

Delta Dental of Tennessee  
Certificate of Coverage - Benefit Summary Page

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

	Network Provider	Non Network Provider
<b>Calendar Year Deductible</b>		
Amount per Person	\$ 50	\$ 50
Maximum Amount per Family	\$ 100	\$ 100
Deductible exclusions	Excludes D&P and Ortho	
<b>Copayment Percentages</b>		
Diagnostic and Preventive Benefits	100 %	80 %
Sealants	100 %	80 %
Basic Benefits	80 %	60 %
Endodontics	80 %	60 %
Periodontics	80 %	60 %
Oral Surgery	80 %	60 %
Major Restorations	70 %	50 %
Prosthodontics	70 %	50 %
Implants	70 %	50 %
Orthodontics	50 %	50 %
<b>Annual Maximums excluding Orthodontics</b>		
Amount per person	\$ 1500	\$ 1500
<b>Lifetime Maximum for Orthodontics</b>		
Lifetime amount per person	\$ 2000	\$ 2000
Orthodontic benefits are limited to age:	No limit	No limit

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.