

**DeltaPremier
Summary of Dental Plan Benefits
For Group#0006421-0001
TRAVERSE CITY 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.

Control Plan - Delta Dental Plan of Michigan

Benefit Year - October 1, 2001 through June 30, 2002; thereafter July 1 through June 30

Covered Services -

	Delta Dental 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)	90%	10%
Emergency Palliative Treatment - Used to temporarily relieve pain	90%	10%
Radiographs - X-rays	90%	10%
Class II Benefits		
Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care	70%	30%
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals)	70%	30%
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth	70%	30%
Relines and Repairs - Relines and repairs to bridges and dentures	70%	30%
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, amalgam [silver] and resin [white] fillings)	70%	30%
Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns)	70%	30%
Sealants - Used to prevent decay of pits and fissures of permanent back teeth	70%	30%
Class III Benefits		
Prosthodontic Services - Used to replace missing natural teeth (for example, bridges and dentures)	70%	30%

Sealants are only payable for the occlusal surface of first permanent molars to age nine and second permanent molars to age 14. The surface must be free from decay and restorations. Sealants are payable once per tooth per lifetime.

Maximum Payment - \$1,500 per person total per benefit year on Class I, Class II and Class III Benefits.

Deductible - None.

Waiting Period - Employees who are eligible for dental benefits are covered on the first day of employment.

Eligible People - All teachers who do choose the contractor-sponsored medical health program and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 if applicable. Also eligible are your legal spouse and your dependent children. Where two subscribers are eligible under the same group and are legally married to each other, they will be enrolled under two application cards and will receive benefits under the separate Delta Dental contracts. 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 October 1, 2001 to change benefits.