DENTAL FOR EVERYONE
SUMMARY OF BENEFITS, LIMITATIONS AND EXCLUSIONS

DEDUCTIBLE

The dental plan features a deductible. This is an amount the Enrollee must pay out-of-pocket before Benefits are paid. The Co-Payment amount is $25 Per Person Per Visit.
Orthodontic Benefits are subject to a separate lifetime deductible of $150 per Dependent Child Enrollee.

MAXIMUM AMOUNT

The Maximum Amount payable each Calendar Year is $2,000 per Enrollee.

BENEFITS, LIMITATIONS & EXCLUSIONS

Delta Dental Insurance Company (Delta Dental) will pay the Benefits for the types of dental services as described below. Delta Dental will pay Benefits only for covered services. These services must be provided by a Dentist and must be necessary and customary under generally accepted dental practice standards.

Patient Insurance
Delta Dental's provision of Benefits is limited to the applicable percentage of Dentist's fees specified below. The Enrollee is responsible for paying the remaining applicable percentage of any such fees, known as the "Patient Coinsurance". Your group has chosen to require Patient Coinsurance payments under this program as a method of sharing the costs of providing dental Benefits between Applicant and Enrollees.

If the Dentist discounts, waives or rebates any portion of the Patient Coinsurance to the Enrollee, Delta Dental will be obligated to provide as Benefits only the applicable percentages of the Dentist's fees reduced by the amount of such fees that is discounted, waived or rebated.

Limitations on all Benefits - Optional Services:
Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services." Optional Services also include the use of specialized techniques instead of standard procedures. For example: a crown where a filling would restore the tooth, a precision denture where a standard denture could be used, or an inlay instead of a restoration. If you receive Optional Services, your Benefits will be based on the lower cost of the customary service or standard practice instead of the higher cost of the Optional Service. You will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard practice.

EXCLUSIONS
Delta Dental does not pay Benefits for:

a) Services for injuries or conditions which are compensable under workers' compensation or employers' liability laws; services which are provided to the Enrollee by any federal or state government agency or are provided without cost to the Enrollee by any municipality, county or other political subdivision except as such exclusion may be prohibited by law.

b) Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration) of the teeth, and anodontia (congenitally missing teeth), except those services provided to newborn children for congenital defect or birth abnormalities.

c) Services for restoring tooth structure lost from wear, erosion, or abrasion, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include, but are not limited to: equilibration, periodontal splinting, occlusal adjustment.

d) Any Single Procedure started prior to the date the person became covered for such services under this program.

e) Prescribed drugs, medication or analgesia.

f) Experimental procedures.

g) Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.

h) Charges for anesthesia, other than by a licensed Dentist for administering general anesthesia in connection with covered oral surgery services.

i) Extraoral grafts (grafting of tissues from outside the mouth to oral tissues).

j) Services with respect to any disturbance of the temporomandibular joint (jaw joint).

k) Services performed by any person other than a Dentist or auxiliary personnel legally authorized to perform services under the direct supervision of a Dentist.

l) For treatment rendered by a person who ordinarily resides in the Primary Enrollee's household or who is related to the Primary enrollee (or to the Primary Enrollee 's spouse) by blood, marriage or legal adoption.

PAYMENTS
Delta Dental will pay or otherwise discharge the following percentage of the Contract Allowance for covered services.

Diagnostic and Preventive Benefits:
80% during Primary Enrollee's first year
90% during the Primary Enrollee's second year
100% during the Primary Enrollee's third year of coverage and thereafter
Benefits will increase on the Primary Enrollee's anniversary date under the Contract.

Diagnostic:	procedures to aid the Dentist in choosing required dental treatment.
Preventive:	prophylaxis (cleaning; periodontal cleaning in the presence of gingival inflammation is considered to be periodontal for payment purposes); topical application of fluoride solutions; space maintainers.

Limitations on Diagnostic and Preventive Benefits:
a) Delta Dental will not pay for more than (1) oral exam and cleaning, including a periodontal cleaning done in any six (6) month period that the Enrollee is covered by any Delta Dental program.
b) Full-mouth x-rays or panographic x-rays will be provided when required by the Dentist, but no more than once each 3 years will be paid by Delta Dental.
c) Bitewing x-rays are limited to once in any six (6) month period that the Enrollee is covered by any Delta Dental program.
d) Delta Dental will not pay for topical application of fluoride for anyone nineteen (19) years or older.

