



DeltaPremier
Summary of Dental Plan Benefits
For Group#0006467-0006
ALLENDALE 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. 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 - July 1 through June 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)	100%	0%
Emergency Palliative Treatment - Used to temporarily relieve pain	100%	0%
Class II Benefits		
Radiographs - X-rays	90%	10%
Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care	90%	10%
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals)	90%	10%
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth	90%	10%
Relines and Repairs - Relines and repairs to bridges and dentures	90%	10%
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings)	90%	10%
Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns)	90%	10%
Class III Benefits		
Prosthetic Services - Used to replace missing natural teeth (for example, bridges and dentures)	90%	10%
Class IV Benefits		
Orthodontic Services (to age 19) - Used to correct malposed teeth (for example, braces)	80%	20%