

**DeltaPremier  
Summary of Dental Plan Benefits  
For Group#0000940-0002  
FOREST HILLS PUBLIC 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.

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

**Benefit Year** - July 1 through June 30

Covered Services -	Delta Dental 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)	80%	20%
<b>Emergency Palliative Treatment</b> - Used to temporarily relieve pain	80%	20%
<b>Radiographs - X-rays</b>	80%	20%
<b>Class II Benefits</b>		
<b>Radiographs - X-rays</b>	80%	20%
<b>Oral Surgery Services</b> - Extractions and dental surgery, including preoperative and postoperative care	80%	20%
<b>Endodontic Services</b> - Used to treat teeth with diseased or damaged nerves (for example, root canals)	80%	20%
<b>Periodontic Services</b> - Used to treat diseases of the gums and supporting structures of the teeth	80%	20%
<b>Relines and Repairs</b> - Relines and repairs to bridges and dentures	80%	20%
<b>Minor Restorative Services</b> - Used to repair teeth damaged by disease or injury (for example, amalgam [silver] and resin [white] fillings)	80%	20%
<b>Major Restorative Services</b> - Used when teeth can't be restored with another filling material (for example, crowns)	80%	20%
<b>Class III Benefits</b>		
<b>Prosthodontic Services</b> - Used to replace missing natural teeth (for example, bridges and dentures)	80%	20%
<b>Class IV Benefits</b>		
<b>Orthodontic Services (to age 19)</b> - Used to correct malposed teeth and/or facial bones (for example, braces)	80%	20%

**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 \$1,300 per eligible person.

**Deductible** - None.

**Waiting Period** - Employees hired after September 1, 2001 who are eligible for dental benefits are covered on the first day of employment.

**Eligible People** - All teachers who do choose the contractor-sponsored medical health program 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.