Basic Benefits:
60% during Primary Enrollee's first year
70% during the Primary Enrollee's second year
80% during the Primary Enrollee's third year of coverage and thereafter
Benefits will increase on the Primary Enrollee's anniversary date under the Contract.

General Anesthesia:	general anesthesia given by a Dentist for a covered oral surgery procedure.
Palliative:	treatment to relieve pain.
Sealant Benefits:	topically applied acrylic, plastic or composite materials used to seal developmental grooves and pits in permanent molars for the purpose of preventing decay.
Restorative:	amalgam, synthetic porcelain, plastic fillings and prefabricated stainless steel restorations for treatment of carious lesions (visible destruction of hard tooth structure).

Limitations on Basic Benefits:

a) Sealants are limited as follows:
   i) Sealant Benefits are available only to Enrollees through age 15.
   ii) Sealants are limited to application to permanent molars with no caries (decay), without restorations and with the occlusal surface intact.
   ii) Sealant Benefits do not include the repair or replacement of a sealant on any tooth within three (3) years of its application.

b) Basic Benefits are limited to Enrollees who have been enrolled in this plan for 6 consecutive months.

Major Benefits

0% during Primary Enrollee's first year
40% during the Primary Enrollee's second year
50% during the Primary Enrollee's third year of coverage and thereafter

Benefits will increase on the Primary Enrollee's anniversary date under the Contract.

Denture Repairs:	repair to partial or complete dentures including rebase procedures and relining.
Oral Surgery:	extractions and certain other surgical procedures (including pre- and post-operative care).
Endodontics:	treatment of the tooth pulp.
Periodontics:	treatment of the gums and bones supporting teeth.
Crowns, Jackets and Cast Restorations:	treatment of carious lesions (visible decay of the hard tooth structure) when teeth cannot be restored with amalgam, synthetic porcelain, plastic restorations or prefabricated stainless steel restorations.
Prosthodontics:	procedures to construct or repair fixed bridges and construction of partial or complete dentures.

Limitations on Major Benefits:

a) Delta Dental will not pay to replace any crowns, jackets, or cast restorations the patient received in the previous five (5) years.

b) Delta Dental will not pay to replace any bridge or denture that the patient received in the previous five (5) years. An exception is made if the bridge or denture cannot be made satisfactory due to a change in supporting tissues or because too many teeth have been lost.

c) Delta Dental limits Benefits for dentures to a standard partial or complete denture. A "standard" denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means.

d) Delta Dental will not pay for implants (artificial teeth implanted into or on bone or gums) or their removal; but Delta Dental will credit the cost of a standard complete or partial denture that would have been allowed under this plan toward the cost of an implant and related services (copayments apply.)

e) The initial installation of a fixed bridge or partial or complete denture is not a Benefit unless the bridge or denture is made necessary by natural teeth extraction occurring during a time the patient was eligible under a Delta dental care program.
f) Major Benefits are limited to Enrollees who have been enrolled in this plan for 12 months.

Orthodontic Benefits:

0% during Primary Enrolleeôs first year
40% during the Primary Enrolleeôs second year
50% during the Primary Enrolleeôs third year of coverage and thereafter

Benefits will increase on the Primary Enrolleeôs anniversary date under the Contract.

Procedures performed by a Dentist, involving the use of an active orthodontic appliance and post-treatment retentive appliances for treatment of malalignment of teeth and/or jaws which significantly interferes with their functions.

Limitations on Orthodontic Benefits:

a) The maximum amount payable for each Dependent Child Enrollee during the Dependent Child Enrolleeôs lifetime is $1,500.
b) All payments will be on a monthly basis. The obligation of Delta Dental to make periodic payments for an Orthodontic treatment plan begun prior to the date the patient becomes covered will commence with the first payment due following the date the patientôs coverage is effective.
c) The obligation of Delta Dental to make periodic payments for Orthodontic treatment will terminate on the payment due date next following the date the Dependent Enrollee or the Primary Enrollee loses coverage, or upon termination of the Contract, whichever will occur first.
d) Delta Dental will not make any payment for repair or replacement of an Orthodontic appliance furnished, in whole or in part, under this program.
e) Orthodontic Benefits are limited to Dependent Enrollee Children under the age of 26.
f) Orthodontic Benefits are limited to Dependent Enrollee Children who have been enrolled in this plan for 12 months.
g) X-rays or extractions are not subject to the Orthodontic maximum.
h) Surgical procedures are not subject to the Orthodontic maximum.