Delta Dental Pediatric Benefits

Pediatric dental is an EHB and includes members under the age of 19. Pediatric dental coverage is required with a health plan purchased directly through HAP. For the pediatric-only dental plans, the children's coverage terminates at the end of the year they turn 19. The children's benefit automatically converts to adult coverage the next January 1 after they turn 19. Coverage will continue at the same rate until the children reach the maximum age of 26.

DELTA DENTAL®	Pediatric Dental		
	In-Network		Out-of-Network
	PPO Dentist	Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays
DIAGNOSTIC AND PREVENTIVE			
Diagnostic and Preventive Services – exams, cleanings, fluoride and space maintainers	100%	80%	80%
Brush Biopsy – to detect oral cancer	100%	80%	80%
Emergency Palliative Treatment – to temporarily relieve pain	100%	80%	80%
Radiographs – X-rays	100%	80%	80%
Sealants – to prevent decay of permanent teeth	100%	80%	80%
BASIC SERVICES			
Minor Restorative Services – fillings and crown repair	50%	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Relines and Repairs – to bridges and dentures	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
MAJOR SERVICES			
Prosthodontic Services – bridges and dentures	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%

In-Network Out-of-Pocket Maximum for EHB Covered Services - An Out-of-Pocket Maximum is the maximum amount that you or an Eligible Dependent will pay for Covered Services throughout a Benefit Year. For all In-Network EHB Covered Services provided to individuals under the age of 19, your maximum out-of-pocket payments under this Policy shall be $700 per Benefit Year if this Policy covers one individual under the age of 19, or $1400 per Benefit Year if this Policy covers two or more individuals under the age of 19. Any Coinsurance, Copayments or Deductibles paid by you for In-Network EHB Covered Services provided to individuals under the age of 19 shall count toward that In-Network Out-of-Pocket Maximum. The In-Network Out-of-Pocket Maximum will not include any amounts paid for the following: (i) premiums; (ii) payments made by you for Non-covered services; (iii) payments made by you to Out-of-Network Dentists; (iv) Coinsurance, Copayments, or Deductibles paid by you for services other than EHB Covered Services; or (v) Coinsurance, Copayments, or Deductibles paid by you for EHB Covered Services provided to individuals 19 years of age and older.

Once your applicable In-Network Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services provided to individuals under the age of 19 will be covered at 100% of the Maximum Approved Fee.

Out-of-Network Out-of-Pocket Maximum for EHB Covered Services - There is no annual Out-of-Pocket Maximum for Out-of-Network EHB Covered Services. You will be responsible for all Coinsurance, Copayments, Deductibles and Balanced Billing Amounts associated with all Out-of-Network EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

Annual and Lifetime Maximum Payments for EHB Covered Services - For all EHB Covered Services provided to individuals under the age of 19, there are no annual or lifetime Maximum Payments.

Deductibles for EHB Covered Services - None.

Waiting Period for EHB Covered Services - There are no waiting periods for individuals under the age of 19 seeking EHB Covered Services.

If you have any questions about this Policy, please call Delta Dental's Customer Service department, toll-free, at (800) 971-4108. You may also write to Delta Dental's Customer Service department at P.O. Box 1596, Indianapolis, Indiana 46206.

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for costs and complete details of coverage, including policy exclusions and limitations, or call us toll-free at (800) 971-4108.

This Policy is underwritten by Delta Dental Plan of Michigan, Inc., a nonprofit dental care corporation.

Delta Dental PPO Adult Benefits

For families that want adult dental coverage, all adults have to elect coverage. If members indicate they have EHB-certified pediatric coverage, HAP will not offer adult-only dental coverage. Adults without children will be charged a $0 pediatric plan premium and will be provided with evidence of compliance for the EHB pediatric coverage from Delta Dental. All adults (over the age of 19 upon effective date) will be included if adult coverage is selected. Only the three oldest children under 19 are charged the pediatric rate.

DELTA DENTAL®	Adult Dental		
	In-Network		Out-of-Network
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays
DIAGNOSTIC AND PREVENTIVE			
Diagnostic and Preventive Services – exams, cleanings, fluoride and space maintainers	100%	80%	80%
Brush Biopsy – to detect oral cancer	100%	80%	80%
Emergency Palliative Treatment – to temporarily relieve pain	100%	80%	80%
Radiographs – X-rays	100%	80%	80%
Sealants – to prevent decay of permanent teeth	100%	80%	80%
BASIC SERVICES			
Minor Restorative Services – fillings and crown repair	50%	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Relines and Repairs – to bridges and dentures	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
MAJOR SERVICES			
Major Restorative Services – crowns	50%	50%	50%
Prosthodontic Services – bridges, implants and dentures	50%	50%	50%

Annual and Lifetime Maximum Payments for Non-EHB Covered Services - For individuals 19 years of age or older, or individuals under the age of 19 seeking Non-EHB Covered Services, the Maximum Payment is $1,000 per individual total per Benefit Year on all services.

Out-of Pocket Maximum Payment for Non-EHB Covered Services - An Out-of-Pocket Maximum is the maximum amount that you or your Eligible Dependent will pay for Covered Services throughout a Benefit Year. There is no Annual Out-of-Pocket Maximum Payment for Non-EHB Covered Services. You will be responsible for all Coinsurance, Copayments, Deductibles and Balanced Billing Amounts associated with all Non-EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

Deductibles for Non-EHB Covered Services - None.

Waiting Period for Non-EHB Covered Services - There are no waiting periods for Covered Services under this Plan.

Eligibility - In addition to you, the following persons are eligible under this Policy:

Your Legal Spouse and your Children under age 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.

You and your Eligible Dependents must enroll for a minimum of 12 months. If Coverage is terminated prior to completing 12 months, you may not re-enroll for at least 12 months from the date of termination.

Benefits will cease on the last day of the month in which you have paid premium.

If you have any questions about this Policy, please call Delta Dental's Customer Service department, toll-free, at (800) 971-4108. You may also write to Delta Dental's Customer Service department at P.O. Box 1596, Indianapolis, Indiana 46206.

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