



**Delta Dental PPO plus Premier™  
Summary of Dental Plan Benefits  
For Group# 9625-3000, 3999  
ABB Inc.  
Athens Union, Core Option Plan**

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*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	80%	80%	80%
<b>Sealants</b> - to prevent decay of permanent teeth	80%	80%	80%
<b>Brush Biopsy</b> - to detect oral cancer	80%	80%	80%
<b>Radiographs</b> - bitewing and full mouth X-rays	80%	80%	80%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	70%	70%	70%
<b>All Other Radiographs</b> - other X-rays	70%	70%	70%
<b>Minor Restorative Services</b> - fillings and crown repair	70%	70%	70%
<b>Endodontic Services</b> - root canals	70%	70%	70%
<b>Periodontic Services</b> - to treat gum disease	70%	70%	70%
<b>Oral Surgery Services</b> - extractions and dental surgery	70%	70%	70%
<b>Other Basic Services</b> - misc. services	70%	70%	70%
<b>Relines and Repairs</b> - to bridges and dentures	70%	70%	70%
<b>Major Services</b>			
<b>Major Restorative Services</b> - crowns	40%	40%	40%
<b>Prosthodontic Services</b> - bridges and dentures	40%	40%	40%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	Dependent Children to the end of the month of age 19	Dependent Children to the end of the month of age 19	Dependent Children to the end of the month of 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.

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 in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 14 and under.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period, whether provided by a general dentist or specialist.

- Sealants are payable once per tooth per lifetime for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable 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 and their related services are not Covered Services.
- Occlusal guards are not a Covered Service.

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, except cephalometric film, photos, and diagnostic casts. \$500 per person total per lifetime on cephalometric films, photos, and diagnostic casts.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

**Deductible** – \$50 Deductible per person total per Benefit Year. On all, except oral exams, all preventive services, sealants, bitewing and full mouth X-rays, full mouth debridement, scaling in presence of inflammation, cephalometric x-ray, casts, and photos.

**Eligible People** – All full-time employees of the Athens Union (3000) and COBRA enrollees (3999) as defined by ABB Inc., who choose The Core Option Dental Plan.

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 together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Delta Dental will use a carve-out method of coordinating benefits. If the patient has other coverage and that coverage has a higher priority than this plan, this plan's payment for covered services will equal the amount payable under this plan minus the amount paid by the primary carrier. This plan's payment will not exceed the amount that would have been paid in the absence of any other plan.

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