



**Delta Dental PPO plus Premier™
Summary of Dental Plan Benefits
For Group# 1225-0001, 0002, 0099
Wayne County Public Schools**

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 Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.*

Control Plan – Delta Dental of North Carolina

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Non-Participating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Prefabricated Stainless Steel Crowns	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Major Services			
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Relines and Repairs – to bridges and dentures	50%	50%	50%
Prosthodontic Services – bridges and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	Dependent Children through age 18 and under		

* 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 Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

The explanation and sample calculation of how these services will be paid can be found in Section VI – How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Full mouth debridement is payable once per lifetime.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.

- Space maintainers are unlimited for people age 15 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.
- Four periapical X-rays are payable per calendar year. Occlusal X-rays are payable twice per calendar year. Extraoral X-rays are payable twice per calendar year.
- Sealants are payable once per tooth per three-year period for permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Veneers are payable on incisors and cuspids once per tooth per five-year period.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Root planing is payable once per quadrant per calendar year.
- Certain oral surgery procedures including oroantral fistula closure, biopsy of soft tissue, vestibuloplasty, frenulectomy, frenuloplasty, excision of soft tissue lesions, partial ostectomy, closure of salivary fistula, and maxillary sinusotomy are Covered Services.
- Full and partial dentures are payable once in any five-year period. Reline and rebase of dentures are payable once in any two-year period. Tissue conditioning is payable twice in any two-year period. Overdentures are not a Covered Service.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- An obturator prosthesis to replace part or all of the maxilla is payable to age 19. An obturator prosthesis to temporarily replace part or all of the maxilla is not a Covered Service.
- Consultations (by other than the treating dentist) are payable once per calendar year. Therapeutic drug injections are Covered Services. Limited occlusal adjustments are payable three times in any three-year period. Complete occlusal adjustments are payable once in any three-year period.
- A removable or fixed harmful habit appliance is payable once per lifetime up to age 14.

Passport Dental

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 – \$1,000 per Member total per Benefit Year on all services except orthodontic services. \$1,000 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 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.

Deductible – \$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, 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 the month following 30 days of employment.

Eligible People – All eligible employees enrolled in the dental plan who meet the eligibility requirements as defined by Wayne County Public Schools. The Subscriber pays the full cost of this plan.

Also eligible are your 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 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 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 at the end of the month following the date of termination.

Customer Service Toll-Free Number: 800-662-8856 (TTY users call 711)
<https://www.DeltaDentalNC.com>
January 1, 2025