

**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 5617
Indiana Laborers Welfare Fund**

This Summary of Dental Plan Benefits should be read in conjunction with your Certificate, which provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. This Summary supersedes any contrary provision in the Certificate. The percentages below will be applied to 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 – exams, cleanings, fluoride, and space maintainers	90%	90%	90%
Emergency Palliative Treatment – to temporarily relieve pain	90%	90%	90%
Sealants – to prevent decay of permanent teeth	90%	90%	90%
Brush Biopsy – to detect oral cancer	90%	90%	90%
Radiographs – X-rays	90%	90%	90%
Basic Services			
Minor Restorative Services – fillings and crown repair	70%	70%	70%
Endodontic Services – root canals	70%	70%	70%
Non-Surgical Periodontic Services – non-surgical services to treat gum disease	70%	70%	70%
Extractions - extractions of erupted teeth and residual tooth roots	70%	70%	70%
Surgical Extractions - removal of impacted teeth	0%	0%	0%
Other Oral Surgery - dental surgery	70%	70%	70%
Other Basic Services – misc. services	70%	70%	70%
Relines and Repairs – to bridges and dentures	70%	70%	70%

* 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. The 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 15.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-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.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Apicoectomy/periradicular services are not Covered Services and may be covered by the medical plan.
- Periodontal surgery is not a Covered Service and may be covered by the medical plan. Provisional splinting is a Covered Service once per three calendar years.
- Surgical extractions and alveoplasty are not Covered Services.
- Implants and related services are not Covered Services.
- Antibiotic drug injections are Covered Services.
- Coverage includes treatment of accidental injuries to sound natural teeth rendered within 12 months of the date of the accident.
- 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 – \$500 per person total per benefit year on all services. Maximum payment is waived for children to the age of 19.

Deductible – \$25 deductible per person total per benefit year limited to a maximum deductible of \$75 per family per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, x-rays, and sealants.

Waiting Period – The effective date of your dental coverage is defined by the Indiana Laborers Welfare Fund eligibility rules. Eligibility for the dental benefits is the same as eligibility for medical benefits.

Eligible People – Dental benefits are available to all participants eligible for medical coverage, including Retirees and COBRA participants. Please refer to the Fund's eligibility requirements found in the Summary Plan Description.

Also eligible are your legal spouse and your children under age 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 and who are eligible dependents through the Welfare Fund.

"Dependent" means the following category of individuals:

Unmarried children of the Participant, Totally Disabled Participant or Retiree (including stepchildren and legally adopted children and children placed for adoption as of the date they are placed for adoption) who are at least 19 years of age, but not age 24 or older, provided the child is a full-time student (12 hours per semester) in any accredited high school, trade school, college or university.

Married or Unmarried children of the Participant, Totally Disabled Participant or Retiree (including stepchildren and legally adopted children and children placed for adoption as of the date they are placed for adoption) who are at least 19 years of age, but not age 26 or older, who are NOT eligible to enroll in an eligible employer-sponsored health plan (as defined in section 5000A(f)(2) of the Internal Revenue Code) other than a group health plan of a parent. An "eligible employer sponsored health plan" includes the health plan of a married child's spouse.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application and as a dependent on your spouse's application. Your dependent children may be enrolled on both applications as well. Delta Dental will coordinate benefits.

Benefits will cease as determined by the Fund's summary plan description.

