



**Delta Dental Premier
Summary of Dental Plan Benefits
For Group#0000403-0018
SPARTA AREA SCHOOLS**

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 - November 1 through October 31

| Covered Services - | Plan Pays | You Pay |
|---|------------------|----------------|
| Class I Benefits | | |
| Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments) | 75% | 25% |
| Emergency Palliative Treatment - Used to temporarily relieve pain | 75% | 25% |
| Radiographs - X-rays | 75% | 25% |
| Class II Benefits | | |
| Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care | 75% | 25% |
| Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals) | 75% | 25% |
| Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth | 75% | 25% |
| Relines and Repairs - Relines and repairs to bridges and dentures | 75% | 25% |
| Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings) | 75% | 25% |
| Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns) | 75% | 25% |
| Class III Benefits | | |
| Prosthodontic Services - Used to replace missing natural teeth (for example, bridges and dentures) | 60% | 40% |
| Class IV Benefits | | |
| Orthodontic Services (to age 19) - Used to correct malposed teeth (for example, braces) | 60% | 40% |

- Oral exams, prophylaxes (cleanings), and fluoride treatment (to age 19) are payable twice in any period of 12 consecutive months.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays are payable once in any five-year period.
- Composite resin (white) restorations and porcelain crowns are not Covered Services on posterior teeth.
- Effective July 1, 2008, implants and related services are Covered Services.

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 - \$1,000 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 - None.

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

Eligible People - All Support Staff working between 20 and 39.99 hours per week and Support Staff working between 30 and 35.99 hours per week of the Contractor and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable.

Also eligible are your legal spouse and your dependent children.

If you and your spouse are both eligible under this contract, you may be enrolled as both a Subscriber on your own application card and as a dependent on your spouse's application card. Your dependent children may be enrolled on both application cards as well. Delta Dental will coordinate benefits. The Contractor pays the full cost of this plan.

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

Amending effective July 1, 2008 to change Eligible People.



**DeltaPremier
Summary of Dental Plan Benefits
For Group#0000403-0004
SPARTA AREA SCHOOLS**

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 - December 1 through November 30

| Covered Services - | Plan Pays | You Pay |
|---|-----------|---------|
| Class I Benefits | | |
| Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments) | 50% | 50% |
| Emergency Palliative Treatment - Used to temporarily relieve pain | 50% | 50% |
| Radiographs - X-rays | 50% | 50% |
| Class II Benefits | | |
| Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care | 50% | 50% |
| Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals) | 50% | 50% |
| Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth | 50% | 50% |
| Relines and Repairs - Relines and repairs to bridges and dentures | 50% | 50% |
| Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings) | 50% | 50% |
| Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns) | 50% | 50% |
| Class III Benefits | | |
| Prosthetic Services - Used to replace missing natural teeth (for example, bridges and dentures) | 50% | 50% |
| Class IV Benefits | | |
| Orthodontic Services (to age 19) - Used to correct malposed teeth and/or facial bones (for example, braces) | 50% | 50% |

If you're planning on traveling outside the United States, you can receive emergency dental treatment through a worldwide dental network of English speaking dentists called Europ Assistance. And, English speaking customer service is available 24 hours a day, seven days a week to help you find a Europ Assistance dentist. Contact your Benefits representative to obtain the Europ Assistance brochure before you travel. Europ Assistance is offered through our exclusive agreement with Delta Dental Plan of Minnesota and this coverage will not be available to you if this agreement terminates.

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 - None.

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

Eligible People - All teachers who do not choose the contractor-sponsored medical health program as certified to Delta by the contractor as subscribers eligible for full family coverage and who do have dental through another source and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 if applicable.

Also eligible are your legal spouse and your dependent children.

If you and your spouse are both eligible under this contract, you will be enrolled as both a subscriber on your own application card and as a dependent on your spouse's application card. Your dependent children will be enrolled on both application cards as well. Delta Dental will coordinate benefits. The contractor pays the full cost of this plan.

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

Revising effective September 1, 2002 to change Maximum Payment.

