



**Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 5515-2019  
Arts Academy in the Woods**

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

**Non-EHB Covered Services** – includes all Covered Services that are not Essential Health Benefits (EHB) as defined by the Patient Protection and Affordable Care Act.

	<b>Delta Dental PPO Dentist</b>	<b>Delta Dental Premier Dentist</b>	<b>Non-participating 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>100%</b>	<b>100%</b>	<b>100%</b>
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Sealants</b> – to prevent decay of permanent teeth	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Brush Biopsy</b> – to detect oral cancer	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Radiographs</b> – X-rays	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b>			
<b>Minor Restorative Services</b> – fillings and crown repair	<b>90%</b>	<b>80%</b>	<b>80%</b>
<b>Endodontic Services</b> – root canals	<b>90%</b>	<b>80%</b>	<b>80%</b>
<b>Periodontic Services</b> – to treat gum disease	<b>90%</b>	<b>80%</b>	<b>80%</b>
<b>Oral Surgery Services</b> – extractions and dental surgery	<b>90%</b>	<b>80%</b>	<b>80%</b>
<b>Other Basic Services</b> – misc. services	<b>90%</b>	<b>80%</b>	<b>80%</b>
<b>Relines and Repairs</b> – to bridges, implants, and dentures	<b>90%</b>	<b>80%</b>	<b>80%</b>
<b>Major Services</b>			
<b>Major Restorative Services</b> – crowns	<b>60%</b>	<b>50%</b>	<b>50%</b>
<b>Prosthodontic Services</b> – bridges, implants, and dentures	<b>60%</b>	<b>50%</b>	<b>50%</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 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 three-year period for the occlusal surface of first 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.

**Out-of-Pocket Maximum Payment for Non-EHB Covered Services** – An Out-of-Pocket Maximum is the maximum amount that you or your Eligible Dependent will pay for Covered Services throughout a Benefit Year. There is no Out-of-Pocket Maximum Payment for Non-EHB Covered Services. You will be responsible for all Copayments, Deductibles, Balanced Billing Amounts and other out-of-pocket expenses associated with all Non-EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

**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, brush biopsy, X-rays, and sealants.

**Waiting Period** – Employees who are eligible for dental benefits are covered on the first day of employment.

**Eligible People** – All full-time employees of Arts Academy in the Woods working at least 40 hours per week who choose the dental plan 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 26 if a full-time student and eligible to be claimed by you as a dependent under the U.S. Internal Revenue Code during the current calendar year. 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 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.

Effective October 1, 2014 to change Covered Services.

Each of the EHB Covered Services set forth below at the end of this Summary of Dental Plan Benefits are considered to be Essential Health Benefits, as that term is defined in the Patient Protection and Affordable Care Act, as amended ("PPACA"), to the extent that such Covered Services are provided to an individual under the age of 19. The following Out-of-Pocket Maximums, Maximum Payments, Deductibles and Waiting Periods apply to Essential Health Benefits. To the extent an individual under the age of 19 receives a Covered Service listed as an Essential Health Benefit, such Covered Service will be subject to the exclusions and limitations found in the Certificate.

EHB Covered Services (for individuals under the age of 19)	In-Network		Out-of-Network
	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
<b>Basic Services</b>			
Minor Restorative Services – fillings and crown repair	80%	65%	65%
Oral Surgery Services – extractions and dental surgery	80%	65%	65%
Endodontic Services – root canals	80%	65%	65%
Periodontic Services – to treat gum disease	80%	65%	65%
Relines and Repairs – to bridges and dentures	80%	65%	65%
Other Basic Services – misc. services	80%	65%	65%
<b>Major Services</b>			
Prosthodontic Services – bridges and dentures	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%

\* 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 are payable twice per calendar year. Additional oral exams by a specialist are also payable twice per calendar year.
- Three prophylaxes (cleanings) are payable per calendar year.
- Topical fluoride treatments are payable twice in any calendar year for people under age 19. Four fluoride varnish are payable in any calendar year for children under age four.
- 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 three-year period for the occlusal surface of first and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Space maintainers are payable once per area per lifetime for people up to age 14.

**In-Network Out-of-Pocket Maximum for EHB Covered Services** – An Out-of-Pocket Maximum is the maximum amount that you or an Eligible Dependent will pay for Covered Services throughout a Benefit Year. For all In-Network EHB Covered Services provided to individuals under the age of 19, your maximum out-of-pocket payments under this Certificate shall be \$700 per Benefit Year if this Certificate covers one individual under the age of 19, or \$1400 per Benefit Year if this Certificate covers two or more individuals under the age of 19. Any Copayments, Deductibles, or other out-of-pocket expenses paid by you for In-Network EHB Covered Services provided to individuals under the age of 19 shall count toward that In-Network Out-of-Pocket Maximum. The In-Network Out-of-Pocket Maximum will not include any amounts paid for the following: (i) premiums; (ii) payments made by you for Non-Covered Services; (iii) payments made by you to Out-of-Network Dentists; (iv) Copayments, Deductibles, or other out-of-pocket expenses paid by you for services other than EHB Covered Services; or (v) Copayments, Deductibles, or other out-of-pocket expenses paid by you for EHB Covered Services provided to individuals 19 years of age and older. Once your applicable In-Network Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services provided to individuals under the age of 19 will be covered at 100% of the Maximum Approved Fee.