



For AAEA Members on Plan A or B

**DeltaPremier
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 Plan of Michigan

Benefit Year - July 1 through June 30

Covered Services -	Plan 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)	100%	0%
Emergency Palliative Treatment - Used to temporarily relieve pain	100%	0%
Radiographs - X-rays	100%	0%
Class II Benefits		
Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care	75%	25%
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals)	75%	25%
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth	75%	25%
Relines and Repairs - Relines and repairs to bridges and dentures	75%	25%
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings)	75%	25%
Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns)	75%	25%
Class III Benefits		
Prosthodontic Services - Used to replace missing natural teeth (for example, bridges and dentures)	75%	25%
Class IV Benefits		
Orthodontic Services (to age 19) - Used to correct malposed teeth (for example, braces)	50%	50%

- ~ Oral exams, prophylaxes (cleanings), and fluoride treatment (to age 19) are payable twice in any period of 12 consecutive months.
- ~ Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays are payable once in any five-year period.
- ~ Composite resin (white) restorations and porcelain crowns are not Covered Services on posterior teeth.
- ~ Implants and related services are not Covered Services.



For AAEA Members on Plan C

DeltaPremier
Summary of Dental Plan Benefits
For Group#0006357-0001
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 Plan of Michigan

Benefit Year - July 1 through June 30

Covered Services -	Plan 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)	80%	20%
Emergency Palliative Treatment - Used to temporarily relieve pain	80%	20%
Class II Benefits		
Radiographs - X-rays	80%	20%
Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care	80%	20%
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals)	80%	20%
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth	80%	20%
Relines and Repairs - Relines and repairs to bridges and dentures	80%	20%
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings)	80%	20%
Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns)	80%	20%
Class III Benefits		
Prosthodontic Services - Used to replace missing natural teeth (for example, bridges and dentures)	80%	20%
Class IV Benefits		
Orthodontic Services (to age 19) - Used to correct malposed teeth and/or facial bones (for example, braces)	80%	20%

- ~ Oral exams, prophylaxes (cleanings), and fluoride treatment (to age 19) are payable twice in any period of 12 consecutive months.
- ~ Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays are payable once in any five-year period.
- ~ Composite resin (white) restorations and porcelain crowns are not Covered Services on posterior teeth.

If you're planning on traveling outside the United States, you can receive emergency dental treatment through a worldwide dental network of English-speaking dentists. English-speaking customer service is available 24 hours a day, seven days a week, to help you find a dentist. Contact your benefits representative to obtain our international dental emergency brochure before you travel.

Maximum Payment - \$1,000 per person total per benefit year on Class I, Class II and Class III Benefits. Delta Dental's payment for Class IV Benefits will not exceed a lifetime maximum of \$1,300 per eligible person.

Deductible - None.



For Part-time AAEA Members on Plan D

DeltaPremier Summary of Dental Plan Benefits For Group#0006356-0002 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 Plan of Michigan

Benefit Year - July 1 through June 30

Covered Services -	Plan 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)	100%	0%
Emergency Palliative Treatment - Used to temporarily relieve pain	100%	0%
Radiographs - X-rays	100%	0%
Class II Benefits		
Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care	75%	25%
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals)	75%	25%
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth	75%	25%
Relines and Repairs - Relines and repairs to bridges and dentures	75%	25%
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings)	75%	25%
Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns)	75%	25%
Class III Benefits		
Prosthetic Services - Used to replace missing natural teeth (for example, bridges and dentures)	75%	25%
Class IV Benefits		
Orthodontic Services (to age 19) - Used to correct malposed teeth and/or facial bones (for example, braces)	50%	50%

- ~ Oral exams, prophylaxes (cleanings), and fluoride treatment (to age 19) are payable twice in any period of 12 consecutive months.
- ~ Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays are payable once in any five-year period.
- ~ Composite resin (white) restorations and porcelain crowns are not Covered Services on posterior teeth.

Maximum Payment - \$1,000 per person total per benefit year on Class I, Class II and Class III Benefits. Delta Dental's payment for Class IV Benefits will not exceed a lifetime maximum of \$1,000 per eligible person.

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.