

**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 0009811-0001, 0002, 0003, 0004, 0005, 0099
Bowling Green 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. 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 of Ohio

Benefit Year – January 1 through December 31

Covered Services -

	PPO Dentist	Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays
Class I Benefits			
Diagnostic and Preventive Services - includes 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%
Class II Benefits			
Minor Restorative Services - includes fillings	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Periodontal Maintenance - periodontal cleanings	100%	100%	100%
Endodontic Services - includes root canals	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Relines and Repairs - to bridges and dentures	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Class III Benefits			
Major Restorative Services - includes crowns	50%	50%	50%
Prosthodontic Services - includes bridges and dentures	50%	50%	50%
Implants - endosteal implants to replace missing teeth	50%	50%	50%
Class IV Benefits			
Orthodontic Services - includes braces	100%	100%	100%
Orthodontic Age Limit -	To age 19	To age 19	To age 19

- Oral exams 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 payable once per tooth per three-year period 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 Covered Services on posterior teeth.
- Inlays are Covered Services.
- Porcelain crowns are optional treatment on posterior teeth.
- Removal of benign nonodontogenic cyst or tumor, vestibuloplasty, and incision and drainage are Covered Services.
- Implants and implant related services are payable once per tooth in any five-year period.
- Nitrous oxide and teeth bleaching are Covered Services.
- 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 the AXA Assistance USA, Inc. worldwide network of dentists and dental clinics. English-speaking AXA Assistance 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 - \$1,500 per person total per calendar 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 \$1,000 per eligible dependent child to age 19.

Deductible – \$50 deductible per person total per benefit year. The deductible does not apply to Diagnostic and Preventive Services, Emergency Palliative Treatment, X-rays, Sealants, Periodontal Maintenance (cleaning), and Orthodontic services.

Waiting Period – Employees who are eligible for dental benefits are covered on the first day of the month following date of hire.

Eligible People – All full-time eligible Administrative (0001), Classified (0002), Faculty (0003), Faculty Administrative (0004), Police Union (0005), and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099), who choose the medical plan.

Also eligible at your option are your legal spouse, your dependent children to the end of the calendar year in which they turn 19, and your dependent unmarried children to the end of the calendar year in which they turn 24 and eligible to be claimed by you as a dependent under the U.S. Internal Revenue Code during the current calendar year.

The Bowling Green State University offers medical, prescription services, and Delta Dental as a Health Care Plan package and cannot be purchased separately. Delta Dental will not coordinate benefits if both you and your spouse are benefits eligible employees. You may enroll together or individually, but not both. If you enroll individually, your dependent children may be enrolled under one parent but not both. Bowling Green State University and the covered employee share the cost of this plan.

Benefits will cease at the end of the month the employee becomes ineligible.

Amending January 1, 2009 to change Eligible People.