

**Group Insurance Trust**  
**Group Voluntary Dental Plan Summaries**  
 Effective January 1, 2011

	Delta Dental		Delta Dental	
	Low (Core) Plan		High (Buy-Up) Plan	
<b>Monthly Rates</b>				
Single		\$19.51		\$33.08
Employee + Spouse		\$39.05		\$65.06
Employee + Child(ren)		\$46.31		\$75.84
Family		\$72.58		\$118.93
<b>Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>PPO Network</b>	Delta	N/A	Delta	N/A
<b>Deductible</b>				
Calendar Year or Lifetime	Calendar Year	Calendar Year	Calendar Year	Calendar Year
Individual	\$50	Combined With In-Network	\$50	Combined With In-Network
Family	\$150	Combined With In-Network	\$150	Combined With In-Network
<b>Annual Maximum (Non-Ortho)</b>				
Individual	\$750	Combined With In-Network	\$1000	Combined With In-Network
<b>Preventive Services</b>	100% - No Ded	100% - No Ded	100% - No Ded	100% - No Ded
<b>Basic Services</b>	50%	50%	80%	80%
<b>Major Services</b>	25%	25%	50%	50%
<b>Covered Expenses</b>				
Exams	Prev (2 Every 12 Months)	Prev (2 Every 12 Months)	Prev (2 Every 12 Months)	Prev (2 Every 12 Months)
Cleanings	Prev (2 Every 12 Months)	Prev (2 Every 12 Months)	Prev (2 Every 12 Months)	Prev (2 Every 12 Months)
Fluoride Treatment (Age Limit)	Prev (< Age 19)	Prev (< Age 19)	Prev (< Age 19)	Prev (< Age 19)
Space Maintainers (Age Limit)	Prev (< Age 14)	Prev (< Age 14)	Prev (< Age 14)	Prev (< Age 14)
X-Rays, Bitewing	Prev (1 Every 12 Months)	Prev (1 Every 12 Months)	Prev (1 Every 12 Months)	Prev (1 Every 12 Months)
X-Rays, Full Mouth	Basic (1 Every 60 Months)	Basic (1 Every 60 Months)	<b>Prev</b> (1 Every 60 Months)	<b>Prev</b> (1 Every 60 Months)
Sealants (Age Limit)	Prev (< Age 14)	Prev (< Age 14)	Prev (< Age 14)	Prev (< Age 14)
Emergency Pain Treatment	Basic	Basic	<b>Prev</b>	<b>Prev</b>
Fillings, Amalgam	Basic	Basic	Basic	Basic
Oral Surgery	Major	Major	<b>Basic</b>	<b>Basic</b>
Simple Extractions	Basic	Basic	Basic	Basic
Endodontics (Root Canal)	Major	Major	<b>Basic</b>	<b>Basic</b>
Periodontics (Gum Disease)	Major	Major	<b>Basic</b>	<b>Basic</b>
Crowns, Inlays, Onlays	Major	Major	Major	Major
Bridges and Dentures	Major	Major	Major	Major
Repairs and Adjustments	Major	Major	<b>Basic</b>	<b>Basic</b>
<b>Orthodontia</b>	Not Covered	Not Covered	50%	50%
Lifetime Maximum (Ortho)	N/A	N/A	\$1500	Combined With In-Network
Age Limitation	N/A	N/A	To Age 19	To Age 19
<b>Dependent Eligibility</b>				
Dependents Eligible to Age / Full-Time Students	To Age 24 (End of year)		To Age 24 (End of year)	
<b>Reasonable &amp; Customary Percentile</b>	N/A	75th	N/A	75th