



**Traditional  
Summary of Dental Plan Benefits  
For Group#0001105-0001  
PLYMOUTH COMMUNITY SCHOOL CORPORATION**

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.

**Control Plan** - Delta Dental Plan of Indiana

**Benefit Year** - January 1 through December 31

**Covered Services -**

	Plan Pays	You Pay
<b>Class I Benefits</b>		
<b>Diagnostic and Preventive Services</b> - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments)	100%	0%
<b>Emergency Palliative Treatment</b> - Used to temporarily relieve pain	100%	0%
<b>Class II Benefits</b>		
<b>Radiographs - X-rays</b>	50%	50%
<b>Oral Surgery Services</b> - Extractions and dental surgery, including preoperative and postoperative care	50%	50%
<b>Endodontic Services</b> - Used to treat teeth with diseased or damaged nerves (for example, root canals)	50%	50%
<b>Periodontic Services</b> - Used to treat diseases of the gums and supporting structures of the teeth	50%	50%
<b>Relines and Repairs</b> - Relines and repairs to bridges and dentures	50%	50%
<b>Minor Restorative Services</b> - Used to repair teeth damaged by disease or injury (for example, fillings)	50%	50%
<b>Major Restorative Services</b> - Used when teeth can't be restored with another filling material (for example, crowns)	50%	50%
<b>Class III Benefits</b>		
<b>Prosthodontic Services</b> - Used to replace missing natural teeth (for example, bridges and dentures)	50%	50%

Benefit payments are based on the customary and reasonable method.

- ~ Oral exams, prophylaxes (cleanings), and fluoride treatment (to age 19) are payable twice in any period of 12 consecutive months.
- ~ Bitewing X-rays are payable twice in any period of 12 consecutive months and full mouth X-rays are payable once in any three-year period.
- ~ Composite resin (white) restorations and porcelain crowns are not Covered Services on posterior teeth.
- ~ Implants and related services are Covered Services.
- ~ People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

Form No. 00101  
INTRAD-R  
Revised 08/2002

Customer Service Toll-Free Number: 800-292-0626  
www.consumertoolkit.com  
June 14, 2007

Having Delta Dental coverage makes it easy for our enrollees to get dental care almost everywhere in the world! You can now receive expert dental care when you're outside of the United States through our Passport Dental program. This program gives you access to the International SOS Assistance (I-SOS) worldwide network of dentists and dental clinics. English-speaking I-SOS 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** - \$500 per person total per benefit year on Class I, Class II and Class III Benefits.

**Deductible** - None.

**Waiting Period** - Employees who are eligible for dental benefits can be covered on the first day of the month following 30 of continuous employment.

**Eligible People** - All full-time employees of the contractor.

Also eligible at your option are your legal spouse, 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 for coverage under this policy, you may be enrolled together on one application card or separately on individual application cards, but not both. Your dependent children may only be enrolled on one application card. Delta Dental will not coordinate benefits if you and your spouse are both covered under this policy. Unless this is a Section 125 plan, Subscribers and their dependents who enroll in the dental plan are required to remain enrolled for a minimum of 12 months. Any Subscriber or dependent who drops the dental plan may not re-enroll at a later date. If this is a Section 125 plan, an election may be revoked or changed at any time if the change is the result of a change in family status as defined under Internal Revenue Code Section 125. The Subscriber pays the full cost of this plan.

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

Class III Benefits		
100%	50%	Prosthodontic Services - Used to replace missing natural teeth (for example, bridges and dentures)
100%	50%	Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns)
100%	50%	Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings)
100%	50%	Retains and Repairs - Retains and repairs to bridges and dentures
100%	50%	Periodontic Services - Used to treat disease of the gums and supporting structures of the teeth
100%	50%	Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canal)
100%	50%	Oral Surgery Services - Extractions and dental surgery, including prophylactic and postoperative care
100%	50%	Radiographic - X-rays

# Your Health Care Information is Protected by Delta Dental

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**Effective Date of This Notice: April 14, 2003**

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Delta Dental is required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are committed to protecting your health information.

## **How We May Use and Disclose Health Information About You**

The following categories describe different ways that we use and disclose health information.

**FOR PAYMENT** We may use or disclose health information about you to determine eligibility for plan benefits, obtain customer payment for benefits, process and pay your claims, administer plan responsibility for benefits, and to coordinate benefits. For example, payment functions may include reviewing submitted claims or determining whether a treatment is covered under your plan.

