

## Delta Dental Premier

This Contract is effective the 1st day of March, 2010 A.D., by and between Wyoming Public Schools, hereinafter referred to as the Contractor and Delta Dental Plan of Michigan, Inc., a Michigan non-profit corporation, hereinafter referred to as Delta Dental.

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### ***Section I.           Declarations***

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The benefits afforded are only with respect to such benefits as are indicated in this Contract. Delta Dental's liability is limited to the benefits stated herein; subject to all the terms of this Contract having reference thereto. This Declarations Section supersedes any contrary provision of the subsequent sections of this Contract.

- A.     **Effective Date of Contract Year:** 12:01 A.M. Standard Time, March 1, 2010 A.D.
- B.     **First Renewal Date:** March 1, 2011
- C.     **Group Number:** 0006288-0012
- D.     **Eligibility (Subscribers and dependents):**

All Support Staff who do choose the Contractor-sponsored medical health program and have twenty-five thousand dollars (\$25,000.00) life insurance and COBRA(Consolidated Omnibus Reconciliation Act of 1985) enrollees, if applicable.

Where two legally married Subscribers are eligible under the same Contract, they may be enrolled as both a Subscriber on their own application card and as a dependent on their spouse's application card. Dependent children may be enrolled on both application cards as well. Delta Dental will coordinate benefits.

Dependents of above-mentioned Subscribers are also eligible.

- E.     **Waiting Period:**

All new Subscribers (and their dependents, if covered above), defined as eligible Subscribers added to the covered group who are hired after the effective starting date of the Contract will be eligible for enrollment immediately following completion of a sixty (60) work day probationary period.

- F.     **Deductible:** None.

**G. Covered Services:**

	Plan Pays	Patient Pays
<b>Class I Benefits</b>		
<b>Diagnostic and Preventive Services</b> - includes exams, cleanings, fluoride, and space maintainers	60%	40%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	60%	40%
<b>Brush Biopsy</b> - to detect oral cancer	60%	40%
<b>Radiographs - X-rays</b>	60%	40%
<b>Class II Benefits</b>		
<b>Major Restorative Services</b> - includes crowns	60%	40%
<b>Minor Restorative Services</b> - includes fillings	60%	40%
<b>Periodontic Services</b> - to treat gum disease	60%	40%
<b>Endodontic Services</b> - includes root canals	60%	40%
<b>Oral Surgery Services</b> - extractions and dental surgery	60%	40%
<b>Relines and Repairs</b> - to bridges and dentures	60%	40%
<b>Other Basic Services</b> - misc. services	60%	40%
<b>Class III Benefits</b>		
<b>Prosthodontic Services</b> - includes bridges, implants, and dentures	60%	40%
<b>Class IV Benefits</b>		
<b>Orthodontic Services</b> - includes braces	60%	40%
<b>Orthodontic Age Limit</b> -	To age 19	

- Oral exams 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 up to age 19.
- 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 five-year period.
- Benefits for cephalometric X-rays and photographs are not limited to Orthodontics.
- Benefits for diagnostics casts are not limited to Orthodontics.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain crowns are optional treatment on posterior teeth.
- Vestibuloplasty and excision of odontogenic tumors are Covered Services.
- Implants and implant related services are payable once per tooth in any five-year period.

Enrollees can receive expert dental care when they are outside of the United States through our Passport Dental<sup>SM</sup> program. Passport Dental gives our enrollees access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help them schedule care. Delta Dental coverage outside of the United States is the same as Delta Dental coverage within the United States. Access to the Passport Dental program is offered through an agreement with a third party vendor, and it may not be available if that agreement terminates.

**H. Maximum Payment:** \$1,000 per person total per contract year on all services except Orthodontics. \$1,500 per person total per lifetime on Orthodontic Services.

**I. Rate(s):**

Composite - \$58.12 per month per Subscriber

This rate is a composite rate applying to every Subscriber regardless of family size. This rate covers single Subscribers as well as Subscribers with eligible dependents.

## ADDENDUM

Notwithstanding anything contained herein to the contrary, Section III(B)2 *shall read*:

Eligible dependents include your spouse and your unmarried children from birth until the end of the calendar year of their 19th birthday, your unmarried children who are between the ages of 19 and the end of the calendar year of their 25th birthday, and your unmarried children who are full-time students at any age. Unmarried children between the ages of 19 and 25 and unmarried children who are full-time students, age 25 or older, must be dependent on you for a majority of their support.

Note: If your child is mentally or physically handicapped when coverage would terminate due to his or her age, coverage may be continued by submitting to Delta Dental 31 days prior to termination, written proof that your child is incapable of self-sustaining employment by reason of mental or physical handicap and that your child is dependent upon you for the majority of his or her support and maintenance. The coverage on your child may be continued, but not beyond the termination of such incapacity and such dependence. Under no circumstances will mental illness be considered a cause of incapacity nor will it be considered a basis for continued coverage. A physician's certificate certifying the existence of physical or mental incapacity described is submitted to Delta Dental in such form as Delta Dental may prescribe.