



**Delta Dental PPO™ (Point-of-Service)**  
**Summary of Dental Plan Benefits**  
**For Group #11423-2000, 2099**  
**Lorain City Schools**  
**A Plan**

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** –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	80%	80%
<b>Palliative Treatment</b> – to temporarily relieve pain	100%	80%	80%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	80%	80%
<b>Brush Biopsy</b> – to detect oral cancer	100%	80%	80%
<b>Bitewing Radiographs</b> – bitewing X-rays	100%	80%	80%
<b>Basic Services</b>			
<b>All Other Radiographs</b> – other X-rays	80%	60%	60%
<b>Minor Restorative Services</b> – fillings and crown repair	80%	60%	60%
<b>Endodontic Services</b> – root canals	80%	60%	60%
<b>Periodontic Services</b> – to treat gum disease	80%	60%	60%
<b>Oral Surgery Services</b> – extractions and dental surgery	80%	60%	60%
<b>Major Restorative Services</b> – crowns	80%	60%	60%
<b>Other Basic Services</b> – misc. services	80%	60%	60%
<b>Relines and Repairs</b> – to prosthetic appliances	80%	60%	60%
<b>Major Services</b>			
<b>Prosthodontic Services</b> – bridges, implants, dentures, and crowns over implants	80%	60%	60%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	100%	100%	100%
<b>Orthodontic Age Limit</b> –	through age 24 and under	through age 24 and under	through age 24 and under

\* 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.

- 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 for people age 24 and under.
- Space maintainers are payable once per area per lifetime for people age 24 and under.
- Bitewing X-rays are payable twice per calendar year and 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 lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on all teeth, including posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Surgical removal of impacted teeth (bony) on third molars is payable first by the medical carrier, then will be a Covered Service under this plan, secondary to medical.
- 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 per calendar year. Anesthesia is not a Covered Service when performed with non-covered oral surgery services.

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 – Delta Dental PPO™ Dentist** - \$1,700 per Member total per Benefit Year on all services except orthodontic services. \$1,000 per Member total per lifetime on orthodontic services.

**Delta Dental Premier® Dentist or Nonparticipating Dentist** - \$1,200 per Member total per Benefit Year on all services except orthodontic services. \$1,000 per Member total per lifetime on orthodontic services.

These are not separate maximums by type of dentist.

**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 100% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

**Deductible** – None.

**Waiting Period** – Enrollees who are eligible for Benefits are covered as defined by the Contractor.

**Eligible People** – As defined by the Contractor.

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 either dental plan are required to remain enrolled for a period of 12 months. Should an Enrollee or a Dependent choose to drop dental coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may enroll only 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 will cease on the last day of the month in which your employment is terminated.