



**Delta Dental PPO™ (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 5422-0300  
Cummins Inc.**

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 Indiana

**Benefit Year** - January 1 through December 31

**Covered Services** -

	<b>Delta Dental PPO™ Dentist Plan Pays</b>	<b>Delta Dental Premier® Dentist Plan Pays</b>	<b>Nonparticipating Dentist Plan Pays*</b>
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	100%	100%	100%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%	50%
<b>Minor Restorative Services</b> - fillings and crown repair	80%	80%	50%
<b>Endodontic Services</b> - root canals	80%	80%	50%
<b>Non-Surgical Periodontic Services</b> - non-surgical services to treat gum disease	80%	80%	50%
<b>Simple Extractions</b> - non-surgical removal of teeth	80%	80%	50%
<b>Other Oral Surgery</b> - dental surgery other than extractions	80%	80%	50%
<b>Other Basic Services</b> - misc. services	80%	80%	50%
<b>TMD Treatment</b> - treatment of the disorder of the temporomandibular joint, including related films	80%	80%	50%
<b>Major Services</b>			
<b>Surgical Periodontic Services</b> - surgical services to treat gum disease	50%	50%	20%
<b>Occlusal Guards/Adjustments</b> - bite guards and occlusal adjustments	50%	50%	20%
<b>Surgical Extractions</b> - surgical removal of teeth	50%	50%	20%
<b>Major Restorative Services</b> - crowns	50%	50%	20%
<b>Anesthesia Services</b> - when medically necessary	50%	50%	20%
<b>Relines and Repairs</b> - to prosthetic appliances	50%	50%	20%
<b>Prosthodontic Services</b> - bridges, implants, dentures, and crowns over implants	50%	50%	20%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	20%
<b>Orthodontic Age Limit</b> -	Dependent Children to age 26 and Subscriber and Spouse to age 23		

\* 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 amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Periodic oral evaluations performed on a patient of record and comprehensive exams are payable twice per calendar year. Limited oral evaluations for specific problem or complaint, oral evaluations for patients under the age of three, detailed and extensive oral evaluations, re-evaluations, comprehensive periodontal evaluations, and screening and assessment of a patient are payable once per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Two additional prophylaxes are payable per calendar year for individuals with a documented history of periodontal disease.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Bitewing X-rays are payable twice per calendar year for people age 18 and under and once per calendar year for people age 19 and older. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Four periapical X-rays are payable per calendar year. Occlusal X-rays are payable twice per calendar year. Non-surgical treatments of TMJ disorders, including films, are Covered Services. Cone beam imaging is payable twice per calendar year.
- Sealants are payable once per tooth per three-year period for bicuspid and first and second molars for people age 18 and under. The surface must be free from decay and restoration. Interim caries arresting medicament application is payable once per calendar year for people age 18 and under.
- Crowns, onlays, and substructures are payable once per tooth in any seven-year period. Veneers are payable on incisors, cuspids, and bicuspid once per tooth in any seven-year period for people age 12 and older when necessary due to fracture or decay. Prefabricated crowns are payable once in any three-year period. Recementation or rebond of inlay, onlay, veneer, partial coverage restoration, crown, indirectly fabricated or prefabricated post and core, and fixed partial denture are payable twice in any two-year period. fixed partial denture
- Composite resin (white) restorations are payable on posterior teeth.
- Inlays (any material) are Covered Services.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Frenulectomy and frenuloplasty are Covered Services.
- Benefits for Temporomandibular Disorders (TMD) are limited to those services normally provided by a dentist to relieve oral symptoms associated with malfunctioning of the temporomandibular joint. This does not include services that would normally be provided under medical care.
- Full and partial dentures are payable once in any seven-year period. Reline and rebase of dentures are payable once in any three-year period. Repair of dentures is payable once per calendar year. Adjustments of dentures are payable twice per calendar year.
- Bridges are payable once in any seven-year period.
- Implants are payable once per tooth in any seven-year period. Implant related services, bone graft for repair of peri-implant defect and bone graft at time of implant placement are Covered Services.
- Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are Covered Services.
- Occlusal guards are payable once in any three-year period. General anesthesia and intravenous sedation are covered for people age six and under. General anesthesia and intravenous sedation are also covered when performed in conjunction with six or more extractions or in two or more quadrants on the same date of service.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in major life activity.

