



Exhibit B
Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 0005686-1001, 1002, 1003, 1004, 1005, 1006, 1007, 1008, 1009,
1010, 1011, 1012, 1013, 1014, 1015, 1016, 1098, 1099
The University of Toledo

This Summary of Dental Plan Benefits should be read in conjunction with your Dental Care Certificate. Your Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. In the event that you seek treatment from a dentist that does not participate in any of Delta Dental's programs, you may be responsible for more than the percentage indicated below.

Control Plan – Delta Dental Plan of Ohio

Benefit year – January 1 through December 31

Covered Services -

	PPO Dentist	Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays
Class I Benefits			
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Class II Benefits			
Major Restorative Services - includes crowns	80%	80%	80%
Minor Restorative Services - includes fillings	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Endodontic Services - includes root canals	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Relines and Repairs - to bridges and dentures	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Class III Benefits			
Prosthetic Services - includes bridges and dentures	80%	80%	80%
Implants - endosteal implants to replace missing teeth	80%	80%	80%
Class IV Benefits			
Orthodontic Services - includes braces	60%	60%	60%
Orthodontic Age Limit -	To age 19	To age 19	To age 19

- Oral exams are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.
- Implants and implant related services are payable once per tooth in any five-year period.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

Having Delta Dental coverage makes it easy for our enrollees 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 the International SOS Assistance (I-SOS) worldwide network of dentists and dental clinics. English-speaking I-SOS 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 – \$3,000 per person total per benefit year on all services except Orthodontics. \$1,500 per person total per lifetime on Orthodontic Services.

Deductible – \$100 deductible per person total per benefit year. The deductible does not apply to Diagnostic and Preventive services, Emergency Palliative Treatment, Brush Biopsy, X-rays, and Orthodontic services.

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

Eligible People – All full-time or part-time employees of the Contractor: Faculty 9 Month AAUP (1001), Faculty 12 Month AAUP (1002), Faculty 9 Month Non AAUP (1003), Faculty 12 Month Non AAUP (1004), Faculty Lecturer 9 Month (1005), Faculty Lecturer 12 Month (1006), Senior Administrative (1007), Classified Exempt PSA FT (1008), Comm. Workers of Amer. FT (1009), Comm. Workers of Amer. PT (1010), UT Police Patrolman's Assoc. (1011), Post Doctoral Assoc. (1012), Unclassified Prof Staff FT (1013), Unclassified Prof Staff PT (1014), Administrative Provisional (1015), Unclassified Prof Staff Research Assoc. (1016), Retirees (1098) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (1099).

Also eligible are your legal spouse, your dependent children to the end of the calendar year in which they turn 19, and your dependent unmarried children to the end of the calendar year in which they turn 24 if a full-time student and who are eligible to be claimed by you as a dependent under the US Internal Revenue code during the current calendar year, and your domestic partners as defined in the contract.

If you and your spouse are both eligible for coverage under this Contract, you may be enrolled together on one application card or separately on individual application cards, but not both. Your dependent children may only be enrolled on one application card. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Contract. The Contractor pays the full cost of this plan.

Benefits will cease on the last day of the month in which the employee is terminated.

Amending effective January 1, 2009 to change Eligible People and Covered Services. Contract change effective January 1, 2009 to change Maximum Payment.