DELTA DENTAL®

Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group #1008-0001, 0099, 1001, 1002, 1003
Ball State University

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 Indiana

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Palliative Treatment – to temporarily relieve pain	85%	80%	80%
Minor Restorative Services – fillings and crown repair	85%	80%	80%
Endodontic Services – root canals	85%	80%	80%
Periodontic Services – to treat gum disease	85%	80%	80%
Oral Surgery Services – extractions and dental surgery	85%	80%	80%
Other Basic Services – misc. services	85%	80%	80%
Relines and Repairs – to prosthetic appliances	85%	80%	80%
Major Services			
Major Restorative Services – crowns	70%	70%	70%
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	70%	70%	70%
Orthodontic Services			
Orthodontic Services to age 19 - braces	70%	70%	70%
Orthodontic Services over age 19 - braces	50%	50%	50%

* When you receive services from a Non-Participating Dentist, the percentages in this column indicate the portion of Delta Dental's Non-Participating Dentist Fee that will be paid for those services. This amount 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.
- 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 age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 18 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 payable on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Localized delivery of chemotherapeutic agents is payable with no limitations.
- Biopsy of soft tissue, osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla, and frenulectomy and frenuloplasty are Covered Services.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns, bridges, and dentures are payable once per five-year period."
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Antibiotic drug injections and nitrous oxide are Covered Services.

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 – $500 per person total per Benefit Year on orthodontic services up to age 19. $500 per person total per lifetime on orthodontic services over age 19. $1,500 per person total per Benefit Year on all services except orthodontics.

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:

For those up to the age of 19: Delta Dental PPO Dentist - Delta Dental will pay 70% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental. Delta Dental Premier Dentist - Delta Dental will pay 70% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental. Nonparticipating Dentist - Delta Dental will pay 70% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

For those age 19 and over: Delta Dental PPO Dentist - 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. Delta Dental Premier Dentist - 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. Nonparticipating Dentist - 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 – $60 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 oral exams, preventive services, X-rays, sealants, and brush biopsy.

Waiting Period – Enrollees who are eligible for Benefits are covered on the date of hire, if benefit eligible as defined by Ball State University.

Eligible People – All eligible employees of the Contractor who choose the dental plan: Active Employees (0001), Medicare Disabled (1001), Medicare Retired Over 65 (1002), Under 65 Retiree (1003) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) participants (0099).

Also eligible are your Spouse and your Children to the end of the month in 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.

You and your eligible Dependents may only enroll during an open enrollment period or when the enrollment is the result of a qualifying event as defined under Internal Revenue Code Section 125. Your Dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that 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 last day of the month in which your employment is terminated.