**FOR HEALTH CARE OPERATIONS** We may use and disclose health information about you to administer necessary activities related to your coverage. For example, setting rates, conducting assessment and improvement activities; reviewing your treatment, fraud and abuse detection, and general administration.

**HEALTH-RELATED BENEFIT AND SERVICES** We may use or disclose health information about you to communicate to you about health-related benefits and services. For example, we may communicate to you about health-related benefits and services that add value to, but are not part of, your health plan.

**PERSONAL REPRESENTATIVES** We may use or disclose health information about you when dealing with individuals involved in your care or the payment for your care. For example, we may disclose health information to an individual who has legal authority to make health care decisions on your behalf.

**RESEARCH** We may use or disclose health information about you for research purposes. If we do, Delta Dental may be required to obtain an authorization from you for such use or disclosure.

Other categories describing how we may use and disclose your health information are listed below, along with an example. Not every use or disclosure in a category will be listed.

**AS REQUIRED BY LAW** For example, when required in a litigation proceeding such as a malpractice action and/or as required by federal or state statute or regulations.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY** For example, to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

**MILITARY AND VETERANS** For example, if required by military command authorities.

**WORKER'S COMPENSATION** For example, to comply with workers' compensation or similar laws.

**PUBLIC HEALTH RISKS** For example, to prevent or control disease, report child abuse, and domestic violence.

**HEALTH OVERSIGHT ACTIVITIES** For example, to help health agencies during audits, investigations or inspections.

**LAWSUITS AND DISPUTES** For example, in the course of any administrative or judicial proceeding.

**NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES** For example, for military, national security, prisoner and government benefit purposes.

**DISCLOSURES TO PLAN SPONSORS** For example, to help the sponsor of your group health plan administer your benefits.

## **When Delta Dental May Not Use or Disclose Your Health Information**

Delta Dental will use or disclose your health information only as described in this Notice.

**It is not necessary for you to do anything to allow us to disclose your health information as described here.**

If you want us to use or disclose your health information for another purpose, you must authorize us to do so; you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

### **Your Rights Regarding Health Information About You**

You have the following rights regarding health information we maintain about you:

**YOUR RIGHT TO INSPECT AND COPY YOUR HEALTH INFORMATION** To inspect and copy such information, you must submit your request in writing. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

**YOUR RIGHT TO AMEND INCORRECT OR INCOMPLETE INFORMATION** You may request that Delta Dental change your health information, although we are not required to do so. If your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing. You must also provide a reason for your request.

**YOUR RIGHT TO A LIST OF DISCLOSURES MADE BY DELTA DENTAL** You may request a list of the certain disclosures we have made of your health information. However, this list will not include disclosures made for treatment, payment, health care operations, for purposes of national security, incidental to a permitted or required disclosure, as part of a partial set of records as permitted by law, to law enforcement or corrections personnel, made pursuant to your authorization or directly to you. You must submit your request in writing. Your request should specify a time period of up to six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). Delta Dental will provide you with one list within a 12-month period free of charge; we may charge you for additional lists. We will notify you of the cost involved and you may choose to withdraw or modify

your request at that time before any costs are incurred.

### **YOUR RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES**

Although you may have this right, Delta Dental is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing.

**YOUR RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS THROUGH A REASONABLE ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION** To request confidential communications, you must submit your request in writing. We are not required to agree to your request.

**YOUR RIGHT TO A PAPER COPY OF THIS NOTICE** To obtain a paper copy of this Notice, send us a written request. You may also obtain a copy of this Notice at one of our Web sites, [www.deltadentalmi.com](http://www.deltadentalmi.com), [www.deltadentaloh.com](http://www.deltadentaloh.com), [www.deltadentalin.com](http://www.deltadentalin.com). Send us a written request if you would like to have a more detailed explanation of these rights or if you would like to exercise one of more of these rights.

### **CHANGES TO THIS NOTICE**

Delta Dental can amend this Notice at any time in the future and make the new Notice provisions effective for all health information that we maintain. We will promptly revise our Notice and distribute it to you whenever we make significant changes. Until then, Delta Dental is required by law to comply with the current version of this Notice.

### **COMPLAINTS**

Complaints about this Notice or about how we handle your health information should be submitted in writing. Delta Dental will not retaliate against you in any way for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services.

**Send all written requests regarding this Privacy Notice to:**

**Privacy Office  
Delta Dental of Michigan, Ohio, and Indiana  
P.O. Box 30416  
Lansing, MI 48909-7916**