

**DeltaPremier**  
**Summary of Dental Plan Benefits**  
**For Group#0000558-0001**  
**CITY OF PERRYSBURG**

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 Ohio

**Benefit Year** - April 1 through March 31

Covered Services -	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%
<b>Emergency Palliative Treatment</b> - Used to temporarily relieve pain	100%	0%
<b>Class II Benefits</b>		
<b>Radiographs</b> - X-rays	50%	50%
<b>Oral Surgery Services</b> - Extractions and dental surgery, including preoperative and postoperative care	50%	50%
<b>Endodontic Services</b> - Used to treat teeth with diseased or damaged nerves (for example, root canals)	50%	50%
<b>Periodontic Services</b> - Used to treat diseases of the gums and supporting structures of the teeth	50%	50%
<b>Relines and Repairs</b> - Relines and repairs to bridges and dentures	50%	50%
<b>Minor Restorative Services</b> - Used to repair teeth damaged by disease or injury (for example, fillings)	50%	50%
<b>Major Restorative Services</b> - Used when teeth can't be restored with another filling material (for example, crowns)	50%	50%
<b>Class III Benefits</b>		
<b>Prosthetic Services</b> - Used to replace missing natural teeth (for example, bridges and dentures)	50%	50%
<b>Class IV Benefits</b>		
<b>Orthodontic Services (no age limit)</b> - Used to correct malposed teeth and/or facial bones (for example, braces)	50%	50%

The orthodontic age limitations are hereby waived for eligible subscribers, spouses and dependent children.

**Maximum Payment** - \$600 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 \$2,000 per eligible person.

**Deductible** - None.

**Waiting Period** - Employees who are eligible for dental benefits can be covered on the first day of the month following 30 days of continuous employment.

**Eligible People** - All full-time employees of the contractor (your employer) who choose the dental 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 who are eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year.

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. Unless this is a Section 125 plan, subscribers and their dependents who enroll in the dental plan are required to remain enrolled for a minimum of 12 months. Any subscriber or dependent who drops the dental plan may not re-enroll at a later date. If this is a Section 125 plan, an election may be revoked or changed at any time if the change is the result of a change in family status as defined under Internal Revenue Code Section 125. The contractor and subscriber share the cost of this plan.

Benefits will cease on the last day of the month in which the employee is terminated.