

Delta Dental PPOSM

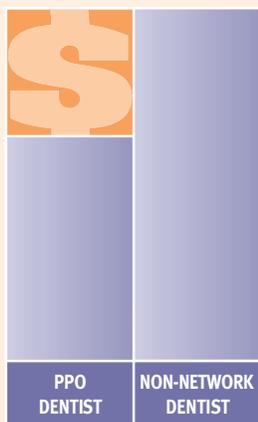
Plan 70 for Children for Small Businesses

Delta Dental is committed to being your partner in maintaining great oral health. A Delta Dental PPOSM plan can help you provide the coverage you need by offering options that balance maximum dentist choice while stretching your dental benefits budget. Plus, the cost savings provided by our PPO network can help to keep your company's dental benefit costs stable.

Greatest potential savings when you visit a Delta Dental PPO dentist

OUT-OF-POCKET COSTS

SAVE MORE SAVE LESS



 AMOUNT YOU **SAVE**
 AMOUNT YOU **PAY**

Illustration showing sample enrollee share of cost for information purposes only. Actual dentist fees and contract allowances will vary by region, procedure and by group contract.

What is Delta Dental PPO?

A Delta Dental PPO plan provides benefits through a network of dentists who agree to accept reduced fees for services covered under the plan. Enrollees can visit any licensed dentist, but costs will usually be lowest when visiting a PPO dentist. Delta Dental PPO also provides coverage with no service area restrictions — just great coverage anywhere, anytime.

Delta Dental PPO pays a percentage of the contract allowance for covered services; enrollees are responsible for the remaining percentage — commonly called “coinsurance.”* The contract allowance is based on the contracted PPO fee in your area.

Plan features

- Most Delta Dental PPO plans require enrollees to meet a plan deductible. After that, Delta Dental pays the percentage of charges as outlined in the contract benefits.
- Most preventive and diagnostic services such as checkups and cleanings are covered at 100% after the plan deductible, if applicable.
- For pediatric (children's) coverage, our plans pay 100% of the PPO fee for covered services once the enrollee out-of-pocket maximum is reached, and there is no cap on the annual amount the plan will pay for covered services.

* Enrollees are responsible for any amounts over the PPO contract allowances when using a non-PPO dentist, and for non-covered services.



deltadentalins.com

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809

Customer Service
800-471-8148

Claims Address
P.O. Box 1809
Alpharetta, GA 30023-1809

What should I know about network dentists?

Since Delta Dental PPO is one of the largest dentist networks in the U.S.[†] chances are there's a wide choice of network dentists in your area. Many enrollees even find that their current dentist is already in our network.

- **Enrollees save money on dental costs with a Delta Dental PPO dentist.** Our PPO network dentists accept reduced fees for covered services, so enrollees usually pay the least when visiting a PPO network dentist. Plus, Delta Dental PPO dentists won't balance bill the difference between the contracted amount and their usual fee.
- **Delta Dental PPO plans offer a second network that can help patients save money.** Delta Dental has a second network called "Delta Dental Premier®." These dentists are not "in-network," but their fees are usually lower than non-Delta Dental dentists. Premier dentists also agree that they won't bill more than their contracted fees. Visiting a PPO dentist is the best bet for lowering costs, but enrollees still have some cost protections if they choose to visit a Premier dentist.
- **Our large networks make finding a dentist easy.** Enrollees can visit us at deltadentalins.com to search our dentist directory by location or specialty from their computer or mobile device.

Are there other advantages to Delta Dental PPO?

Yes. Delta Dental plans are easy to use and understand.

- **Claims are simple with a Delta Dental dentist.** Patients pay only their portion of the bill for services when they visit a Delta Dental dentist. Our network dentists file claim forms on behalf of enrollees and receive payment directly from us. After a claim has been processed, Delta Dental generates a dental benefits statement that lists the services provided, the costs of the dental treatment and the amount of any fees the patient owes the dentist.
- **Delta Dental's online services make getting information quick and easy.** Wherever you are — work, home or on the go — you and your employees can manage your account with such time-saving features as viewing eligibility and claims or locating a network dentist. Our online tools are also a snap to use on a smart phone, so we're there for you when you need us.
- **Check out the SmileWay® Wellness Program** on our website for dental health information, free newsletter subscription, a risk assessment quiz and our SmileKids site to help keep your smile healthy.
- **Visiting a dentist is simple.** Enrollees in Delta Dental PPO don't need an ID card to receive services; they can simply provide the dental office with the patient name, date of birth and social security or enrollee ID number. Or ID cards can also be accessed through a smart phone for a quick and paperless option.

[†] Netminder Dental Network Trend Report, March 2013

This benefit information is only a summary and not intended or designed to replace or serve as the plan's Group Contract. Please consult the Evidence of Coverage for a complete description of plan benefits, limitations and exclusions. In the event of any inconsistency between this document and the Evidence of Coverage, the terms of the Evidence of Coverage will prevail.

Delta Dental PPOSM

Plan 70 for Children

For Small Businesses

Plan Highlights	Plan 70 for Children
Eligibility	Children up to age 19
Annual Deductible & Maximums	
Deductible	\$30
Per person	
Per family	Not Applicable
Deductible waived for Diagnostic & Preventive Services	No
Benefit Maximum	Not Applicable
<i>Maximum the plan will pay each year for services per person</i>	
Enrollee Out-of-Pocket Maximum	\$700 one child / \$1,400 two or more children (Applicable only to services provided by PPO dentists)
<i>After this amount is reached, the plan pays 100% of the remaining covered services for that year. Applies only to pediatric services.</i>	
Covered Services (% Delta Dental Pays)*	
Diagnostic Services X-Rays, Exams, Specialist Consultation	100%
Preventive Services Cleanings, Sealants	100%
Basic Services Basic Restorative, Emergency Palliative Treatment; Periodontal Cleaning	50%
Major Services Crowns & Casts, Prosthodontics, Endodontics, Periodontics, Oral Surgery, Implants	50%
Orthodontic Benefits	50% Medically Necessary
Waiting Period(s) Major Benefits	Not Applicable

* Limitations may apply for some benefits; some services may be excluded from your plan. Reimbursement to dentists is based on Delta Dental PPO contracted fees for all dental providers.

