



**Delta Dental PPO™ (Point-of-Service)**  
**Summary of Dental Plan Benefits**  
**For Group #5630-7180, 7189**  
**Jefferson Local 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 Ohio

**Benefit Year** – January 1 through December 31

**Covered Services** –

|                                                                                               | <b>Delta Dental PPO™<br/>Dentist<br/>Plan Pays</b> | <b>Delta Dental<br/>Premier® Dentist<br/>Plan Pays</b> | <b>Nonparticipating<br/>Dentist<br/>Plan Pays*</b> |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
| <b>Diagnostic &amp; Preventive</b>                                                            |                                                    |                                                        |                                                    |
| <b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers | <b>100%</b>                                        | <b>100%</b>                                            | <b>100%</b>                                        |
| <b>Palliative Treatment</b> – to temporarily relieve pain                                     | <b>100%</b>                                        | <b>100%</b>                                            | <b>100%</b>                                        |
| <b>Sealants</b> – to prevent decay of permanent teeth                                         | <b>100%</b>                                        | <b>100%</b>                                            | <b>100%</b>                                        |
| <b>Brush Biopsy</b> – to detect oral cancer                                                   | <b>100%</b>                                        | <b>100%</b>                                            | <b>100%</b>                                        |
| <b>Radiographs</b> – X-rays                                                                   | <b>100%</b>                                        | <b>100%</b>                                            | <b>100%</b>                                        |
| <b>Periodontal Maintenance</b> – cleanings following periodontal therapy                      | <b>100%</b>                                        | <b>100%</b>                                            | <b>100%</b>                                        |
| <b>Basic Services</b>                                                                         |                                                    |                                                        |                                                    |
| <b>Minor Restorative Services</b> – fillings and crown repair                                 | <b>80%</b>                                         | <b>80%</b>                                             | <b>80%</b>                                         |
| <b>Endodontic Services</b> – root canals                                                      | <b>80%</b>                                         | <b>80%</b>                                             | <b>80%</b>                                         |
| <b>Periodontic Services</b> – to treat gum disease                                            | <b>80%</b>                                         | <b>80%</b>                                             | <b>80%</b>                                         |
| <b>Oral Surgery Services</b> – extractions and dental surgery                                 | <b>80%</b>                                         | <b>80%</b>                                             | <b>80%</b>                                         |
| <b>Other Basic Services</b> – misc. services                                                  | <b>80%</b>                                         | <b>80%</b>                                             | <b>80%</b>                                         |
| <b>Relines and Repairs</b> – to prosthetic appliances                                         | <b>80%</b>                                         | <b>80%</b>                                             | <b>80%</b>                                         |
| <b>Major Services</b>                                                                         |                                                    |                                                        |                                                    |
| <b>Major Restorative Services</b> – crowns                                                    | <b>50%</b>                                         | <b>50%</b>                                             | <b>50%</b>                                         |
| <b>Prosthodontic Services</b> – bridges, implants, dentures, and crowns over implants         | <b>50%</b>                                         | <b>50%</b>                                             | <b>50%</b>                                         |
| <b>Orthodontic Services</b>                                                                   |                                                    |                                                        |                                                    |
| <b>Orthodontic Services</b> – braces                                                          | <b>50%</b>                                         | <b>50%</b>                                             | <b>50%</b>                                         |
| <b>Orthodontic Age Limit</b> –                                                                | <b>No Age Limit</b>                                |                                                        |                                                    |

\* 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 amount may be less than what the Dentist charges and you are responsible for that difference.

Please refer to your Plan Certificate for more information on payment to Nonparticipating Dentists.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- 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 with no age limit.
- Benefits for bitewing X-rays are unlimited. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable once per tooth per three-year period for permanent bicuspids and molars for people age 13 and under. The surface must be free from decay and restorations.
- Veneers are payable on incisors, cuspids, and bicuspids once per tooth in any five-year period.
- Composite resin (white) restorations are payable on all teeth, including posterior teeth.
- Metallic inlays are Covered Services.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Occlusal guards are payable once in any three-year period.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

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** – \$25 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$50 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.

**Deductible Carry Forward** – Any expenses incurred by a Member for Covered Services during the last three months of a Benefit Year and applied to the Deductible for that Benefit Year will also be applied to the Deductible for the following Benefit Year.

**Waiting Period** – Coverage for eligible employees who are actively at work is effective on the date specified by the employer. Dependent(s) effective date: Eligible dependent(s) will become covered under the Plan on the later of the dates listed below, provided the employee has enrolled them in the Plan within thirty (30) days of meeting the Plan's eligibility requirements. The date the employee's coverage becomes effective. The date the dependent is acquired, provided any required contributions are made and the employee has applied for dependent coverage within thirty (30) days of the date acquired. Newborn children shall be covered from birth, regardless of confinement, provided the employee has applied for dependent coverage within thirty (30) days of birth. Coverage for a newly adopted child shall be effective on the date the child is placed for adoption, provided the employee has applied for dependent coverage within thirty (30) days of placement.

**Eligible People** – All regular employees as determined by the employer, shall be eligible to enroll for dental coverage under this plan. Jefferson Local Schools (7180) and Jefferson Local Schools COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985), enrollees (7189).

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.

Enrollees and Dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee 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 Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. 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 as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

Benefits generally will cease on the last day of the month in which the employee is terminated or a dependent loses eligibility.