

## MICHIGAN GLASS AND GLAZING

<b>Classification of Worker:</b>	Actives and Retirees		
<b>Benefit Type:</b>	Dental		
<b>Provider:</b>	Delta Dental		
<b>Customer Service for Delta Dental:</b>	800 524 0149		
<b>Group Number:</b>	1631-0001		
	<b>PPO Dentist</b>	<b>Premier Dentist</b>	<b>Non-Participating Dentist</b>
	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays*</b>
	<b>Diagnostic &amp; Preventive</b>		
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
	<b>Basic Services</b>		
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	50%	50%	50%
<b>Minor Restorative Services</b> - fillings and crown repair	50%	50%	50%
<b>Endodontic</b> - root canals	50%	50%	50%
<b>Periodontic Services</b> - to treat gum disease	50%	50%	50%
<b>Oral Surgery Services</b> - extractions and dental surgery	50%	50%	50%
<b>Major Restorative Services</b> - crowns	50%	50%	50%
<b>Other Basic Services</b> - misc. services	50%	50%	50%
<b>Relines and Repairs</b> - to bridges, dentures, and implants	50%	50%	50%
	<b>Major Services</b>		
<b>Prosthodontic Services</b> - bridges, dentures, and implants	50%	50%	50%
	<b>Orthodontic Services</b>		
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b>	Up to age 19	Up to age 19	Up to age 19

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<p>*When you receive services from a Non-Participating Dentist, the percentages in this column indicate the portion of Delta Dental's Non-Participating Dentist Fee that will be paid for those services. The Non-Participating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.</p>	
<p><b>Oral Exams</b> (including evaluations by a specialist) are payable twice per calendar year</p>	<p><b>Prophylaxes</b> (cleanings) are payable twice per calendar year</p>
<p><b>Fluoride Treatments</b> are payable twice per calendar year for people up to age 19</p>	
<p><b>Bitewing X-Rays</b> are payable twice per calendar year and full-mouth X-rays (which include bitewing X-rays) are payable once in any five-year period</p>	
<p><b>Sealants</b> are only payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age 9 and second permanent molars up to age 14. The surface must be free from decay and restorations</p>	
<p><b>Composite resin</b> (white) restorations are Covered Services on posterior teeth</p>	
<p><b>Porcelain Crowns</b> are optional treatment on posterior teeth</p>	
<p><b>Implants and Implant Related Services</b> are payable once per tooth in any five-year period</p>	
<p>People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with their dentist about the treatment</p>	
<b>Maximum Payment</b>	\$1,500 per person total per benefit year on all services except orthodontics
	\$1,500 per person total per lifetime on orthodontic services
<b>Deductible</b>	None
<b>Waiting Period</b>	Employees who are eligible for dental benefits are covered as determined by the Fund

*This document is designed to provide a general description of some of the benefits provided by the Fund. It does not cover all of the benefits provided by the Fund and it does not contain any information regarding eligibility. Refer to the Fund's Summary Plan Description ("SPD") and the Summary of Material Modifications ("SMM") for a more complete description of the benefits provided by the Fund, as well as the eligibility rules. The SPD and SMM can also be found on your Participant Website. In case of conflict, the Plan Document governs.*