



**Delta Dental PPO™ (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 1032-0001, 0002, 0003, 0004, 0005, 0006  
Westerville City School District**

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™ Dentist Plan Pays</b>	<b>Delta Dental Premier® Dentist Plan Pays</b>	<b>Nonparticipating Dentist 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>Emergency 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, dentures, and crowns over implants	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	<b>60%</b>	<b>60%</b>	<b>60%</b>
<b>Orthodontic Age Limit</b> –	<b>No Age Limit</b>	<b>No 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 or Delta Dental approves 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. Two additional periodontal maintenance procedures are payable per calendar year for individuals who have had periodontal surgery.
- 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 with no age limit.
- Space maintainers are payable once per area per lifetime for people age 18 and under.
- Bitewing X-rays are payable once in any six-month period for people age 18 and under and once per calendar year for people age 19 and older. 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 first 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 posterior teeth.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Implants and implant related services are not Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered 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 Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** – \$2,000 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 60% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

**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 an eligible person 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** – Enrollees who are eligible for dental benefits are covered as determined by the employer.

**Eligible People** – All contracted employees of the Contractor; WEA (0001), OAPSE 138 (0002), OAPSE 719 (0003), WESSA (0004), Exempt (0005) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0006).

Also eligible at your option are your Spouse, and your dependent unmarried Children to the end of the month in which they turn 26 if eligible to be claimed by you as a Dependent under the U.S. Internal Revenue code during the current calendar year.

You and your eligible Dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll until the next open enrollment period. Your Dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that 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 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 on the last day of the month in which employment ends.