



Delta Dental PPO™ (Standard) Summary of Dental Plan Benefits For Group# 2145-1000, 1099 Toledo Electrical Welfare Fund

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 Ohio

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%
Non-Surgical Periodontic Services - non-surgical services to treat gum disease	100%	100%	100%
Basic Services			
Radiographs - X-rays	85%	85%	85%
Minor Restorative Services - fillings and crown repair	85%	85%	85%
Endodontic Services - root canals	85%	85%	85%
Surgical Periodontic Services - surgical services to treat gum disease	85%	85%	85%
Extractions - removal of teeth	85%	85%	85%
Major Restorative Services - crowns	85%	85%	85%
Other Basic Services - misc. services	85%	85%	85%
Relines and Repairs - to prosthetic appliances	85%	85%	85%
Major Services			
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	Dependent Children through age 18 and under	Dependent Children through age 18 and under	Dependent Children through age 18 and under

* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves 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. Two additional periodontal maintenance procedures are payable in the same calendar year for individuals with a documented history of periodontal disease. Scaling in the presence of moderate or severe gingival inflammation and full mouth debridement are payable without limitation.
- 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 with no limitations.
- Bilateral space maintainers are payable for people age 18 and under. Unilateral space maintainers are payable without limitation.

- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once per calendar year.
- Cone beam imaging and post processing of image or image sets are payable once in any five-year period.
- Diagnostic casts are Covered Services without limitation.
- Sealants are payable for first and second permanent molars. The surface must be free from decay and restorations.
- Veneers are payable on incisors and cuspids once per tooth per five-year period when necessary due to fracture or decay. Veneers for cosmetic purposes are not Covered Services.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Four quadrants of root planing is payable per calendar year.
- Oral surgical services, except extractions, are not Covered Services.
- Full and partial dentures are payable once in any five-year period. Reline and rebase of dentures and tissue conditioning are payable once in any three-year period.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Emergency palliative treatment, general anesthesia and IV sedation are Covered Services. Occlusal guards are not Covered Services.

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 Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment - \$1,250 per person total per Benefit Year on all services, except simple extractions, surgical extractions, anesthesia, and orthodontic services. \$2,000 per person total per Benefit Year on certain simple extractions, surgical extractions, and anesthesia. \$2,500 per person total per lifetime on orthodontic services.

Payment for Orthodontic Service - When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

Deductible - \$25 Deductible per person total per Benefit Year. The Deductible does not apply to diagnostic, preventive, emergency palliative, sealants, periodontal maintenance, scaling and root planing, full mouth debridement and orthodontic services.

Waiting Period - Members who are eligible for dental benefits are covered as defined by the rules and regulations of TEWF.

Eligible People - As defined by the rules and regulations of TEWF.

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.

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 as defined by the rules and regulations of TEWF.