

**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 0009617-0001, 0002, 0005, 0006, 0007, 0009, 0010, 0091, 0092,
0095, 0096, 0097, 0099, 0100
City of Toledo**

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%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Bitewing Radiographs - bitewing X-rays	100%	100%	100%
Class II Benefits			
All Other Radiographs - other X-rays	80%	80%	80%
Major Restorative Services - includes crowns	80%	80%	80%
Minor Restorative Services - includes fillings	80%	80%	80%
Periodontic Services - to treat gum disease (including examinations)	80%	80%	80%
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%
TMD Treatment - treatment of the disorder of the temporomandibular joint	80%	80%	80%
Class III Benefits			
Prosthodontic Services - includes bridges, implants, and dentures	80%	80%	80%
Class IV Benefits			
Orthodontic Services - includes braces	60%	60%	60%
Orthodontic Age Limit -	To age 19	To age 19	To age 19

- Oral exams are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months. Periodontal maintenance procedures are also payable twice in any 12-month period.
- Fluoride treatments are payable twice in any period of 12 consecutive months with no age limit.
- Bitewing X-rays are payable twice in any period of 12 consecutive months. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Inlays are Covered Services.

- Porcelain crowns are optional treatment on posterior teeth.
- Benefits for Temporomandibular Disorders (TMD) are limited to those services normally provided by a dentist to relieve oral symptoms associated with malfunctioning of the temporomandibular joint. This does not include services that would normally be provided under medical care.
- Implants and implant related services are payable once per tooth in any five-year period.
- 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 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 – \$1,000 per person total per benefit year on all services, except Diagnostic and Preventive services, Emergency Palliative Treatment, Bitewing X-rays, Brush Biopsy, and Orthodontics. \$1,000 per person total per lifetime on Orthodontic Services. \$2,000 per person total per lifetime on TMD Treatment.

Deductible – \$50 deductible per person total per benefit year. The deductible does not apply to Diagnostic and Preventive services, Emergency Palliative Treatment, Brush Biopsy, Bitewing X-rays, and Orthodontic Services.

Any expenses incurred by an eligible person for covered services during the last three months of a benefit year and applied to the deductible for that benefit year will also be applied to the deductible for the following benefit year.

Waiting Period – Employees who are eligible for dental benefits are covered on the 91st day of employment.

Eligible People – All full-time employees of the City of Toledo in Local 7 (0001), Local 2058 (0002), exempt/salaried (0005), Local 3411 (0006), Local 12 (0007), Local 20, Water Reclamation (0009), Local 20, Solid Waste (0010) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees of Local 7 (0091), Local 2058 (0092), exempt/salaried (0095), Local 3411 (0096), Local 12 (0097), Local 20, Water Reclamation (0099) and Local 20, Solid Waste (0100).

Also eligible 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 23 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.

The medical and Delta Dental plans are offered as a package. Employees enrolled in either plan are automatically enrolled in both plans with the same type of coverage. For example, employees enrolled with single coverage under the medical plan must also be enrolled with single coverage under the Delta Dental plan. If you and your spouse are both eligible for coverage under this Contract, you may be enrolled together on one application card or separately on individual application cards, but not both. Your dependent children may only be enrolled on one application card. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Contract. The Contractor pays the full cost of this plan.

Benefits will cease at the end of the month of the termination date.

Amending effective March 1, 2010 to change Client Number and Eligible People.