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 website or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** - \$1,700 per Member total per Benefit Year on all services, except oral exams, preventive services, X-rays, brush biopsy, sealants, periodontal maintenance, and orthodontic services. \$2,000 per Member total per lifetime on orthodontic services.

**Payment for Orthodontic Service** - When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental PPO™ Dentist - Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist. Delta Dental Premier® Dentist - Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist. Nonparticipating Dentist - Delta Dental will pay 20% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

**Deductible - Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist** - \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, brush biopsy, periodontal maintenance, and orthodontic services.

**Nonparticipating Dentist** - \$100 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$300 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, brush biopsy, periodontal maintenance, and orthodontic services.

**Waiting Period** - Enrollees who are eligible for Benefits are covered on the first day of employment for all active employees.

**Eligible People** - All actively at work employees who work at Cummins Inc. in a benefits-eligible position and retirees taking Package Code 0300 benefits and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable.

Branch codes 0001, 0002, 0003, 0004, 0008, 0009, 0012, 0013, 0016, 0021, 0042, 0043, 0046, 0060, 0061, 0064, 0065, 0093, 0099, 0101, 0102, 0103, 0105, 0106, 0107, 0133, 0135, 0180, 0204, 0206, 0207, 0209, 0213, 0214, 0215, 0217, 0218, 0219, 0220, 0221, 0222, 0223, 0224, 0225, 0226, 0227, 0228, 0229, 0256, 0257, 0258, 0259, 0260, 0261, 0284, 0288, 0329, 0372, 0379, 0380, 0381, 0403, 0404, 0410, 0411, 0412, 0625, 0626, 0627, 0731, 0732, 0835, 0851, 0852, 0853, 0854, 0855, 1210, 1211, 1310, 1311, 1312, 1313, 2001, 2003, 2015, 2026, 2031, 2039, 2045, 2051, 2135, 2136, 2236, 3001, 3035, 3036, 4001, 5039, 5043, 5045, 5046, 5122, 5215, 5226, 5230, 5231, 5235, 5236, 5239, 5245, 5251, 5312, 5313, 5635, 5636, 5735, 5736, 6035, 6235, 6236, 7035, 7036, 7301, 7306, 8081, 8082, 8083, 8084, 8085, 8087, 9001, 9003, 9004, 9008, 9009, 9010, 9012, 9016, 9021, 9037, 9041, 9042, 9060, 9061, 9064, 9065, 9093, 9099, 9101, 9102, 9103, 9105, 9106, 9107, 9133, 9135, 9180, 9201, 9203, 9204, 9206, 9207, 9209, 9210, 9211, 9213, 9214, 9215, 9217, 9218, 9219, 9220, 9221, 9222, 9223, 9224, 9225, 9226, 9227, 9228, 9229, 9256, 9257, 9258, 9259, 9260, 9261, 9284, 9288, 9301, 9310, 9311, 9329, 9372, 9379, 9380, 9381, 9403, 9404, 9410, 9411, 9412, 9625, 9626, 9627, 9731, 9736, 9835, 9851, 9852, 9853, 9854, 9855 are eligible for (0300) Package Code Benefits.

Also eligible are your Spouse and your Children to the end of the day on which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled. Also eligible is your domestic partner, as defined by the contractor. Domestic partners will be treated as Spouses under This Plan.

You and your eligible Dependents may only enroll during an open enrollment period or when the enrollment is the result of a qualifying event as defined under Internal Revenue Code Section 125. Your Dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Coordination of Benefits** - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Delta Dental will use a carve-out method of coordinating benefits. If the patient has other coverage and that coverage has a higher priority than this plan, this plan's payment for covered services will equal the amount payable under this plan minus the amount paid by the primary carrier. This plan's payment will not exceed the amount that would have been paid in the absence of any other plan.

Benefits will cease on the day the employee is terminated.