



**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 1340-0001, 0002, 0099
Belk Stores Services, Inc.
High Option**

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 - January 1 through December 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%
Relines and Repairs - to bridges, implants, and dentures	80%	80%	80%
Major Services			
Major Restorative Services - crowns	50%	50%	50%
Prosthetic Services - bridges and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	No Age Limit	No Age Limit	No Age Limit

* 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.

Maximum Payment - \$2,000 per person total per Benefit Year on all services except orthodontic services. \$2,000 per person total per lifetime on orthodontic services.

Deductible - \$50 Deductible per person total per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, and orthodontic services.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Two prophylaxes (cleanings) are payable per calendar year. Full mouth debridement is payable once in any five-year period.
- 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 twice per calendar year for people up to age 19.

- Bitewing X-rays are payable twice per calendar year. 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.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are Covered Services on posterior teeth.
- Guided tissue regeneration is a Covered Service.
- Localized delivery of chemotherapeutic agents is payable one time per quadrant in any two-year period.
- Certain oral surgery procedures are Covered Services.
- Full dentures, partial dentures, and overdentures are payable once in any five-year period. Reline and rebase of dentures and tissue conditioning are payable once in any two-year period.
- Implants and implant related services are payable once per tooth in any five-year period.
- Applications of desensitizing medicaments are payable once in any two-year period.

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.

Waiting Period - Employees who are eligible for dental benefits are covered on the date of hire.

Eligible People - All Active full-time (0001), and part-time (0002) subscribers as defined by the Contractor and COBRA (0099) (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable, who choose the High Option Dental Plan. The Contractor and Subscriber share the cost of this plan.

Also Eligible are your legal spouse or domestic partner and your children and/or your domestic partner's children under age 26, including those who are Married, no longer live with you, are not your dependents for Federal Income Tax Purposes, and/or are not permanently disabled.

Dependents may enroll if the employee is enrolled (excluding COBRA) and must be enrolled in the same plan as the employee. An election may be revoked or changed at any time if such change is the result of a qualifying event as defined under Internal Revenue Code Section 125, or during Open Enrollment.

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 date of termination.