose the contractor-sponsored medical health program and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Contractor pays the full cost of this plan. The Contractor pays the full cost of this plan.

Also eligible are your legal spouse and your dependent children.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application and as a dependent on your spouse’s application. Your dependent children may be enrolled on both applications as well. Delta Dental will coordinate benefits.

Benefits will cease on the last day of the month in which the employee is terminated.
Quality Service...A Standard at Delta Dental

Delta Dental is pleased to provide you with the service you have come to expect from the industry leader in dental benefits. In fact, providing the best service possible is so important to us that we made Quality Service one of our Core Values. To that end, we’ve created many convenient ways for you to access any information you may need about your dental coverage.

Use Your Computer

Visit Consumer Toolkit at www.deltadentalmi.com. It provides all the information you need to learn about your plan, review claims and claim payments, access a searchable dentist directory, and more.

Use Your Telephone

Call DASI (Delta Dental’s Automated Service Inquiry) system at (800) 524-0149, 24 hours a day, seven days a week. This system provides eligibility information, benefit levels, claim status, time limitations, available benefits for oral exams, cleanings and X-rays, our mailing address and the names of participating dentists near you. If you have additional questions, you may exit the system to speak with a Customer Service associate at any time during normal business hours (Monday through Friday from 8:30 a.m. to 8:00 p.m. Eastern Time).

Use Your Cards

We have provided two Delta Dental cards below. Although you do not need to show these cards to your dentist to receive dental treatment, you may wish to carry them for informational purposes. Our toll-free telephone number and web address are printed on these cards for your reference.

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**DELTA DENTAL**

**REFERENCE CARD**

For inquiries about your dental benefits, or to find a participating dentist:

www.deltadentalmi.com
(800) 524-0149

SEND WRITTEN INQUIRIES TO:
P.O. BOX 9089
FARMINGTON HILLS, MI 48333-9089

MAIL CLAIMS ONLY TO:
P.O. BOX 9085
FARMINGTON HILLS, MI 48333-9085

THIS CARD IS FOR REFERENCE PURPOSES ONLY AND IS NOT A GUARANTEE THAT COVERAGE IS IN FORCE.

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