September 12, 2002



**DeltaPremier
Summary of Dental Plan Benefits
For Group#0000403-0001
SPARTA AREA SCHOOLS**

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 - December 1 through November 30

| Covered Services - | Plan Pays | You Pay |
|---|-----------|---------|
| Class I Benefits | | |
| Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments) | 75% | 25% |
| Emergency Palliative Treatment - Used to temporarily relieve pain | 75% | 25% |
| Radiographs - X-rays | 75% | 25% |
| Class II Benefits | | |
| Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care | 75% | 25% |
| Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals) | 75% | 25% |
| Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth | 75% | 25% |
| Relines and Repairs - Relines and repairs to bridges and dentures | 75% | 25% |
| Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings) | 75% | 25% |
| Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns) | 75% | 25% |
| Class III Benefits | | |
| Prosthetic Services - Used to replace missing natural teeth (for example, bridges and dentures) | 50% | 50% |
| Class IV Benefits | | |
| Orthodontic Services (to age 19) - Used to correct malposed teeth and/or facial bones (for example, braces) | 50% | 50% |

If you're planning on traveling outside the United States, you can receive emergency dental treatment through a worldwide dental network of English speaking dentists called Europ Assistance. And, English speaking customer service is available 24 hours a day, seven days a week to help you find a Europ Assistance dentist. Contact your Benefits representative to obtain the Europ Assistance brochure before you travel. Europ Assistance is offered through our exclusive agreement with Delta Dental Plan of Minnesota and this coverage will not be available to you if this agreement terminates.

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 - None.

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

Eligible People - All teachers who do choose the contractor-sponsored medical health program and who do not have dental through another source and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 if applicable.

Also eligible are your legal spouse and your dependent children.

If you and your spouse are both eligible under this contract, you will be enrolled together on one application card or separately on individual application cards. Delta Dental will not coordinate benefits. If you or your dependents have dental coverage under any other contract, you or your dependents are not eligible for enrollment 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 employee is terminated.

Revising effective September 1, 2002 to change Maximum Payment.

September 12, 2002



**DeltaPremier
Summary of Dental Plan Benefits
For Group#0000403-0017
SPARTA AREA SCHOOLS**

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 - December 1 through November 30

| Covered Services - | Plan Pays | You Pay |
|---|------------------|----------------|
| Class I Benefits | | |
| Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments) | 50% | 50% |
| Emergency Palliative Treatment - Used to temporarily relieve pain | 50% | 50% |
| Radiographs - X-rays | 50% | 50% |
| Class II Benefits | | |
| Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care | 50% | 50% |
| Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals) | 50% | 50% |
| Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth | 50% | 50% |
| Relines and Repairs - Relines and repairs to bridges and dentures | 50% | 50% |
| Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings) | 50% | 50% |
| Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns) | 50% | 50% |
| Class III Benefits | | |
| Prosthetic Services - Used to replace missing natural teeth (for example, bridges and dentures) | 50% | 50% |
| Class IV Benefits | | |
| Orthodontic Services (to age 19) - Used to correct malposed teeth and/or facial bones (for example, braces) | 50% | 50% |

If you're planning on traveling outside the United States, you can receive emergency dental treatment through a worldwide dental network of English speaking dentists called Europ Assistance. And, English speaking customer service is available 24 hours a day, seven days a week to help you find a Europ Assistance dentist. Contact your Benefits representative to obtain the Europ Assistance brochure before you travel. Europ Assistance is offered through our exclusive agreement with Delta Dental Plan of Minnesota and this coverage will not be available to you if this agreement terminates.

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 \$1,500 per eligible person.

Deductible - None.

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

Eligible People - All teachers who do choose the contractor-sponsored medical health program and who do have dental through another source and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 if applicable.

Also eligible are your legal spouse and your dependent children.

If you and your spouse are both eligible under this contract, you will be enrolled as both a subscriber on your own application card and as a dependent on your spouse's application card. Your dependent children will be enrolled on both application cards as well. Delta Dental will coordinate benefits. The contractor pays the full cost of this plan.

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

Amending effective September 1, 2002 to change Maximum Payment.

December 2, 2002