

## Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits For Group# 5630-1010, 1019 New Richmond Exempted Village School District

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 Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Sealants</b> – to prevent decay of permanent teeth	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Brush Biopsy</b> – to detect oral cancer	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Radiographs</b> – X-rays	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Minor Restorative Services</b> – fillings and crown repair	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Endodontic Services</b> – root canals	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Periodontic Services</b> – to treat gum disease	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Oral Surgery Services</b> – extractions and dental surgery	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Other Basic Services</b> – misc. services	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Relines and Repairs</b> – to bridges, implants, and dentures	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Major Services</b>			
<b>Major Restorative Services</b> – crowns	<b>60%</b>	<b>60%</b>	<b>60%</b>
<b>Prosthetic Services</b> – bridges, implants, and dentures	<b>60%</b>	<b>60%</b>	<b>60%</b>
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	<b>60%</b>	<b>60%</b>	<b>60%</b>
<b>Orthodontic Age Limit</b> –	<b>No Age Limit</b>	<b>No Age Limit</b>	<b>No Age Limit</b>

\* 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. The Nonparticipating Dentist Fee may be less than what your 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 with no age limit.
- Benefits for bitewing X-rays are unlimited. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth in any three calendar years for the occlusal surface of bicuspids and first and second molars up to age 14. The surface must be free from decay and restorations.

- Veneers are payable on incisors, cuspids, and bicuspid teeth once per tooth per five-year period when necessary due to fracture or decay.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Metallic inlays are Covered Services.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.
- Occlusal guards are payable once in any three-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.

**Maximum Payment** – \$2,500 per person total per Benefit Year on all services except orthodontics. \$1,000 per person total per lifetime on orthodontic services.

**Deductible** – \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$50 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, sealants, and orthodontic services.

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

**Eligible People** – All regularly scheduled to work employees of the Contractor, subject to the board contract (1010) who choose the dental plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (1019). The cost of this plan will be determined by the board approved contract.

Also eligible at your option are your legal spouse, your unmarried 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 or eligible to be claimed by you as a dependent under the U.S. Internal Revenue Code during the current calendar year. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. 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.

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 last day of the month in which the employee is terminated.