



## Delta Dental PPO plus Premier™ SBCCOE Benefit and Trust Fund Group (Option I) – #9581

<b>Calendar Year Maximum</b> Plan Year 7/1-6/30			\$3,000 Per Person All Covered Classes, In and Out of Network	
<b>Orthodontic Lifetime Maximum</b>			\$2,000 Lifetime Maximum, For Employee, Spouse and Dependents through the end of month in which they turn 26	
<b>Implant Lifetime Maximum</b>			\$2,000 Lifetime Maximum	
<b>Calendar Year Deductible</b> Applies to Basic and Major Services			Individual Deductible – \$50.00 Combination of In and Out of Network Family Deductible – \$150.00 Combination of In and Out of Network	
<b>Prevention First</b>			When you see a PPO or Premier provider, covered Diagnostic & Preventive services do not count toward your calendar-year maximum.	
<b>PPO Dentist</b>	<b>Premier Dentist</b>	<b>NON-PAR Dentist</b>	<b>Covered Services</b>	<b>Benefit Information</b> (Subject to Delta Dental Guidelines and Limitations)
<b>Diagnostic and Preventive Services</b>				
<b>100%</b>	<b>80%</b>	<b>80%</b>	Oral Evaluation	Two exams in a plan year are covered
			Bitewing X-rays	Covered twice in a plan year
			Full Mouth/Panoramic X-rays	Covered 1 in a 36-month period
			Routine Cleaning	Two cleanings in a plan year are covered
			Fluoride Treatments	Covered twice in a plan year – through age 15
			Space Maintainers	Allowed one per lifetime for posterior primary teeth – through age 13
			Sealants	1 per tooth in 36 months – through age 16 on unrestored permanent molars
<b>Basic Services</b>				
<b>80%</b>	<b>60%</b>	<b>60%</b>	Fillings – Amalgam	Benefits on the same surface limited to 1 in 12 months
			Fillings – Composite	Benefit on anterior teeth only; allowance for amalgam
			General Anesthesia	Benefit with covered oral surgery including extractions
			Surgical Periodontal	Benefit once every 36 months
			Oral Surgery (Extractions)	
<b>Major Services</b>				
<b>50%</b>	<b>40%</b>	<b>40%</b>	Crowns	Benefit 1 in 60 months same tooth – not a benefit under age 12
			Dentures, Partials, Bridges	Benefit 1 in 60 months – not a benefit under age 16
<b>Orthodontic Services</b>				
<b>50%</b>	<b>50%</b>	<b>50%</b>	Orthodontic Treatment - \$2,000 Lifetime Maximum, For Employee, Spouses and Dependents through the end of month in which they turn 26	
<b>Implant Services</b>				
<b>50%</b>	<b>50%</b>	<b>50%</b>	Implants (Restorative and Surgical)	Benefit for placement of an implant is covered only once per lifetime – not a benefit under age 16

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

**PPO Dentist** - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

**Premier Dentist** - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

**Non-Participating Dentist** - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Open Enrollment applies. Members may add coverage once per year.

This is a brief description of services covered under your dental plan. Please refer to the Employee Benefit Booklet for full plan details. If differences exist between this summary and the Employee Benefit Booklet, the Employee Benefit Booklet will govern.