

Delta Dental PPO plus Premier™
Summary of Benefits
for Group# 60273-10001550, 19901550
Altar Valley School District #51

This Summary 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.*

Group – Altar Valley School District #51

Benefit Year – January 1 through December 31

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, periodontal maintenance, and orthodontic services.

Benefit Maximum Payment – \$1,500 per person total per Benefit Year on all services, except oral exams, preventive services, X-rays, periodontal maintenance, and orthodontic services. \$750 per person total per lifetime on orthodontic services.

Child Age Limit – To age 26

Student Age Limit – To age 26

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%
Radiographs – X-rays	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Emergency Palliative Treatment – to temporarily relieve pain	80%	80%	80%
Sealants – to prevent decay of permanent teeth	80%	80%	80%
Minor Restorative Services – fillings	80%	80%	80%
Extractions – removal of teeth	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Major Services			
Crown Repair – to individual crowns	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Other Oral Surgery – dental surgery other than extractions	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Relines and Repairs – to bridges 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 –	Treatment for Dependent Children must begin on or after age 8 and banded prior to age 17.	Treatment for Dependent Children must begin on or after age 8 and banded prior to age 17.	Treatment for Dependent Children must begin on or after age 8 and banded prior to age 17.
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* 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 the dentist charges and you are responsible for that difference.

Frequencies and Limitations

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Scaling (equivalent to one cleaning) is payable once in any two-year period. Full mouth debridement (equivalent to one cleaning) is payable once in any five-year period.
- Fluoride treatments are payable twice per calendar year for people age 17 and under.
- Sealants are payable once per tooth in any three-year period for bicuspid and first and second molars for people age 18 and under. The surface must be free from decay and restorations. Preventive resin restoration on molars is payable once per lifetime for people age 15 and under with moderate to high caries risk. Treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament is payable twice per tooth per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Six periapical X-rays are payable per calendar year.
- Space maintainers, including distal shoe space maintainers, and recement or rebond of space maintainers are payable once per area in any three-year period for people age 13 and under.
- Endodontic treatment is payable once per tooth per lifetime. Endodontic retreatment is payable once per tooth in any three-year period.
- Root planing and scaling is payable once per quadrant in any two-year period. Only two quadrants of root planing and scaling can be performed on the same day.
- Full and partial dentures are payable once in any seven-year period.
- Bridges are payable once in any seven-year period.
- Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are payable.
- Implants are payable once per tooth in any seven-year period. Implant-related services are payable. Prefabricated and custom fabricated abutments are payable once in any seven-year period.
- Silver amalgam and, for front teeth only, composite resin restorations are payable once per surface in any two-year period. Composite resin restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment.
- Crowns, onlays, and substructures are payable once per tooth in any seven-year period.
- Oral surgery is not payable except for extraction of coronal remnants and erupted tooth or exposed root (excluding bone removal), exposure of unerupted tooth, and placement of device to facilitate eruption of impacted tooth.
- Fabrication of athletic mouthguard is payable once in any two-year period for people age 17 and under. Deep sedation and intravenous moderate sedation are not payable.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a treatment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon treatment plan, Delta Dental will make an initial payment to you or your Participating Dentist upon insertion of the appliances or initial banding, equal to 50% of Delta Dental's stated Copayment on the Maximum Payment for Orthodontic Services as set forth in this Summary of Benefits. Provided Member has current eligibility on the date of service 12 months from the date the appliances or initial banding were placed, Delta Dental will make an additional payment equal to the balance of Delta Dental's stated Copayment on the Maximum Payment for Orthodontic Services. Maximum Payment for Orthodontic Services equals the lesser of Delta Dental's total Copayment for Orthodontic Services, the Maximum Payment per person total per lifetime on orthodontic services or the fee charged by your provider for orthodontic services.

Eligible People – As defined by the Employer Group. The Subscriber pays the full cost of this plan.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should a Subscriber or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. 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.

Dual Spouse – If you and your Spouse are both eligible to enroll in this Dental Plan as Subscribers, 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 Subscribers under this Dental Plan.

Coverage ends at the end of the month that the Subscriber and/or Dependent is no longer eligible.