

Summary of Dental Plan Benefits

This Summary of Dental Plan Benefits should be read in conjunction with this Certificate. This Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. The percentages below will be applied to the lesser of the Dentist's Submitted Fee and Delta Dental's allowance for each service. Delta Dental's allowance may vary by the Dentist's network participation. PLEASE NOTE - If you choose a Nonparticipating Dentist, you will be responsible for any difference between the amount Delta Dental allows and the amount the Nonparticipating Dentist charges, in addition to any Copayment.

Control Plan – Delta Dental of North Carolina

Benefit Year – July 1 through June 30

Covered Services -	PPO Dentist	Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Periodontal Maintenance(D4910) – cleanings by a specialist	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%
Surgical Extractions - surgical removal of teeth	100%	100%	100%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	70%
Minor Restorative Services - fillings and crown repair	80%	80%	70%
Endodontic Services - root canals	80%	80%	70%
Periodontic Services - to treat gum disease	80%	80%	70%
Periodontal scaling and root planning (D4341, D4342) – limited to once every 24 months	100%	100%	100%
Other Oral Surgery - dental surgery other than extractions	80%	80%	70%
Simple Extractions - non-surgical removal of teeth	80%	80%	70%
Major Restorative Services - crowns	80%	80%	70%
Other Basic Services - misc. services	80%	80%	70%
Relines and Repairs - to bridges and dentures	80%	80%	70%
Major Services			
Prosthodontic Services - includes bridges, implants, and dentures	80%	80%	70%
Orthodontic Services			
Orthodontic Services - includes braces	80%	80%	70%
Orthodontic Age Limit -	No Age Limit	No Age Limit	No Age Limit

* 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. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference. The only exception is for Diagnostic and Preventive services which are reimbursed at 100% for both Participating and Nonparticipating Dentists.

- VisiLite is a Covered Service.
- 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 our enrollees 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 – \$2,000 per person total per benefit year on all services (except surgical extractions, general anesthesia, and orthodontia), \$4,000 per person total per lifetime on orthodontic services.

Deductible – None.

Waiting Period – Employees who are eligible for dental benefits are covered on the date of hire.

Eligible People – All regular employees of the Contractor working at least 20 hours per week and elected officials. The Contractor pays most of the cost of this plan for Subscribers. The Subscriber pays the additional cost of dependent coverage.

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

Benefits cease on the day in which the employee is terminated.

BIWEEKLY PAYROLL DEDUCTIONS

INDIVIDUAL	3.18
EMP + SP	25.97
EMP + CHD	28.62
FAMILY	51.94