

Plan A OR Plan B



**Delta Dental Premier
Summary of Dental Plan Benefits
For Group# 0006356-0001
Ann Arbor Public Schools**

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 Michigan

Benefit Year – July 1 through June 30

Covered Services -

	Plan Pays	You Pay
Class I Benefits		
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	100%	0%
Emergency Palliative Treatment - to temporarily relieve pain	100%	0%
Brush Biopsy - to detect oral cancer	100%	0%
Radiographs - X-rays	100%	0%
Class II Benefits		
Major Restorative Services - includes crowns	75%	25%
Minor Restorative Services - includes fillings	75%	25%
Periodontic Services - to treat gum disease	75%	25%
Endodontic Services - includes root canals	75%	25%
Oral Surgery Services - extractions and dental surgery	75%	25%
Relines and Repairs - to bridges and dentures	75%	25%
Other Basic Services - misc. services	75%	25%
Class III Benefits		
Prosthodontic Services - includes bridges, implants, and dentures	75%	25%
Class IV Benefits		
Orthodontic Services - includes braces	50%	50%
Orthodontic Age Limit -	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.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Benefits for cephalometric X-rays and photographs are not limited to Orthodontics.
- Benefits for diagnostics casts are not limited to Orthodontics.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain crowns are optional treatment on posterior teeth.
- Vestibuloplasty and excision of odontogenic tumors are Covered Services.
- Implants and implant related services are payable once per tooth in any five-year period.

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.

Customer Service Toll-Free Number: 800-524-0149

www.deltadentalmi.com

December 21, 2009

Plan C w/ no medical



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Control Plan – Delta Dental of Michigan

Benefit Year – July 1 through June 30

Covered Services -

	Plan Pays	You Pay
Class I Benefits		
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	80%	20%
Emergency Palliative Treatment - to temporarily relieve pain	80%	20%
Brush Biopsy - to detect oral cancer	80%	20%
Radiographs - X-rays	80%	20%
Class II Benefits		
Major Restorative Services - includes crowns	80%	20%
Minor Restorative Services - includes fillings	80%	20%
Periodontic Services - to treat gum disease	80%	20%
Endodontic Services - includes root canals	80%	20%
Oral Surgery Services - extractions and dental surgery	80%	20%
Relines and Repairs - to bridges and dentures	80%	20%
Other Basic Services - misc. services	80%	20%
Class III Benefits		
Prosthodontic Services - includes bridges, implants, and dentures	80%	20%
Class IV Benefits		
Orthodontic Services - includes braces	80%	20%
Orthodontic Age Limit -	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.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Benefits for cephalometric X-rays and photographs are not limited to Orthodontics.
- Benefits for diagnostics casts are not limited to Orthodontics.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain crowns are optional treatment on posterior teeth.
- Vestibuloplasty and excision of odontogenic tumors are Covered Services.
- Implants and implant related services are payable once per tooth in any five-year period.

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Plan D Part Time Employees



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Control Plan - Delta Dental of Michigan

Benefit Year - July 1 through June 30

Covered Services -

Table with 3 columns: Service Description, Plan Pays, and You Pay. Rows include Class I Benefits (Diagnostic and Preventive Services, Emergency Palliative Treatment, Brush Biopsy, Radiographs), Class II Benefits (Major Restorative Services, Minor Restorative Services, Periodontic Services, Endodontic Services, Oral Surgery Services, Relines and Repairs, Other Basic Services), Class III Benefits (Prosthodontic Services), and Class IV Benefits (Orthodontic Services, Orthodontic Age Limit).

- Oral exams are payable twice in any period of 12 consecutive months.
Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.
Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
Benefits for cephalometric X-rays and photographs are not limited to Orthodontics.
Benefits for diagnostics casts are not limited to Orthodontics.
Composite resin (white) restorations are Covered Services on posterior teeth.
Porcelain crowns are optional treatment on posterior teeth.
Vestibuloplasty and excision of odontogenic tumors are Covered Services.
Implants and implant related services are payable once per tooth in any five-year period.

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 – \$2,000 per person total per benefit year on all services except Orthodontics. \$2,600 per person total per lifetime on Orthodontic Services.

Deductible – None.

Waiting Period – Employees who are eligible for dental benefits are covered on the first day of the month following the date of hire.

Eligible People – All Teachers who do not choose the Contractor-sponsored medical health program as certified to Delta by the contractor as subscribers eligible for family coverage and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable.

Also eligible are your legal spouse, your dependent children to the end of the calendar year in which they attain the age of 19, your dependent unmarried children who are eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year, and your domestic partners as defined in the policy.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application card and as a dependent on your spouse's application card. Your dependent children may be enrolled on both application cards as well. Delta Dental will coordinate benefits. The Contractor pays the full cost of this plan.

Benefits will cease on the last day of the month in which the employee is terminated.

Amending effective December 1, 2009 to change Maximum Payment.