

Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits For Group# 7344-0000, 0001, 0002, 0003, 0004, 0005 Wright State University

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. The percentages below will be applied to the lesser of the dentist's submitted fee and Delta Dental's allowance for each service. Delta Dental's allowance may vary by the dentist's network participation. PLEASE NOTE - If you choose a Nonparticipating Dentist, you will be responsible for any difference between the amount Delta Dental allows and the amount the Nonparticipating Dentist charges, in addition to any Copayment or Deductible.

Control Plan – Delta Dental of Ohio

Benefit Year – January 1 through December 31

Covered Services -

	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	100%	100%	80%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	80%
Radiographs - X-rays	100%	100%	80%
Sealants - to prevent decay of permanent teeth	100%	100%	0%
Basic Services			
Minor Restorative Services - fillings and crown repair	85%	80%	80%
Endodontic Services - root canals	85%	80%	80%
Periodontic Services - to treat gum disease	85%	80%	80%
Oral Surgery Services - extractions and dental surgery	85%	80%	80%
Other Basic Services - misc. services	85%	80%	80%
Relines and Repairs - to bridges and dentures	85%	80%	80%
Major Services			
Major Restorative Services - crowns	60%	50%	50%
Prosthetic Services - includes bridges, implants, and dentures	60%	50%	50%
Orthodontic Services			
Orthodontic Services - includes braces	60%	50%	50%
Orthodontic Age Limit -	Up to age 19	Up to age 19	Up to age 19

* 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 Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Fluoride treatments are payable twice per calendar year for people up to age 19.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are only payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain crowns are optional treatment on posterior teeth.

- Implants and implant related services are payable once per tooth in any five-year period.
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. 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 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 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 all services except orthodontics. \$1,000 per person total per lifetime on orthodontic services.

Deductible –

PPO Dentist - None.

Premier or Non-participating Dentist - \$50 deductible per person total per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, x-rays, sealants, and orthodontic services.

Waiting Period – Employees who are eligible for and elect dental benefits within 30 days of the date of hire are automatically covered on the date of hire. Employees who are eligible and elect dental benefits during the employer's annual open enrollment period are covered on the effective date following the open enrollment period.

Eligible People – All employees of Wright State University: Bargaining Faculty (0000), Non-Bargaining Faculty (0001), Classified (0002), Unclassified (0003), Part-Time (0004), and Resident (0005) who are appointed to work more than 50% Annual Full Time Equivalency are eligible to enroll for this coverage with an employer contribution toward the cost of coverage. COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable are eligible to enroll for this coverage. The Contractor and Subscriber share the cost of this plan.

Also eligible 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. Coverage can be continued at your cost for any unmarried child under age 28 that is the natural child, stepchild, or adopted child of the employee; is a resident of Ohio or a full-time student at an accredited public or private institution of higher education; is not employed by an employer that offers any health benefit plan under which the child is eligible for coverage; and is not eligible for coverage under Medicaid or Medicare.

You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that 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.

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.

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

Revising effective January 1, 2012 to change Eligible People.