

## Delta Dental PPO plus Premier Plan

### WESTMINSTER PUBLIC SCHOOLS - #1490

<b>MAXIMUM BENEFIT</b> Calendar Year Orthodontic Lifetime	\$1,500 per person    Combination of in and out-of-network \$1,500 per person    Combination of in and out-of-network
<b>CALENDAR YEAR DEDUCTIBLE</b> Applies to Basic and Major only	Individual Deductible- \$ 50.00    Combination of in and out-of-network Family Deductible -    \$150.00    Combination of in and out-of-network
<b>WHO CAN BE COVERED</b>	Employee, Spouse and Children to age 26. Orthodontic for adults & children.
<b>PREVENTION FIRST</b>	When you see a PPO or Premier provider, covered Diagnostic & Preventive services do not count toward your calendar-year maximum.

PPO*	NON-PPO **Premier & ***Non-Par	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
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#### PREVENTIVE AND DIAGNOSTIC SERVICES

PPO*	NON-PPO **Premier & ***Non-Par	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
100%	100%	Oral Evaluation	Limited to 2 evaluations in a 12 month period
		Bitewing X-rays	Limited to 2 sets in a 12 month period
		Full Mouth X-rays or Panoramic	Limited to 1 in a 36 month period
		Routine Cleaning	Limited to 2 cleanings in a 12 month period
		Fluoride Treatments	Limited to 2 treatments in a 12 month period- to age 16
		Space Maintainers	For posterior primary teeth- to age 14
		Sealants	1 per tooth in 36 months- to age 15 on unrestored molars

#### BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))

PPO*	NON-PPO **Premier & ***Non-Par	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
80%	80%	Amalgam Fillings	Benefits on the same surface limited to 1 in 12 months
		Resin, Composite	Benefit for anterior teeth only allowance for amalgam on posterior teeth
		Oral Surgery (Extractions)	
		General Anesthesia	Benefit with covered Oral Surgery only
		Surgical Periodontal (gums)	Benefit once every 36 months

#### MAJOR SERVICES (Crowns, Bridges, Partial, Dentures)

PPO*	NON-PPO **Premier & ***Non-Par	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
50%	50%	Crowns, Implants	Benefit 1 in 60 months on same tooth- not a benefit under age 12
		Dentures, Partial, Bridges	Benefit 1 in 60 months- not a benefit under age 16
		Bridge/Denture	
		Denture Rebase/Reline	Benefit 6 months after initial insertion- then benefit 1 in 36 months

#### ORTHODONTICS (Braces)

PPO*	NON-PPO **Premier & ***Non-Par	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
50%	50%	Complete Orthodontic Evaluation including necessary x-rays.	
		Active Orthodontic Treatment. Orthodontic benefits provided to adults & children.	

\* The PPO percentage of benefits is based on the PPO Schedule of Allowance.\*\*The Premier percentage of benefits is limited to the Premier Maximum Plan Allowance.\*\*\*The Non-Participating percentage of benefits is limited to the non-participating Maximum Plan Allowance. You will be responsible for the difference between the non-participating Maximum Plan Allowance and the full fee charged by the Dentist.

To Find a Dentist- [www.deltadentalco.com](http://www.deltadentalco.com) Customer Service Phone- (800) 610-0201.

**LATE ENROLLMENT BENEFIT RESTRICTION** Those who do not enroll in the dental plan when initially eligible, or re-enroll, will be considered "Late Enrollees" and will be subject to a 12 month waiting period on Basic, Major and Orthodontics Services. The "Late Enrollee" penalty does not apply to those covered by another group dental plan who enroll within 31 days of loss of the other dental coverage and to children who are enrolled on any anniversary prior to the 4<sup>th</sup> birthday.

**Important Note:** This form provides only a brief description of services covered under your contract and does not list those services which are limited or excluded from coverage. Your Employee Benefit Booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Employee Benefit Booklet, the Benefit Booklet will govern.