



**Delta Dental PPO plus Premier™
Summary of Dental Plan Benefits
For Group# 9623-D300
ABB Inc.
ABB CE Retiree Salary Dental**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.*

Control Plan - Delta Dental of North Carolina

Benefit Year - January 1 through December 31

Covered Services -

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, and fluoride	80%	80%	80%
Radiographs - X-rays	80%	80%	80%
Periodontal Maintenance - cleanings following periodontal therapy	80%	80%	80%
Basic Services			
Space Maintainers - appliances to prevent tooth movement	60%	60%	60%
Emergency Palliative Treatment - to temporarily relieve pain	60%	60%	60%
Minor Restorative Services - fillings and crown repair	60%	60%	60%
Endodontic Services - root canals	60%	60%	60%
Periodontic Services - to treat gum disease	60%	60%	60%
Extractions - removal of teeth	60%	60%	60%
Other Basic Services - misc. services	60%	60%	60%
Relines and Repairs - to bridges and dentures	60%	60%	60%
Major Services			
Other Oral Surgery - dental surgery other than extractions	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Implant Repair - implant maintenance, repair, and removal	50%	50%	50%
Prosthodontic Services - bridges, dentures, and crowns over implants	50%	50%	50%

* 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.

The explanation and sample calculation of how these services will be paid can be found in Section VI - How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Full mouth debridement is payable once per lifetime.
- Fluoride treatments are payable twice per calendar year for people age 13 and under.
- Space maintainers are Covered Services with no limitations.
- Bitewing X-rays are payable twice per calendar year. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.

- Sealants are not a Covered Service.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Vestibuloplasty is a Covered Service.
- Full and partial dentures are payable once in any five-year period. Reline and rebase of dentures are payable once in any two-year period.
- Implants and implant related services are not Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Occlusal guards are payable without limitation.
- Harmful habit appliances, repair and replacement retainers are payable with no limitations.

Having Delta Dental coverage makes it easy for you 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.

Deductible - \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$100 per family per Benefit Year. On all services, except exams, fluorides, prophylaxis (cleanings), x-rays, diagnostic casts, photos, periodontal maintenance, and scaling in the presence of inflammation.

Eligible People - ABB CE Retiree Salary Dental as defined by ABB Inc.

Also eligible are your Spouse and your Children to the end of the month in which they turn 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.

Coordination of Benefits - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate Benefits between your coverage and your Spouse's coverage.

Benefits will cease on the last day of the month in which the employee is terminated.