



Delta Dental PPO™ (Point-of-Service)

Summary of Dental Plan Benefits

For Group# 2006-4010, 4020, 4400, 4420, 4440, 4520, 4570, 4850, 7055, 9092

Bronson Healthcare Group, Inc.

Preventive Plan

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the Dentist's network participation.*

Control Plan - Delta Dental of Michigan

Benefit Year - January 1 through December 31

Covered Services -

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Radiographs - X-rays	100%	100%	100%

* 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 amount may be less than what the Dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Periodontal maintenance procedures and full mouth debridement are not Covered Services.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Biologic materials to aid in tissue regeneration are not Covered Services.
- Full and complete dentures, and services related to dentures are not Covered Services.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Occlusal guards are not Covered Services.
- In the event of an automobile accident being approved/paid, Delta Dental will pay the claim as the secondary carrier to automobile and/or medical insurance.

Having Delta Dental coverage makes it easy for you 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 website or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment - \$1,000 per Member total per Benefit Year on all services.

Deductible - None.

Waiting Period – Enrollees who are eligible for Benefits are covered on the first day of employment.

Eligible People – All full-time or part-time employees as defined in your Bronson Benefits Guide who choose the Preventive dental plan: Bronson Healthcare Group (4010), Bronson Methodist Hospital (4020), Bronson Battle Creek (7055), Bronson Lakeview Hospital (4400), Bronson Commons (4420), Van Buren EMS (4440), Bronson at Home (4570), Bronson Lifestyle Improvement Center (4850), Bronson South Haven (4520), and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (9092). Keep in mind you can elect a new dental coverage option every year at open enrollment for all segments listed above. If you have a change in family status (for example, a birth in your family), you may only change who you have covered under the dental plan. (See page 3 for definition of family status change). An employee can make limited changes during the year if he/she has a change in family status such as: marriage, divorce, birth, death, change in spouse's employment, change in dependent eligibility, forced change in employment which includes (1) change of hours, (2) change of shift, and/or (3) change of position, or involuntary loss of other group benefit coverage. (Employees have 30 days to make a change from the date of their family status change.)

Also eligible are your Spouse and your Children to the end of the month in which they turn 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. Also eligible is your same-sex domestic partner, as defined by the Contractor. Domestic partners will be treated as Spouses under This Plan.

Enrollees and Dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Should an Enrollee or a Dependent choose to drop dental coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may enroll only if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. 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.

Coordination of Benefits – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

Benefits will cease at midnight of the last day of employment.