



**Delta Dental PPO plus Premier™**  
**Summary of Dental Plan Benefits**  
 For Group# 10400-0001, 0099  
 Cabarrus County

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 Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.\*

Control Plan – Delta Dental of North Carolina

Benefit Year – July 1 through June 30

Covered Services –

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

\* 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 Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

The explanation and sample calculation of how these services will be paid can be found in Section VI – How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year. Full mouth debridement is payable once in any five-year period.
- 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 benefit year for people age 18 and under.
- Space maintainers are Covered Services without limitations.
- Vertical bitewing X-rays are payable once in any three-year period. All other bitewing X-rays are payable twice per benefit year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Certain laboratory tests are Covered Services.
- Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 16 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Pulpal regeneration is a Covered Service.

- Localized delivery of chemotherapeutic agents is payable two times per quadrant in any two-year period.
- Oroantral fistula closure, primary closure of a sinus perforation, tooth transplantation, incisional biopsy of oral tissue, exfoliative cytological sample collection, brush biopsy, vestibuloplasty, excision of soft-tissue lesions, excision of intra-osseous lesions, excision of bone tissue, surgical incisions (with the exception of complicated incisions and drainage of abscesses), complicated suturing, frenuloplasty, excision of hyperplastic tissue (per arch), surgical reduction of fibrous tuberosity, surgical sialolithotomy, and closure of salivary fistula are Covered Services.
- Full and partial dentures are payable once in any five-year period. Reline and rebase of dentures is payable once in any three-year period. Interim complete and partial dentures are payable once in any five-year period. Tissue conditioning is payable.
- 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.
- Application of desensitizing medicament and application of desensitizing resin for cervical and/or root surface are payable once in any six-month period. Cleaning and inspection of removable dentures are payable twice per benefit year. Office visits for observation and occlusal adjustments are payable.
- Harmful habit appliances are covered without limitations.
- Coverage includes treatment of accidental injuries to sound natural teeth rendered within 12 months of the date of the accident.

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 Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$1,500 per Member total per Benefit Year on all services except orthodontic services (excluding harmful habit appliances). \$1,500 per Member total per lifetime on cephalometric films, photos, diagnostic casts, and 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 monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

Deductible – \$50 Deductible per Member 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, X-rays, cleaning and inspection of complete and partial dentures, harmful habits appliances, and orthodontics.

Waiting Period – Enrollees who are eligible for Benefits are covered first of the month following one full calendar month of employment after date of hire.

Eligible People – All full-time employees scheduled to work at least 30 hours per week. The Subscriber pays the full cost of this plan.

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 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 Enrollees under This Plan.

Benefits will cease at the end of the month in which they term.