

**Delta Dental PPO™ (Standard)
Summary of Dental Plan Benefits
For Group# 0125-1001, 2001, 3001, 4001, 5001, 9999
State Industrial Products**

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%	0%	0%
Emergency Palliative Treatment - to temporarily relieve pain	100%	0%	0%
Sealants - to prevent decay of permanent teeth	100%	0%	0%
Brush Biopsy - to detect oral cancer	100%	0%	0%
Radiographs - X-rays	100%	0%	0%
Periodontal Maintenance - cleanings following periodontal therapy	100%	0%	0%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	0%	0%
Endodontic Services - root canals	80%	0%	0%
Periodontic Services - to treat gum disease	80%	0%	0%
Oral Surgery Services - extractions and dental surgery	80%	0%	0%
Other Basic Services - misc. services	80%	0%	0%
Relines and Repairs - to prosthetic appliances	80%	0%	0%

* 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.
- 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 once per calendar year for people age 13 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are Covered Services on posterior teeth.
- Full and complete dentures, and services related to dentures are not Covered Services.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital,

developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

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

Maximum Payment – Delta Dental PPO™ Dentist - \$1,000 per Member total per Benefit Year on all services.

Delta Dental Premier® Dentist or Nonparticipating Dentist - None.

These are not separate maximums by type of dentist.

Deductible – Delta Dental PPO™ Dentist - \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, brush biopsy, and periodontal maintenance.

Delta Dental Premier® Dentist or Nonparticipating Dentist - None.

Waiting Period – Employees are eligible for coverage in accordance with criteria specified for their job classification.

Eligible People – All full-time employees of the Contractor working 40 hours per week who choose the Value Option dental plan: State Chemical Sales and Sales Management (1001), Neutron (2001), Cleaning Solutions (3001), State Industrial - Corporate (4001), State Industrial - Operations (Hebron and Branches) (5001) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (9999).

Also eligible are your Spouse and your Children to the end of the day on 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.

Enrollees and Dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Should an Enrollee or a 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 only if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the 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 together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the date of termination.