

1B



**DeltaPremier USA
Benefit Features for
Physicians Health Plan-Groups**

The following chart indicates the services covered by Delta Dental Plan of Michigan through DeltaPremier USA. It also shows the percentage of coverage of Delta Dental's allowed fee for each category and your copayment, if any:

Please mark the plan of your choice.

Plan A
 Plan B
 Plan C
 Plan D

| Rates effective 1/1/2008 – 12/31/2008 | Plan A | | Plan B | | Plan C | | Plan D | |
|--|-----------|---------|-----------|---------|-----------|---------|-----------|---------|
| | Plan Pays | You Pay | Plan Pays | You Pay | Plan Pays | You Pay | Plan Pays | You Pay |
| Class I | | | | | | | | |
| Diagnostic and Preventive Services – Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings, and fluoride treatments). | 100% | 0% | 100% | 0% | 80% | 20% | 50% | 50% |
| Emergency Palliative Treatment – Used to temporarily relieve pain. | 100% | 0% | 100% | 0% | 80% | 20% | 50% | 50% |
| Radlographs – X-rays. | 100% | 0% | 100% | 0% | 80% | 20% | 50% | 50% |
| Sealants – Dental sealants to prevent decay of permanent molars (to age nine on first molars and age 14 on second molars). | 100% | 0% | 100% | 0% | 80% | 20% | 50% | 50% |
| Class II | | | | | | | | |
| Oral Surgery Services – Extractions and dental surgery, including preoperative and postoperative care. | 80% | 20% | 80% | 20% | 50% | 50% | 50% | 50% |
| Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, amalgam [silver] fillings). | 80% | 20% | 80% | 20% | 50% | 50% | 50% | 50% |
| Periodontics – Used to treat diseases of the gums and supporting structures of the teeth. | 80% | 20% | 80% | 20% | 50% | 50% | 50% | 50% |
| Endodontics – Used to treat teeth with diseased or damaged nerves (for example, root canals). | 80% | 20% | 80% | 20% | 50% | 50% | 50% | 50% |
| Class III | | | | | | | | |
| Prosthodontics – Used to replace missing natural teeth (for example, bridges and dentures). | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% |
| Major Restorative Services – Used when teeth cannot be restored with another filling material (for example, crowns). | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% |
| Class IV | | | | | | | | |
| Orthodontic Services (to age 19) – Used to correct malposed teeth and/or facial bones (for example, braces). | 50% | 50% | 0% | 100% | 0% | 100% | 0% | 100% |
| Maximum Payment – per person per calendar year on Class I, II, and III Benefits | \$1,000 | | \$1,000 | | \$1,000 | | \$1,000 | |
| – per lifetime on Class IV Benefits | \$1,000 | | –0– | | –0– | | –0– | |
| Deductible – per person/per family on Class II and III Benefits. The deductible does not apply to Class I or Class IV Benefits. | 50/150 | | 50/150 | | –0– | | –0– | |
| Rate per subscriber per month – | | | | | | | | |
| Employee only | \$35.81 | | \$35.81 | | \$26.85 | | \$20.94 | |
| Employee and one dependent | \$67.80 | | \$66.90 | | \$50.25 | | \$39.05 | |
| Employee and two or more dependents | \$129.97 | | \$122.13 | | \$87.95 | | \$64.33 | |