



**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 1555-0120
Lake Erie Regional Council
Clearview Local 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 –

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Radiographs – X-rays, including TMJ films	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%
Professional Visits – includes consultations	100%	100%	100%
Caries Susceptibility Test	100%	100%	100%
Pulp Vitality Test	100%	100%	100%
Basic Services			
Brush Biopsy – to detect oral cancer	80%	80%	80%
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Endodontic Services – root canals	80%	80%	80%
Periodontic Services – to treat gum disease	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%
Major Services			
Major Restorative Services – crowns	50%	50%	50%
Prosthodontic Services – bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	Dependent children up to age 23		

* 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. The Nonparticipating Dentist Fee may be less than what your 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.
- Fluoride treatments are payable once per calendar year for people up to age 19.

- Space maintainers are Covered Services with no limitations.
- Bitewing X-rays are payable twice per calendar year. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Non-surgical treatments of TMJ disorders, including films, are a covered benefit.
- Caries susceptibility tests are Covered Services.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Gold foils are Covered Services.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Biopsy of hard and soft tissue and vestibuloplasty are Covered Services.
- Precision attachments on dentures are payable once in a five-year period.
- Precision attachments on bridges are payable once in a five-year period.
- Implants and implant related services are payable once per tooth in any five-year period.
- Occlusal guards are not Covered Services. Antibiotic drug injections 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 – \$1,500 per person total per Benefit Year on all services except orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

Deductible – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$100 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, periodontal maintenance, caries susceptibility and pulp vitality tests, professional visits, and orthodontic services.

Waiting Period – Employees who are eligible for dental benefits are covered on the first of the month following date of hire.

Eligible People – All eligible active employees as defined by Clearview Local School District who choose the dental plan (0120) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees.

Also eligible are your legal 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. You and your eligible dependents may only enroll during an open enrollment period or when the enrollment is the result of a qualifying event as defined under Internal Revenue Code Section 125. 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.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application and as a dependent on your spouse's application. Your dependent children may be enrolled on both applications as well. Delta Dental will coordinate benefits.

Benefits will cease on the last day of the month in which the employee is terminated.