



**Delta Dental PPO plus Premier
Summary of Dental Plan Benefits**

For Group# 1000-0001, 0002, 0003, 0004, 0005, 0007, 0008, 0009, 0010, 0011, 0012, 0013, 0014, 0015, 0016, 0017, 0020, 0021, 0023, 0024, 0025, 0026, 0027, 0028, 0030, 0031, 0032, 0034, 0036, 0037, 0038, 0039, 0040, 0041, 0042, 0043, 0044, 0045, 0046, 0047, 0048, 0049, 0050, 0051, 0052, 0053, 0054, 0055, 0056, 0057, 9000

Liberty Healthcare Management, Inc., a North Carolina Corporation

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan - Delta Dental of North Carolina

Benefit Year - April 1 through March 31

Covered Services -

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Major Services			
Occlusal Guards/Adjustments - bite guards and occlusal adjustments	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Relines and Repairs - to bridges, implants, and dentures	50%	50%	50%
Prosthetic Services - bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	Dependent Children up to age 19	Dependent Children up to age 19	Dependent Children up to age 19

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

- Oral exams (including evaluations by a specialist) are payable twice per benefit year. Screening and assessment of a patient are payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year. Two additional periodontal maintenance procedures are payable per benefit year for individuals with a documented history of periodontal disease.

- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per benefit year for people up to age 19.
- Benefits for space maintainers are unlimited for people up to age 19.
- Bitewing X-rays are payable once per benefit year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per three-year period for first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Veneers are payable on incisors and cuspids once per tooth per five-year period when necessary due to fracture or decay. Veneers for cosmetic purposes are not Covered Services.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Reline and rebase of dentures are payable once in any two-year period. Tissue conditioning is payable once in any 12-month period.
- Implants and implant related services are payable once per tooth in any five-year period.
- Occlusal guards are payable once in any five-year period. Antibiotic drug injections are Covered Services.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking 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 - \$2,000 per person total per Benefit Year on all services except orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

Deductible - \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, and orthodontic services.

Waiting Period - Employees who are eligible for dental benefits are covered on the first of the month following 30 days of employment.

There is a 6-month waiting period for certain services. Major Restorative Services, Relines and Repairs, Prosthodontic Services, and Orthodontic Services will not be covered until after a person is enrolled in the dental plan for 6 consecutive months.

Eligible People - All full-time employees working at least 30 hours per week, who choose the dental Plan: Liberty Healthcare Management (0001), Mary Gran Nursing Center (0002), Southwood (0003), Golden Years (0004), Liberty Commons Rehabilitation Center (0005), Liberty Commons Nursing & Rehabilitation Center - Johnston County (0007), Liberty Home Care I (0008), Brightmore of Wilmington (0009), Liberty Commons Assisted Living - Wilmington (0010), Liberty Commons Assisted Living - Onslow County (0011), Liberty Commons Nursing & Rehabilitation Center of Alamance County (0012), Liberty Commons Nursing & Rehabilitation Center of Rowan County (0013), Liberty Commons Nursing & Rehabilitation Center of Columbus County (0014), Three Rivers Health & Rehabilitation Center (0015), Shoreland Health Care & Retirement Center (0016), The Kempton Assisted Living (0017), Liberty Commons Nursing & Rehabilitation Center of Davie County (0020), Liberty Home Care II (0021), Liberty Commons Nursing & Rehabilitation Center of Halifax County (0023), Liberty Commons Nursing & Rehabilitation Center of Lee County (0024), Royal Park Health Center & Rehabilitation - Matthews (0025), Liberty Commons Nursing & Rehabilitation Center of Lee Tramway (0026), Liberty Commons Nursing & Rehabilitation Center of Hyde County (0027), Liberty Commons Nursing & Rehabilitation Center of Wake County (0028), Liberty Home Care III (0030), Assisted Living Management (0031), Long Term Care Management (0032), Home Care Management (0034), Liberty Home Care IV (0035), Liberty Home Care V (0037), Liberty Commons Nursing & Rehabilitation Center of The Oaks (0038), Liberty Commons Nursing & Rehabilitation Center of Springwood (0030), Quail Haven of Pinehurst (0040), Quail Haven Healthcare Center (0041), Liberty Commons Nursing & Rehabilitation Center of Ballantyne (0042), Brightmore of South Charlotte (0043), Liberty Medical Care Services (0044), Carolina Bay Management of Wilmington, LLC (CBM) (0045), Woodlands Nursing & Rehabilitation Center (0046), Carolina Bay Healthcare Center Management of Wilmington, LLC (CHM) (0047), Southport Nursing Center (0048), Warren Hills Nursing Center (0049), Liberty Home Care VII (0050), McNeil's Long Term Care Pharmacy (0051), Pisgah Valley Retirement Community (0052), Liberty Commons - Kernersville (0053), Legion Road Healthcare (0054), Liberty Commons Nursing and Rehabilitation of Southport, LLC (Ocean Trail Healthcare - OTH) (0055), South Bay (0056), Liberty Living Management (LLM) (0057) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees: Liberty Healthcare Management COBRA (9000). The Subscriber pays the full cost of this plan.

Also eligible are your legal spouse and your children to the end of the month in which they turn 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 after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and

must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your spouse are both eligible for coverage under this Contract, you may be enrolled together on one application or separately on individual applications, but not both. Your dependent children may only be enrolled on one application. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Contract.

Benefits will cease on the last day of the month following termination of employment.

This plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

This plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats)

This plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call 1-800-662-8856 (TTY users call 711).

If you believe that this plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with the civil rights coordinator at PO Box 9089, Farmington Hills, MI 48333-9089; by phone at 1-800-662-8856 (TTY users call 711) or fax to 517-706-3513. You can file a grievance by mail, fax or phone. If you need help filing a grievance, the civil rights coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

انتباه: إذا كنت تتحدث اللغة العربية، ف تتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل على الهاتف رقم 1-800-662-8856 (رقم الطابعة الهاتفية: 711).

주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-662-8856 (TTY: 711) 번으로 전화해 주십시오.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-662-8856 (TTY : 711)。

ໂປດ ຊາບ: ຖ້າວ່າທ່ານ ເວົ້າ ພາສາ ລາວ, ການ ບໍລິ ການ ຊ່ວຍ ເຫຼືອ ດ້ານ ພາສາ, ໂດຍບໍ່ ເສັງ ຄ່າ, ຄ່າມື້ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-662-8856 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-662-8856 (ATS: 711).

សេចក្តីជូនដំណឹង: ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ, មានសេវាកម្មជំនួយផ្នែកភាសាសម្រាប់អ្នក ដោយឥតគិតថ្លៃ។ សូមទៅទូរស័ព្ទទៅលេខ 1-800-662-8856 (TTY: 711) ។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-662-8856 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-662-8856 (телетайп: 711).

ध्यान आपो: જો તમે ગુજરાતી બોલતાં હો તો વિના મૂલ્ય ભાષાકીય સહાયતા સેવાઓ તમારે માટે ઉપલબ્ધ છે. કોલ કરો 1-800-662-8856 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-662-8856 (TTY: 711).

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए नि:शुल्क उपलब्ध हैं। कॉल करें 1-800-662-8856 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-662-8856 (TTY: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-662-8856 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-662-8856 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-662-8856 (TTY : 711) まで、お電話にてご連絡ください。