

**Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 7544-0001, 0011, 2011, 2211  
Wayne State University**

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** – January 1 through December 31

**Covered Services** –

	<b>PPO Dentist</b>	<b>Premier Dentist</b>	<b>Non-participating Dentist</b>
	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays*</b>
<b>Class I -Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	100%	100%	100%
<b>Radiographs</b> – X-rays	100%	80%	80%
<b>Class II - Basic Services</b>			
<b>Sealants</b> – to prevent decay of permanent teeth	90%	80%	80%
<b>Minor Restorative Services</b> – fillings and crown repair	90%	80%	80%
<b>Endodontic Services</b> – root canals	90%	80%	80%
<b>Periodontic Services</b> – to treat gum disease	90%	80%	80%
<b>Oral Surgery Services</b> – extractions and dental surgery	90%	80%	80%
<b>Major Restorative Services</b> – crowns	90%	80%	80%
<b>Other Basic Services</b> – misc. services	90%	80%	80%
<b>Relines and Repairs</b> – to bridges, dentures, and implants	90%	80%	80%
<b>Class III - Major Services</b>			
<b>Prosthetic Services</b> – bridges, implants, and dentures	50%	50%	50%
<b>Class IV - Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	Up to age 19	Up to age 19	Up to age 19

\* 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.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 14.
- Bitewing X-rays are payable once in any calendar year for people under age 15 and once every two calendar years for people age 15 and older. Full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are only 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 optional treatment on posterior teeth.
- Porcelain crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

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** – \$1,500 per person total per benefit year on all services except orthodontics. \$1,000 per person total per lifetime on orthodontic services.

**Deductible** – \$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 diagnostic and preventive services, emergency palliative treatment, and orthodontic services.

**Waiting Period** – Employees who are eligible for dental benefits are covered on the first day of the month following or concurrent with the date of hire.

**Eligible People** – All persons represented by the American Association of University Professors/American Federation of Teachers, Hotel Employees and Restaurant Employees International Union Local 24, and Police Officers Association/Police Officers Labor Council who are employed half-time or more, all active, regular non-represented employees who are employed half-time or more, all persons represented by A.F.S.C.M.E. Local #1497 who are employed half-time or more, Staff Association, Professional and Administrative Union, Operating Engineers, Local 517-M, Housing Authority (0001), an individual of the Contractor hired to serve as a Graduate Teaching Assistant, Graduate Assistant or Graduate Research Assistant with no regard to represented or non-represented status who choose the dental plan (2011) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees of Subclinet 0001 (0011) and of Subclinet 2011 (2211).

#### Other Eligible Person (OEP)

Non-represented WSU employees, or upon agreement by the applicable union, represented employees, who do not already enroll a spouse for dental benefits may enroll one other eligible person ("OEP"), if ALL of the following eligibility criteria are met:

The OEP is an adult, age 26 or older;

The OEP currently resides in the same residence as the employee and has done so for the 18 continuous months prior to the individual's enrollment, other than as a tenant;

The OEP is not a "dependent" of the employee as defined by the IRS; and

The OEP is not related by blood or by marriage.

The following individuals do not fall within the eligibility criteria OEP:

Spouse, children, grandchildren, parents, grandparents, siblings, nieces, nephews, aunts, uncles, cousins, landlords, renters, boarders and tenants of employees

Children of an employee's OEP are also eligible for benefits if an IRS defined dependent.

Eligibility to continue coverage for the OEP ceases at the end of the month in which the above criteria are not met. COBRA continuation coverage will not be available. The Contractor pays the full cost of this plan.

Also eligible are your legal spouse and your children to the end of the month in which they turn 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 and your domestic partners as defined in the contract.

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 staff member is actively employed