

## Delta Dental PPO Plus Premier Plan

### METRO WASTEWATER RECLAMATION DISTRICT - Group #1486-1111

<b>MAXIMUM BENEFIT</b>				
Calendar Year			\$1,500 per person for PPO, Premier or Out of Network	
Orthodontic Lifetime – Dependents to age 19 only			\$1,500 per person for PPO, Premier or Out of Network	
<b><u>Preventive and Diagnostic services do not apply against Calendar Year Maximum when you see a participating Delta Dental PPO or Premier Dentist</u></b>				
<b>LIFETIME DEDUCTIBLE</b>				
Applies to Diagnostic, Preventive and Basic Services.			Individual Deductible- \$ 50.00 Combination of in and out-of-network	
<b>WHO CAN BE COVERED</b>				
Employee, Spouse and Children to 25. Orthodontics for dependents to age 19.				
PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
<b>PREVENTIVE AND DIAGNOSTIC SERVICES</b>				
100%	100%	80%	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 1 treatment 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
<b>BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))</b>				
80%	80%	50%	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
			Root Canal Therapy	
<b>MAJOR SERVICES (Crowns, Bridges, Partial, Dentures)</b>				
50%	50%	50%	Crowns	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
<b>ORTHODONTICS (Braces)</b>				
50%	50%	50%	Complete Orthodontic Evaluation	
			Active Orthodontic Treatment – dependents to age 19	

**PPO Dentist-** The PPO percentage of benefits is based on the PPO Schedule of Allowance.

**Premier Dentist-** The PREMIER percentage of benefits is limited to the Maximum Plan Allowance.

**Non-participating Dentist-** The non-participating percentage of benefits is limited to the out of network maximum. You may have additional out-of-pocket costs by using a NON-Participating dentist.

**You may switch between plans only during open enrollment.**

**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 Orthodontic 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.

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

**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.