



## DeltaPreferred Option point-of-service Summary of Dental Plan Benefits

### For Group#7614-0001 WSU GRADUATE ASSISTANT EMPLOYEE'S DENTAL PLAN BUY UP OPTION

This Summary of Dental Plan Benefits should be read in conjunction with your Dental Care Certificate. Your Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. In the event that you seek treatment from a dentist that does not participate in any of Delta Dental's programs, you may be responsible for more than the percentage indicated below.

**Control Plan** - Delta Dental Plan of Michigan

**Benefit Year** - January 1, 2008 through December 31, 2008

Covered Services -	DPO Member Dentist		DeltaPremier or Nonparticipating Dentist	
	Plan Pays	You Pay	Plan Pays	You Pay
<b>Class I Benefits</b>				
<b>Diagnostic and Preventive Services</b> - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments)	100%	0%	100%	0%
<b>Emergency Palliative Treatment</b> - Used to temporarily relieve pain	100%	0%	100%	0%
<b>Class II Benefits</b>				
<b>Radiographs - X-rays</b>	100%	0%	80%	20%
<b>Endodontic Services</b> - Used to treat teeth with diseased or damaged nerves (for example, root canals)	90%	10%	80%	20%
<b>Periodontic Services</b> - Used to treat diseases of the gums and supporting structures of the teeth	90%	10%	80%	20%
<b>Relines and Repairs</b> - Relines and repairs to bridges and dentures	90%	10%	80%	20%
<b>Minor Restorative Services</b> - Used to repair teeth damaged by disease or injury (for example, fillings)	90%	10%	80%	20%
<b>Sealants</b> - Used to prevent decay of pits and fissures of permanent back teeth	90%	10%	80%	20%
<b>Major Restorative Services</b> - Used when teeth can't be restored with another filling material (for example, crowns)	90%	10%	80%	20%
<b>Class III Benefits</b>				
<b>Prosthodontic Services</b> - Used to replace missing natural teeth (for example, bridges dentures and endosteal implants)	50%	50%	50%	50%
<b>Class IV Benefits</b>				
<b>Orthodontic Services (to age 19)</b> - Used to correct malposed teeth (for example, braces)	50%	50%	50%	50%

- ~ Oral exams, prophylaxes (cleanings), and fluoride treatment (to age 14) are payable twice in any period of 12 consecutive months.
- ~ Bitewing X-rays are payable once in any period of 12 consecutive months for members under age 15 and once every 24 consecutive months for members 15 years or older. Full mouth X-rays are payable once in any five-year period.
- ~ Sealants are payable once per tooth per lifetime for the occlusal surface of first permanent molars through age eight and second permanent molars through age 13. The surface must be free from decay and restorations.
- ~ Composite resin (white) restorations and porcelain crowns are not Covered Services on posterior teeth.
- ~ Implants and implant related services are Covered Services
- ~ People with certain high risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatments. 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're outside of the United States through our Passport Dental program. This program gives you access to the International SOS Assistance (I-SOS) worldwide network of dentists and dental clinics. English-speaking I-SOS 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 Class I, Class II and Class III Benefits. Delta Dental's payment for Class IV Benefits will not exceed a lifetime maximum of \$1,000 per eligible person.

**Deductible** - \$50 deductible per person total per benefit year limited to a maximum deductible of \$150 per family per benefit year on Class II and Class III Benefits. The deductible does not apply to Class I or Class IV Benefits.

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

**Eligible People** - An individual of the Contractor (your employer) 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 buy up option and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 if applicable.(0002)

Also eligible are your legal spouse, your dependent children to the end of the calendar year in which they attain the age of 19, your dependent unmarried children who are eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year, 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 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. The Contractor pays the full cost of this plan.

Benefits will cease on the last day of the month in which the staff member is actively employed.