



DeltaPreferred Option point-of-service USA
Summary of Dental Plan Benefits
For Group#0009696-0001, 0002, 0099
CINCINNATI INSURANCE COMPANIES AND ITS SUBSIDIARIES

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. In the event that you seek treatment from a dentist that does not participate in any of Delta Dental's programs, you may be responsible for more than the percentage indicated below.

Control Plan - Delta Dental Plan of Ohio

Benefit Year - January 1 through December 31

Covered Services -	Delta Dental PPO Dentist		Delta Dental Premier or Nonparticipating Dentist	
	Plan Pays	You Pay	Plan Pays	You Pay
Class I Benefits				
Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments)	100%	0%	100%	0%
Emergency Palliative Treatment - Used to temporarily relieve pain	85%	15%	80%	20%
Sealants - Used to prevent decay of pits and fissures of permanent back teeth	100%	0%	100%	0%
Class II Benefits				
Radiographs - X-rays	85%	15%	80%	20%
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals)	55%	45%	50%	50%
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth	55%	45%	50%	50%
Relines and Repairs - Relines and repairs to bridges and dentures	55%	45%	50%	50%
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings)	85%	15%	80%	20%
Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns)	55%	45%	50%	50%
Simple Extractions - Non-surgical extractions, including preoperative and postoperative care	85%	15%	80%	20%
Complex Extractions - Surgical extractions, including preoperative and postoperative care	55%	45%	50%	50%
All Other Oral Surgery - All other dental surgery (excluding extractions), including preoperative and postoperative care	55%	45%	50%	50%
Class III Benefits				
Prosthodontic Services - Used to replace missing natural teeth (for example, bridges and dentures)	55%	45%	50%	50%

~ Benefits for oral examinations and prophylaxes are payable twice per calendar year. Two additional periodontal prophylaxes are payable

per calendar year.

~ Bitewing X-rays and fluoride treatment are payable once per calendar year.

~ Benefits for space maintainers are payable to age 16.

~ Sealants are payable for the occlusal surface of permanent molars for children to age 16. The surface must be free from decay and restorations. Sealants are payable once per tooth per lifetime.

~ Crowns, inlays, dentures, bridgework and substructures are limited to once in a seven-year period.

~ Labial veneer restorations are covered on anterior teeth once in a five-year period.

~ Composite resin (white) restorations and porcelain crowns are not Covered Services on posterior teeth.

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 - \$1,500 maximum per person per benefit year on Class I, II, III and IV Benefits.

Deductible - \$50 deductible per person total per benefit year limited to a maximum deductible of \$150 per family per benefit year on emergency examinations, emergency palliative treatment, Class II and Class III Benefits. The deductible does not apply to balance of Class I Benefits or harmful habit control appliances.

Waiting Period - Employees who are eligible for dental benefits can be covered on the first day of the month following date of hire. There are waiting periods for certain services. Endodontics, relines and repairs, all other oral surgery, periodontics, major restorative, and prosthodontic services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.

Eligible People - All full-time employees of the contractor working at least 30 hours per week who choose the dental plan: active (0001), special eligibles (0002) and all individuals who are eligible for and elect continuation coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 (0099).

Also eligible at your option are your legal spouse and your dependent children to the end of the month in which they turn 19 and your dependent unmarried children to the end of the month in which they turn 25 if a full-time student and 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 contract, 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 contract. 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 end of the month of last month of employment.