DELTA DENTAL

Delta Dental of Michigan, Ohio, Indiana QUALITY ISO 9001 CERTIFICATION

DeltaPreferred Option point-of-service USA
Summary of Dental Plan Benefits
For Group#0009617-0003, 0004, 0093, 0094
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 Plan of Ohio

Benefit Year - January 1 through December 31

	DPO Member Dentist		DeltaPremier Dentist		Nonparticipating Dentist	
Covered Services -	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
Class I Benefits						
Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments)	100%	0%	100%	0%	100%	0%
Emergency Palliative Treatment - Used to temporarily relieve pain	100%	0%	100%	0%	100%	0%
Bitewing Radiographs	100%	0%	100%	0%	100%	0%
Class II Benefits						
Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care	80%	20%	80%	20%	80%	20%
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals)	80%	20%	80%	20%	80%	20%
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth (including examinations)	80%	20%	80%	20%	80%	20%
Relines and Repairs - Relines and repairs to bridges and dentures	80%	20%	80%	20%	80%	20%
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings)	80%	20%	80%	20%	80%	20%
Major Restorative Services - Used when teeth can`t be restored with another filling material (for example, crowns)	80%	20%	80%	20%	80%	20%
TMD Treatment - Treatment of Temporomandibular Joint Disorder	80%	20%	80%	20%	80%	20%
Full Mouth Radiographs	80%	20%	80%	20%	80%	20%
All Other Radiographs	80%	20%	80%	20%	80%	20%
Class III Benefits						
Prosthodontic Services - Used to replace missing natural teeth (for example, bridges and dentures)	80%	20%	80%	20%	80%	20%
Class IV Benefits						
Orthodontic Services (to age 19) - Used to correct malposed teeth (for example, braces)	60%	40%	60%	40%	60%	40%

~ Oral exams, prophylaxes (cleanings), and fluoride treatment (no age limit) are payable twice per 12 month period.
~ Periodontal exams are covered as needed at Class II level.
~ Additional Periodontal maintenance prophylaxes (cleanings) are payable as needed.
~ Bitewing X-rays are payable twice per 12 month period and full mouth X-rays are payable once in 36 months.
~ Inlays will be covered under this plan.
~ 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.
~ Composite resin (white) restorations, porcelain crowns and porcelain inlays are not Covered Services on posterior teeth.

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're outside of the United States through our partnership with International SOS Assistance, Inc. This partnership gives you access to the International SOS (I-SOS) worldwide network of dentists and dental clinics. English-speaking I-SOS 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 I-SOS information sheet.

Maximum Payment - A separate $2,000 lifetime maximum per person for TMD treatment. $1,000 per person total per benefit year on Class II and Class III Benefits. Delta Dental's payment for Class IV Benefits will not exceed a lifetime maximum of $1,300 per eligible person.

Deductible - $50 deductible per person total per benefit year on Class II and Class III Benefits. The deductible does not apply to Class I or Class IV Benefits.

The deductible met under the previous carrier for the period January 1, 2006 through May 31, 2006 will be applied to the 2006 calendar year deductible with Delta Dental. It is the subscriber's responsibility to provide Delta Dental with adequate documentation of the deductible met under the previous carrier.

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 TPPA (0003), TPCOA (0004) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees of TPPA (0093) and TPCOA (0094).

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.