

## Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits For Group# 0847-0001 Shenandoah School Corporation

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** –

	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	100%	80%	80%
<b>Brush Biopsy</b> – to detect oral cancer	100%	80%	80%
<b>Bitewing Radiographs</b> – bitewing X-rays	100%	80%	80%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	60%	50%	50%
<b>Sealants</b> – to prevent decay of permanent teeth	60%	50%	50%
<b>All Other Radiographs</b> – other X-rays	60%	50%	50%
<b>Minor Restorative Services</b> – fillings and crown repair	60%	50%	50%
<b>Endodontic Services</b> – root canals	60%	50%	50%
<b>Periodontic Services</b> – to treat gum disease	60%	50%	50%
<b>Oral Surgery Services</b> – extractions and dental surgery	60%	50%	50%
<b>Other Basic Services</b> – misc. services	60%	50%	50%
<b>Relines and Repairs</b> – to bridges, implants, and dentures	60%	50%	50%
<b>Major Services</b>			
<b>Major Restorative Services</b> – crowns	40%	30%	30%
<b>Prosthetic Services</b> – bridges, implants, and dentures	40%	30%	30%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	Up to age 19	Up to age 19	Up to age 19

\* 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 for people up to age 19.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.

- Sealants are payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. 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 optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-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** – \$1,000 per person total per Benefit Year on all services except orthodontics. \$1,000 per person total per lifetime on orthodontic services.

**Deductible** – \$50 Deductible per person total per Benefit Year. The Deductible does not apply to oral exams, preventive services, bitewing X-rays, brush biopsy and orthodontics.

**Waiting Period** – Employees who are eligible for dental benefits are covered on the first day of the month immediately following the completion of 30 days of full-time employment or immediately for retirees.

There is a 24-month waiting period for certain services. Orthodontic Services will not be covered until after a person is enrolled in the dental plan for 24 consecutive months.

**Eligible People** – All employees of the Contractor scheduled to work not less than 30 hours per week who choose the dental plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Contractor and Subscriber share the cost of this plan.

Also eligible are your legal spouse and your children to the end of the month in 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. 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.

Customer Service Toll-Free Number: (800) 524-0149 (TTY users call 711)  
[www.DeltaDentalIN.com](http://www.DeltaDentalIN.com)  
 January 1, 2016