



**Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits**

**For Group# 1180-0001, 0002, 0003, 0004, 0005, 0006, 0007, 0008, 0009, 0011, 0014, 0015, 0016, 0018, 0019, 0020, 0021, 0022, 0023, 0024, 0025, 0026, 0027, 0036, 0038, 0039, 0040, 0041, 0042, 0043, 0044, 0045, 0046, 0047, 0048, 0049, 0050, 0051, 0052, 0053, 0054, 0055, 0056, 0057, 0058, 0059, 0060, 0061, 0064, 0066, 0068, 0071, 0072, 0073, 0074, 0075, 0076, 0077, 0078, 0079, 0081, 0083, 0084, 0085, 0086, 0087, 0088, 0089, 0090, 0091, 0092, 0093, 0094, 0095, 0096, 0097, 0098, 0099, 0100, 0101, 0102, 0103, 0104, 0105, 0106, 0107, 0108, 0109, 0110, 9999**

**National Heritage Academies, Inc. a Michigan Corporation  
Delta Dental Plan**

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 Michigan

**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*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	100%	100%	100%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> – to detect oral cancer	100%	100%	100%
<b>Radiographs</b> – X-rays	100%	100%	100%
<b>Periodontal Maintenance</b> – cleanings following periodontal therapy	100%	100%	100%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> – fillings and crown repair	85%	85%	85%
<b>Endodontic Services</b> – root canals	85%	85%	85%
<b>Periodontic Services</b> – to treat gum disease	85%	85%	85%
<b>Oral Surgery Services</b> – extractions and dental surgery	85%	85%	85%
<b>Major Restorative Services</b> – crowns	85%	85%	85%
<b>Other Basic Services</b> – misc. services	85%	85%	85%
<b>Relines and Repairs</b> – to bridges, implants, and dentures	85%	85%	85%
<b>Major Services</b>			
<b>Prosthodontic Services</b> – bridges, implants, and dentures	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	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. The Nonparticipating Dentist Fee may be less than what the dentist charges 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 prophylaxes are payable per calendar year for individuals with a documented history of periodontal disease.
- 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 twice per calendar year for people up to age 19.
- Space maintainers are payable once per area per lifetime for people up to age 19.

- Bitewing X-rays are payable twice per calendar year. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per three-year period for first and second permanent molars up to age 19. The surface must be free from decay and restorations.
- Veneers are payable on incisors, cuspids, and bicuspids once per tooth per five-year period when necessary due to fracture or decay.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Inlays (any material) are Covered Services.
- Porcelain and resin facings on crowns are Covered Services on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.
- Occlusal guards are payable once per calendar year.

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** – \$2,000 per person total per Benefit Year on all services except orthodontic services. \$2,000 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 and preventive services, emergency palliative treatment, X-rays, sealants, brush biopsy, periodontal maintenance and orthodontic services.

**Waiting Period** – Enrollees who are eligible for Benefits are covered on the first day of the month following date of hire.

**Eligible People** – All full-time and part-time employees working 20 hours or more who choose the Delta Dental plan option: Service Center (0001), Excel Charter Academy (0002), Vanguard Charter Academy (0003), Vista Charter Academy (0004), Vanderbilt Charter Academy (0005), Walker Charter Academy (0006), Knapp Charter Academy (0007), Eagle Crest Charter Academy (0008), Timberland Charter Academy (0009), Cross Creek Charter Academy (0011), Endeavor Charter Academy (0014), Paragon Charter Academy (0015), Paramount Charter Academy (0016), Ridge Park Charter Academy (0018), South Arbor Charter Academy (0019), Greensboro Academy (0020), Burton Glen Charter Academy (0021), Chandler Woods Charter Academy (0022), Linden Charter Academy (0023), North Saginaw Charter Academy (0024), Forsyth Academy (0025), Walton Charter Academy (0026), Windemere Park Charter Academy (0027), Metro Charter Academy (0036), PreEminent Charter School (0038), Canton Charter Academy (0039), Research Triangle (0040), Warrendale Charter Academy (0041), North Dayton (0042), Queen's Grant Community School (0043), Southside Academy (0044), Detroit Merit Charter Academy (0045), Keystone Academy (0046), Brooklyn Excelsior (0047), Buffalo United Charter School (0048), Andrew J. Brown Academy (0049), Pathway School of Discovery (0050), Alliance Academy of Cincinnati (0051), Hamtramck Academy (0052), Prevail Academy (0053), Laurus Academy (0054), Fortis Academy (0055), Triumph Academy (0056), Orion Academy (0057), Winterfield Venture Academy (0058), Pinnacle Academy (0059), Emerson Academy of Dayton (0060), Detroit Enterprise Academy (0061), Apex Academy (0064), Great Oaks Academy (0066), Detroit Premier Academy (0068), Bennett Venture Academy (0071), Taylor Exemplar Academy (0072), Stambaugh Academy (0073), Flagship Charter Academy (0074), Landmark Charter Academy (0075), Aspire Academy (0076), Reach Academy (0077), Achieve Academy (0078), Brooklyn Scholars (0079), Lansing Charter School (0081), Quest Academy (0083), Atlanta Heights Charter School (0084), Brooklyn Dreams Charter School (0085), Foundations Academy (0086), Inspire Charter Academy (0087), Legacy Charter Academy (0088), Riverton Street Charter School (0089), Regent Park Scholars Charter Academy (0090), Milwaukee Scholars Charter School (0091), South Canton Scholars Charter School (0092), East Arbor Charter Academy (0093), Plymouth Scholars Charter Academy (0094), River City Scholars Charter Academy (0095), South Pointe Scholars Charter Academy (0096), Oakside Scholars Charter Academy (0097), Summerfield Charter Academy (0098), Wake Forest Charter Academy (0099), Advantage Charter Academy (0100), Willow Charter Academy (0101), Grand River Charter Academy (0102), Broussard Charter Academy (0103), Winterville Charter (0104), Gate City Charter Academy (0105), Matthews Charter Academy (0106), Peak Charter Academy (0107), Johnston Charter Academy (0108), Rolesville Charter Academy (0109), Pembroke Academy (0110) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (9999).

Also eligible at your option are your legal spouse, your dependent children to the end of the month in which they turn 19, and your dependent unmarried children to the end of the month in which they turn 25 if a full-time student and eligible to be claimed by you as a dependent under the U.S. Internal Revenue Code during the current calendar year.

Employees and their dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Should an employee or dependent choose to drop dental coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may enroll if the employee is enrolled (excluding COBRA) and must be enrolled in the same plan as the employee. An election may be revoked or changed at any time if such change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**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 on the date of termination.