



**Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 1778-0001  
City of Auburn Hills**

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** – August 1 through July 31

**Covered Services** –

|   | <b>Delta Dental<br/>PPO Dentist</b> | <b>Delta Dental<br/>Premier Dentist</b> | <b>Non-<br/>participating<br/>Dentist</b> |
|---|-------------------------------------|---|---|
|   | <b>Plan Pays</b>                    | <b>Plan Pays</b>                        | <b>Plan Pays*</b>                         |
| <b>Diagnostic &amp; Preventive</b>  |                                     |   |   |
| <b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers | <b>80%</b>                          | <b>80%</b>                              | <b>80%</b>                                |
| <b>Emergency Palliative Treatment</b> – to temporarily relieve pain                           | <b>80%</b>                          | <b>80%</b>                              | <b>80%</b>                                |
| <b>Brush Biopsy</b> – to detect oral cancer   | <b>80%</b>                          | <b>80%</b>                              | <b>80%</b>                                |
| <b>Radiographs</b> – X-rays   | <b>80%</b>                          | <b>80%</b>                              | <b>80%</b>                                |
| <b>Basic Services</b>   |                                     |   |   |
| <b>Minor Restorative Services</b> – fillings and crown repair                                 | <b>80%</b>                          | <b>80%</b>                              | <b>80%</b>                                |
| <b>Endodontic Services</b> – root canals  | <b>80%</b>                          | <b>80%</b>                              | <b>80%</b>                                |
| <b>Periodontic Services</b> – to treat gum disease  | <b>80%</b>                          | <b>80%</b>                              | <b>80%</b>                                |
| <b>Oral Surgery Services</b> – extractions and dental surgery                                 | <b>80%</b>                          | <b>80%</b>                              | <b>80%</b>                                |
| <b>Other Basic Services</b> – misc. services  | <b>80%</b>                          | <b>80%</b>                              | <b>80%</b>                                |
| <b>Relines and Repairs</b> – to bridges, implants, and dentures                               | <b>80%</b>                          | <b>80%</b>                              | <b>80%</b>                                |
| <b>Major Services</b>   |                                     |   |   |
| <b>Major Restorative Services</b> – crowns  | <b>50%</b>                          | <b>50%</b>                              | <b>50%</b>                                |
| <b>Prosthodontic Services</b> – bridges, implants, and dentures                               | <b>50%</b>                          | <b>50%</b>                              | <b>50%</b>                                |
| <b>Orthodontic Services</b>   |                                     |   |   |
| <b>Orthodontic Services</b> – braces  | <b>80%</b>                          | <b>80%</b>                              | <b>80%</b>                                |
| <b>Orthodontic Age Limit</b> –  | <b>No Age Limit</b>                 | <b>No Age Limit</b>                     | <b>No Age Limit</b>                       |

\* 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.
- 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 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.
- 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** – \$500 per person total per Benefit Year on orthodontic services. \$1,500 per person total per Benefit Year on all services except orthodontics.

**Deductible** – None.

**Waiting Period** – Employees who are eligible for dental benefits are covered on the first day of the month following 120 days of continuous employment.

**Eligible People** – All full-time employees, except Administrators, City Council members and POAM employees of the Contractor and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Contractor pays the full cost of this plan.

Also eligible at your option are your legal spouse, 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 25 if 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 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 last day of the month in which the employee is terminated.