



Delta Dental PPO (Standard)
Summary of Dental Plan Benefits
For Group# 0241-0001, 0002, 0099
Ricart Automotive

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 Ohio

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays*	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment – to temporarily relieve pain	80%	80%	50%
Minor Restorative Services – fillings and crown repair	80%	80%	50%
Simple Extractions – non-surgical removal of teeth	80%	80%	50%
Other Basic Services – misc. services	80%	80%	50%
Relines and Repairs – to bridges, implants, and dentures	80%	80%	50%
Major Services			
Endodontic Services – root canals	50%	50%	25%
Periodontic Services – to treat gum disease	50%	50%	25%
Other Oral Surgery – dental surgery	50%	50%	25%
Major Restorative Services – crowns	50%	50%	25%
Prosthodontic Services – bridges, implants, and dentures	50%	50%	25%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	Up to age 19	Up to age 19	Up to age 19

* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule (or the Nonparticipating Dentist Fee) that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

<u>Employee Contributions:</u>	<u>MONTHLY</u>	<u>WEEKLY</u>
Employee Single	\$21.05	\$4.86
Employee & Spouse	\$36.01	\$8.31
Employee & Child(ren)	\$37.85	\$8.73
Family	\$63.57	\$14.67

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people up to age 19.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

Having Delta Dental coverage makes it easy for you 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 – \$1,000 per person total per Benefit Year on all services except orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

Deductible –

Delta Dental PPO Dentist - \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, sealants, and orthodontic services.

Delta Dental Premier Dentist or Nonparticipating Dentist - \$100 Deductible per person total per Benefit Year limited to a maximum Deductible of \$300 per family per Benefit Year on all services including orthodontic services.

Waiting Period – Employees who are eligible for dental benefits are covered on the first day of the month following 60 days of employment.

There is a 6-month waiting period for certain services. Endodontic Services, Periodontic Services, Other Oral Surgery, Major Restorative Services, Prosthodontic Services, and Orthodontic Services will not be covered until after a person is enrolled in the dental plan for 6 consecutive months.

Eligible People – All active full-time employees of the Contractor, Weekly Pay (0001) and Monthly Pay (0002), regularly scheduled to work at least 30 hours per week who choose the dental plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099). The Subscriber pays the full cost of this plan.

Also eligible are your legal spouse and your children under age 26, including your children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your spouse are both eligible for coverage under this Contract, you may be enrolled together on one application or separately on individual applications, but not both. Your dependent children may only be enrolled on one application. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Contract.

Benefits will cease on the date of termination.