DELTA DENTAL®

Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group #0107
Olympic Steel, 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 Ohio

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	90%
Sealants – to prevent decay of permanent teeth	100%	100%	90%
Brush Biopsy – to detect oral cancer	100%	100%	90%
Radiographs – X-rays	100%	100%	90%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	80%	70%
Endodontic Services – root canals	80%	80%	70%
Periodontic Services – to treat gum disease	80%	80%	70%
Oral Surgery Services – extractions and dental surgery	80%	80%	70%
Other Basic Services – misc. services	80%	80%	70%
Relines and Repairs – to prosthetic appliances	80%	80%	70%
Major Services			
Major Restorative Services – crowns	50%	50%	40%
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	50%	50%	40%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	0%
Orthodontic Age Limit –	through age 18 and under	through age 18 and under	Not Applicable

* 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 and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- 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 age 13 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.

- Sealants are payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on all teeth, including posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- 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 a 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 – **Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist -** $1,500 per Member total per Benefit Year on all services except orthodontic services. $1,000 per Member total per lifetime on orthodontic services.

Nonparticipating Dentist - $1,500 per Member total per Benefit Year on all services.

These are not separate maximums by type of dentist.

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 month 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 month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist. Nonparticipating Dentist - Orthodontic services are not a covered benefit.

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 diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, and orthodontic services.

Nonparticipating Dentist - $50 Deductible per Member total per Benefit Year limited to a maximum Deductible of $150 per family per Benefit Year on all services except emergency palliative treatment.

Waiting Period – Enrollees who are eligible for Benefits are covered on the 91st day of employment and Chicago Tube (2700) on the first of the month following 30 days of employment.

Eligible People – As defined by Olympic Steel, Inc.

Coverage will be available to eligible children to the end of the month of age 26. Any son, daughter, stepchild, adopted child or foster child of the employee or domestic partner as defined in the Contract, regardless of whether the child is married or unmarried, financially dependent or independent, to the end of the month of age of 26 is eligible to enroll. Spouses and children of eligible children as defined herein shall not be considered eligible and domestic partners as defined in your contract. In the event of death of the employee, benefits will continue for the dependent spouse and/or dependent children until the last day of the calendar month following 30 days from the date of death of the employee.

Enrollees and Dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. 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 only 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.

Benefits will cease on the last day of the month in which termination occurs.