

Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 9823-0001, 0002, 0003, 0004, 0101, 0102, 0103, 0104
Christian Church (Disciples of Christ) Health Care Benefit Trust

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. The percentages below will be applied to the lesser of the dentist's submitted fee and Delta Dental's allowance for each service. Delta Dental's allowance may vary by the dentist's network participation. PLEASE NOTE - If you choose a Nonparticipating Dentist, you will be responsible for any difference between the amount Delta Dental allows and the amount the Nonparticipating Dentist charges, in addition to any Copayment or Deductible.

Control Plan – Delta Dental of Indiana

Benefit Year – January 1 through December 31

Covered Services -

	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - includes exams, cleanings, and fluoride	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Bitewing Radiographs - bitewing X-rays	100%	100%	100%
Basic Services			
Space Maintainers - appliances to prevent tooth movement	50%	50%	50%
Emergency Palliative Treatment - to temporarily relieve pain	50%	50%	50%
Sealants - to prevent decay of permanent teeth	50%	50%	50%
All Other Radiographs - other X-rays	50%	50%	50%
Minor Restorative Services - fillings and crown repair	50%	50%	50%
Endodontic Services - root canals	50%	50%	50%
Periodontic Services - to treat gum disease	50%	50%	50%
Oral Surgery Services - extractions and dental surgery	50%	50%	50%
Other Basic Services - misc. services	50%	50%	50%
Relines and Repairs - to bridges and dentures	50%	50%	50%
Major Services			
Major Restorative Services - crowns	25%	25%	25%
Prosthetic Services - includes bridges, implants, and dentures	25%	25%	25%
Orthodontic Services			
Orthodontic Services - includes braces	50%	50%	50%
Orthodontic Age Limit -	Up to age 19	Up to age 19	Up to age 19

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.

- Fluoride treatments are payable once per calendar year for people up to age 14.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are only payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Crowns, onlays, and substructures are payable once per tooth in any seven-year period.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain crowns are optional treatment on posterior teeth.
- Full and partial dentures are payable once in any seven-year period.
- Bridges and substructures are payable once in any seven-year period.
- Implants and implant related services are payable once per tooth in any seven-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 orthodontics. \$500 per person total per lifetime on orthodontic services.

Deductible – \$50 deductible per person total per benefit year. The deductible does not apply to diagnostic services, prophylaxes (cleanings), fluoride, brush biopsy, bitewing x-rays, and orthodontic services.

Waiting Period – Employees who are eligible for dental benefits are covered on the first day of the calendar month following the date of eligibility if all eligibility and enrollment requirements of this plan are satisfied. Coverage will remain in effect for as long as the member maintains his or her eligible status, as defined by the Pension Fund.

Eligible People – Pension Plan members and those eligible for Pension Plan membership and their dependents may enroll. This means all persons employed by churches or organizations of the Christian Church and the Stone-Campbell tradition, for all such are eligible for the Pension Plan as well as the Churchwide Health Care Program and Christian Leadership Benefit Alliance who choose the dental plan located in: Alaska, California, Colorado, Connecticut, Delaware, Minnesota, New Jersey, New Mexico, Oklahoma, Oregon or Washington (0001, 0101); Arizona, Florida, Guam, Hawaii, Idaho, Illinois, Maine, Massachusetts, Michigan, Nebraska, Nevada, New Hampshire, New York, Rhode Island, Utah, Vermont, Virgin Islands, Washington, D.C. or Wyoming (0002, 0102); Alabama, Georgia, Kansas, Louisiana, Missouri, Montana, North Dakota, South Carolina, South Dakota, Texas, Virginia or Wisconsin (0003, 0103); Arkansas, Indiana, Iowa, Kentucky, Maryland, Mississippi, North Carolina, Ohio, Pennsylvania, Puerto Rico, Tennessee or West Virginia (0004, 0104) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Subscriber pays the full cost of this plan.

Also eligible at your option are your legal spouse, your dependent children to the end of the calendar year in which they turn 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 any other child under age 24 that meets the State law requirements. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. 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.

If you and your spouse are both eligible for coverage under this Policy, 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 Policy.

Benefits will cease on the last day of the month.

Revising Covered Services effective October 1, 2011.