

Delta Dental PPO plus Premier Summary of Dental Plan Benefits For Group# 1208 Edgecombe 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 allowance 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	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	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%
Basic Services			
Emergency Palliative Treatment – to temporarily relieve pain	80%	80%	80%
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Non-Surgical Periodontic Services – non-surgical services to treat gum disease	80%	80%	80%
Simple Extractions – non-surgical removal of teeth	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Major Services			
Endodontic Services – root canals	50%	50%	50%
Occlusal Guards/Adjustments – bite guards and occlusal adjustments	50%	50%	50%
Surgical Periodontic Services – surgical services to treat gum disease	50%	50%	50%
Other Oral Surgery – dental surgery	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Relines and Repairs – to bridges, implants, and dentures	50%	50%	50%
Prosthodontic Services – bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	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. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Four prophylaxes (cleanings) are payable per calendar year. Full mouth debridement is payable once per lifetime.

	12 month	11 month	10 month
Employee Only	\$37.09	\$40.46	\$44.51
Employee + Spouse	\$75.20	\$82.04	\$90.24
Employee + Child(ren)	\$97.15	\$105.98	\$116.58
Employee + Family	\$136.00	\$148.36	\$163.20

- 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 14.
- Space maintainers are payable once per area per lifetime 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 three-year period for the occlusal surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Crowns, onlays, and substructures are Covered Services once per tooth in any seven-year period. Veneers are payable on incisors, cuspids, and bicuspid once per tooth in any seven-year period when necessary due to fracture or decay.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are Covered Services on posterior teeth.
- Vestibuloplasty is a Covered Service.
- Full and partial dentures are payable once in any seven-year period. Reline and rebase of dentures are payable once in any two-year period.
- Bridges are payable once in any seven-year period.
- Implants and implant related services are payable once per tooth in any seven-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 – \$1,500 per person total per Benefit Year on all services except orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

Deductible – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 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 first of the month following the date of hire. There is a 12-month waiting period for certain services. Endodontic Services, Surgical Periodontic Services, Occlusal Guards/Adjustments, Other Oral Surgery, Major Restorative Services, Relines and Repairs, Prosthodontic Services, and Orthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.

For the initial enrollment only, the waiting period(s) can be waived for enrollees covered for at least 12 months under the immediately preceding dental plan.

Eligible People – All permanent, full-time employees of the Contractor working 20 hours or more per week who choose the dental plan (0001) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Subscriber pays the full 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.