

Delta Dental of Tennessee
Certificate of Coverage-Benefit Summary Page

Group Name: **DENSO CORE PLAN**
 Original Issue: 1/1/2007
 Provider Network: Delta Dental PPO / Premier

	Network Provider	Non Network Provider
Calendar Year Deductible		
Amount per Person	\$ 50	\$ 50
Maximum Amount per Family	\$ 100	\$ 100
Deductible exclusions	Excludes D&P	
Copayment Percentages		
Diagnostic and Preventive Benefits	100 %	80 %
Sealants	100 %	80 %
Basic Benefits	50 %	40 %
Endodontics	50 %	40 %
Periodontics	50 %	40 %
Oral Surgery	50 %	40 %
Major Restorations	50 %	40 %
Prosthodontics	50 %	40 %
Implants	50 %	40 %
Annual Maximum		
Amount per person	\$ 1000	\$ 1000

Charges for diagnostic and preventive services will not count toward the annual maximum.

Special Benefit Notations:

If a non-participating dentist's fees exceed the industry average Maximum Plan Allowance, you must pay the difference plus your co-insurance. You may also have to pay the entire bill in advance.

Special Enrollment Notations:

All Associates hired on or prior to the effective date are eligible for enrollment on the effective date or when they have met the group's eligibility requirement. Associates hired after the effective date: Associates are eligible on date-of-hire.

Dependent Age Limit is to age 26.

Dental benefits plan will cover the following groups:

DENSO International America, Inc.	DENSO Wireless Systems America, Inc.
DENSO Manufacturing Michigan, Inc.	DENSO Sales California, Inc.
DENSO Manufacturing Arkansas, Inc.	American Industrial Manufacturing Services, Inc.
DENSO Manufacturing Tennessee, Inc.	DENSO Manufacturing Athens Tennessee, Inc.