



Delta Dental PPO plus Premier™
Summary of Benefits
for Group# 5406-10001000, 10002000, 19901000, 19902000
Douglas Unified School District #27

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 - Douglas Unified School District #27

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, prophylaxis, fluoride treatment, X-rays, sealants, and orthodontic services.

Benefit Maximum Payment - \$2,000 per person total per Benefit Year on all services except orthodontic services. \$1,000 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	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, and fluoride	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Space Maintainers - appliances to prevent tooth movement	80%	80%	80%
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	80%
Minor Restorative Services - fillings	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic 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			
Crown Repair - to individual crowns	50%	50%	50%
Other Oral Surgery - surgical extractions and other oral surgery	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Anesthesia Services - when medically necessary	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 from the age of 8 to the end of the month of age 18	Dependent Children from the age of 8 to the end of the month of age 18	Dependent Children from the age of 8 to the end of the month of age 18

* 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. Diagnostic consultations are not payable.
- Prophylaxes (cleanings) are payable twice per calendar year. Scaling (equivalent to one cleaning) is payable once in any three-year period. Full mouth debridement (equivalent to one cleaning) is not payable.
- 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 once per calendar year for people age 14 and under.
- Sealants are payable once per tooth per lifetime for first and second molars for people age 14 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.
- Space maintainers and recement or rebond of space maintainers are payable once per area per lifetime for people age 13 and under. Distal shoe space maintainers are payable once per area per lifetime for people age eight and under.
- ViziLite is payable once per calendar year for people age 40 and older.
- Endodontic treatment is payable once per tooth per lifetime. Endodontic retreatment is payable once per tooth in any three-year period.
- Periodontal scaling and root planing are payable once per quadrant in any three-year period.
- Implants and implant-related services are not payable.
- Crowns over implants and related services are not payable.
- Silver amalgam and, for front teeth only, composite resin restorations are payable once per surface in any two-year period. Composite resin restorations are optioned treatment on posterior teeth.
- Inlays (any material) are payable and subject to the same time limitation as cast restorations (crowns and onlays).
- Porcelain and resin facings on crowns are optioned treatment.
- Crowns and onlays and associated procedures (cores, substructures) are payable once per tooth in any five-year period.
- Oral surgery, including simple and surgical extractions, is payable.
- Occlusal adjustments are payable once per quadrant per three calendar years for people with a history of periodontal disease. Fabrication of athletic mouthguard is payable once in any two-year period for people age 18 and under. Occlusal guards are not payable.
- Harmful habit appliances are payable once per lifetime for people age 14 and under.

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 Group pays the full cost of this plan for Subscribers. The Subscriber pays the additional cost of dependent coverage.

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.