

DELTA DENTAL PREMIER PLAN SUMMARY

The following is a summary of the maximum annual diagnostic, preventive, basic, restorative, and prosthodontic benefits provided in any one calendar year, as well as the specific orthodontic coverage. Under these plans you may use any dentist you wish. It is to your advantage to select a dentist who is a Delta Dental Dentist, since his or her fees have been accepted in advance by Delta Dental. If you are not sure which plan you are in, call Tri-County Schools Insurance Group.

SUMMARY OF BENEFITS (Delta Dental PPO Incentive Plan)

PLAN	D1	D1A	D1B	D2	D2A	D2B	D3	D3A	D3B	D4	D4A	D4B	D5
Deductible	None	None	None	None	None	None	None	None	None	None	None	None	None
Annual Maximum: Any Dentist PPO Incentive * Adjusted Max	\$1,000 \$ 250 \$1,250	\$1,500 \$ 250 \$1,750	\$2,000 \$ 250 \$2,250	\$1,000 \$ 250 \$1,250	\$1,500 \$ 250 \$1,750	\$2,000 \$ 250 \$2,250	\$1,000 \$ 250 \$1,250	\$1,500 \$ 250 \$1,750	\$2,000 \$ 250 \$2,250	\$1,000 \$ 250 \$1,250	\$1,500 \$ 250 \$1,750	\$2,000 \$ 250 \$2,250	Unlimited
Diagnostic and Preventive	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%
Basic	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%
Crowns Restorations	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%	70% - 100%
Prosthodontic Bridges/Partials	50%	50%	50%	50%	50%	50%	50%	50%	50%	70%	70%	70%	PPO 70% Non-PPO 50%
Orthodontic Lifetime Maximum	None	None	None	50% \$500 ** Child Only	50% \$500 ** Child Only	50% \$500 ** Child Only	50% \$500 ** Adult/Child	50% \$500 ** Adult/Child	50% \$500 ** Adult/Child	50% \$500 ** Child Only	50% \$500 ** Child Only	50% \$500 ** Child Only	None; ***Buy-Up Available
Dental Accident Cal. Yr. Max. ****	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000

* PPO Incentive: Additional \$250 for use at a Delta Dental Preferred Provider Option (PPO) dentist.

** Orthodontic benefits are a lifetime maximum benefit.
Lifetime maximums of \$1,000 or \$1,500 for orthodontic is an additional option for bargaining groups.

*** Plan D5 may purchase Adult/Child orthodontic with lifetime maximum of \$1,500 as an additional option for the bargaining group.

**** This Benefit is separate from the other Benefits.

- All dental plans are elected by bargaining groups only. Coverage is not available as an individual option.
- The plan pays 70% of the approved fee and will increase 10% each year to a maximum of 100% for each eligible patient that is seen by the dentist at least once during the year. The benefit percentage for Prosthodontic benefits does not change.
- All benefits are calendar year (January 1 through December 31).
- Children are covered until the child's 26th birthday.
- If you transfer or move from one Delta Dental plan to another, you do not receive a new calendar year Maximum because you transferred or moved. The Maximum amount for Benefits paid by Delta Dental in a calendar year under both plans will not exceed the Maximum allowed under your current plan.

For example: If Delta Dental paid \$500 in Benefits while you were enrolled in a previous plan and the Maximum amount of your current plan is \$1000, the total amount Delta Dental will pay for your Benefits under the current plan is \$500.