

# Benefit Summary

## GENERAL BENEFIT PLAN SUMMARY

Joint School Dist. #2 dba West Ada School District  
Group Number: 3906

Benefit Overview	PPO	Premier	Non-Participating
Per Person Deductible Excluding Diagnostic and Preventive services per benefit year	\$50	\$50	\$50
Family Deductible Excluding Diagnostic and Preventive services per benefit year	NA	NA	NA
Maximum Benefit Per eligible person per benefit year	\$1,500	\$1,500	\$1,500

Services	You pay the % below		
Preventive & Diagnostic Services Examinations, X-rays, teeth cleaning	0%	0%	0%
Basic Services Fillings, root canals, extractions, oral surgery	20%	20%	20%
Major Services Crowns, implants, onlays, bridges, dentures Late enrollee waiting period is 12 months	50%	50%	50%

### PARTICIPATING AND NON-PARTICIPATING DENTISTS

If the dentist is a PPO or Premier participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee. Delta Dental will send payment to the participating dentist and the subscriber will be responsible for any co-payment and/or any non-covered services.

If the dentist is a non-participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or Delta Dental's non-participating dentist Fee. It is the subscriber's responsibility to make full payment to the non-participating Dentist. For dental services rendered by an out-of-state dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee in that area, if the out-of-state dentist is a participating dentist with a Delta Dental plan in the state in which the service is rendered.

## Benefits and Limitations

<b>Class I Preventive and Diagnostic Services</b>
Examinations once every 6 months.
Cleanings once every 6 months (restricts against periodontal maintenance within the same time period).
Fluoride two times in any 12 consecutive month period for dependent children under age 19.
Full mouth series or panoramic X-rays once every 5 years.
Bitewing X-rays once every 12 months.
<b>Class II Basic Services</b>
Periodontal maintenance is allowed 4 times in 12 months if patient has had previously treated periodontal disease.
Scaling and root planing covered once per quadrant every 24 months. Periodontal surgery is payable once per quadrant in any 3 year period.
Fillings restricted to same tooth/surface once every 24 months.
<b>Class III Major Restorative Services</b>
Crowns, build-ups, stainless steel crowns, onlays, or bridges on same tooth once every 7 years.
Porcelain, porcelain substrate, and cast restorations are not payable for children less than 12 years.
Partials, or dentures 1 time per arch every 7 years, eligible for partials at age 16.
<b>Implants</b>
Implants are a covered benefit per tooth with a maximum lifetime benefit of \$1,200 or the plan's annual maximum, whichever is less (Ages 19 and over).
<b>Dependents</b>
Eligible children must be under age 26.

### GENERAL PLAN INFORMATION

1. Optional treatment: If the subscriber or eligible dependent selects a more expensive service than is customarily provided. For example, if teeth can be restored satisfactorily with amalgam or composite material, the cost of inlays, onlays and crowns are not covered and the cost difference between the covered and the non-covered procedure is to be borne by the patient.
2. Payment provisions: The following guidelines will be used to determine the date on which a service shall be paid:
  - a. Full dentures or partial dentures: On the date the final impression is taken.
  - b. Fixed bridges, crowns, and onlays: On the date the tooth or teeth are prepared.
  - c. Root canal therapy: On the date the root canal is initiated.