

DENTAL	GUARDIAN****		DELTA DENTAL I***		DELTA DENTAL II***	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Plan	Dental Guard Preferred		PPO		PPO	
Annual Deductible:						
Retiree	\$50	\$50	\$0	\$0	\$50	\$50
Retiree & Spouse	\$100	\$100	\$0	\$0	\$50	\$50
Percentage of UCR	Fee Schedule	90%	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule
Preventive Services (deductible waived)						
Oral examinations	100%	100%	90%	70%	50%	50%
X-rays (Bitewings only)	100%	100%	90%	70%	50%	50%
Cleaning	100%	100%	90%	70%	50%	50%
Emergency exams and palliative care for the relief of pain*	100%	100%	90%	70%	50%	50%
Basic Services:						
Crowns: Stainless Steel	50%	50%	50%	50%	50%	50%
Fillings	50%	50%	50%	50%	50%	50%
Simple Extractions	50%	50%	50%	50%	50%	50%
Repair of dentures / bridgework	50%	50%	80%	80%	50%	50%
Major Services:**						
Endodontics (root canals)	50%	50%	50%	50%	50%	50%
Periodontics	50%	50%	50%	50%	50%	50%
Oral Surgery	50%	50%	50%	50%	50%	50%
Crowns, Inlays and Onlays	50%	50%	50%	50%	50%	50%
Installation of removable or fixed bridgework	50%	50%	50%	50%	50%	50%
Installation of full & partial dentures	50%	50%	50%	50%	50%	50%
Annual Maximum (per person)	\$1,000	\$1,000	\$1,600 combined		\$1,000 combined	
Carryover Annual Maximum (per person)	Yes	Yes	n/a		n/a	
COSTS	Monthly / Annual		OH / MI / IN		OH / MI / IN	
Retiree	\$42.77 / \$513.24		\$43.00 / \$45.00 / \$41.50		\$27.50 / \$28.50 / \$26.00	
Retiree & Spouse	\$85.54 / \$1,026.48		\$86.00 / \$90.00 / \$83.00		\$55.00 / \$57.00 / \$52.00	

* The above is a summary only of the dental plan designs.

** Guardian 12 Month waiting period for Major Services is waived with proof of prior dental coverage.

*** Delta Dental Plans displayed are those only offered to retirees of Michigan, Ohio and Indiana.

**** Guardian Dental Plan is available to retirees in all states.