



DeltaPremier Summary of Dental Plan Benefits
Group # 1888-0008
GENESEE COUNTY MENTAL HEALTH RETIREES PRIOR TO 6-1-03
AFSCME – Teamsters – Non Union

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.

Benefit Year - May 1 through April 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)	50%	50%
Class IV Benefits		
Orthodontic Services (to age 19) - Used to correct malposed teeth and/or facial bones (for example, braces)	50%	50%



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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 called Europ Assistance. English-speaking customer service is available 24 hours a day, seven days a week, to help you find a Europ Assistance dentist. Contact your Benefits representative to obtain the Europ Assistance brochure before you travel. Europ Assistance is offered through our exclusive agreement with Delta Dental Plan of Minnesota, and this coverage will not be available to you if this agreement terminates.

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 \$1,200 per eligible person.

Deductible - None.

Eligible People - All retirees who retired on or after January 1, 1986 (0008).

Also eligible are your legal spouse and your dependent children to the end of the calendar year in which they turn 19 and 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.

If you and your spouse are both eligible under this contract, you may be enrolled as both a subscriber on your own application card and as a dependent on your spouse's application card. Your dependent children may be enrolled on both application cards as well. Delta Dental will coordinate benefits. The contractor pays the full cost of this plan.

Amending effective February 1, 2004 to change Group Number, Eligible People and Maximum Payment.