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Limitations and Exclusions

A. Limitations – Plan 70 for Children

- (1) Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called “Optional Services”. Optional Services also include the use of specialized techniques instead of standard procedures.

If an Enrollee receives Optional Services, an alternate Benefit will be allowed, which means Delta Dental will base Benefits on the lower cost of the customary service or standard practice instead of on the higher cost of the Optional Service. The Enrollee will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

- (2) Claims shall be processed in accordance with Delta Dental’s standard processing policies. The processing policies may be revised from time to time; therefore, Delta Dental shall use the processing policies that are in effect at the time the claim is processed. Delta Dental may use dentists (dental consultants) to review treatment plans, diagnostic materials and/or prescribed treatments to determine generally accepted dental practices and to determine if treatment has a favorable prognosis.
- (3) If a primary dental procedure includes component procedures that are performed at the same time as the primary procedure, the component procedures are considered to be part of the primary procedure for purposes of determining the benefit payable under this Contract. If the Provider bills separately for the primary procedure and each of its component parts, the total benefit payable for all related charges will be limited to the maximum benefit payable for the primary procedure.
- (4) Delta Dental will pay for oral examinations (except exams for observation) no more than twice in a Calendar Year. Only one (1) comprehensive evaluation is allowed in a Calendar Year and counts toward the oral examination frequency in the year provided. One (1) limited oral evaluation, problem-focused no more than once in a Calendar Year.
- (5) X-ray limitations:
 - a) Delta Dental will limit the total reimbursable amount to the Provider’s Accepted Fee for a complete intraoral series when the fees for any combination of intraoral x-rays in a single treatment series meet or exceed the Accepted Fee for a complete intraoral series.
 - b) When a panoramic film is submitted with supplemental film(s), Delta Dental will limit the total reimbursable amount to the Provider’s Accepted Fee for a complete intraoral series.
 - c) If a panoramic film is taken in conjunction with an intraoral complete series, Delta Dental considers the panoramic film to be included in the complete series.
 - d) A complete intraoral series and panoramic film are each limited to once every 60 months.
 - e) Bitewing x-rays are limited to two (2) times in a Calendar Year. Bitewings of any type are disallowed within 12 months of a full mouth series unless warranted by special circumstances.
- (6) Delta Dental will pay for routine cleanings and topical application of fluoride solutions no more than twice in a Calendar Year, and periodontal cleanings in the presence of inflamed gums up to four (4) times in a Calendar Year. Up to four (4) periodontal maintenance procedures and up to two (2) routine cleanings not to exceed four (4) procedures or any combination thereof in a Calendar Year. A full mouth debridement is allowed once in a lifetime and counts toward the cleaning frequency in the year provided. Note that periodontal cleanings and full mouth debridement are covered as a Basic Benefit, and routine cleanings are covered as a Diagnostic and Preventive Benefit. Periodontal maintenance is only covered when performed following active periodontal therapy.
- (7) Space maintainer limitations:
 - a) Space maintainers are limited to the initial appliance.
 - b) Recementation of space maintainer is limited to once per lifetime.
 - c) The removal of a fixed space maintainer is considered to be included in the fee for the space maintainer; however, an exception is made if the removal is performed by a different Provider/Provider’s office.
- (8) Sealants are limited as follows:
 - a) to permanent molars through age 18 if they are without caries (decay) or restorations on the occlusal surface.
 - b) do not include repair or replacement of a Sealant on any tooth within 36 months of its application.
- (9) Specialist Consultations are limited to once per lifetime per Provider and count toward the oral exam frequency.
- (10) Delta Dental will not cover to replace an amalgam or resin-based composite within 24 months of treatment if the service is provided by the same Provider/Provider office. Prefabricated stainless steel crowns are limited to once per Enrollee per tooth per lifetime. Replacement restorations within 24 months are included in the fee for the original restoration.
- (11) Stainless steel crowns are allowed on baby (deciduous) teeth and permanent teeth up to age 15.

- (12) Therapeutic pulpotomy is limited to once per lifetime for baby (deciduous) teeth only. It is a benefit for primary incisor teeth up to age six (6) and for primary molars and cuspids to age 11.
- (13) Root canal therapy and pulpal therapy (resorbable filling) are limited to once in a lifetime. Retreatment of root canal therapy by the same Provider/Provider office within 24 months is considered part of the original procedure.
- (14) Apexification is only benefited on permanent teeth with incomplete root canal development or for the repair of a perforation. Apexification visits have a lifetime limit per tooth of one (1) initial visit, four (4) interim visits and one (1) final visit to age 19.
- (15) Retreatment of apical surgery by the same Provider/Provider office within 24 months is considered part of the original procedure.
- (16) Retrograde fillings per root are limited to once in any 24-month period.
- (17) Pin retention is covered not more than once in any 24-month period.
- (18) Palliative treatment is covered per visit, not per tooth, and the fee includes all treatment provided other than required x-rays or select Diagnostic procedures.
- (19) Periodontal limitations:
 - a) Benefits for periodontal scaling and root planing in the same quadrant are limited to once in every 24-month period.
 - b) Periodontal surgery in the same quadrant is limited to once in every 24-month period and includes any surgical re-entry or scaling and root planing.
 - c) Periodontal services, including graft procedures are only covered for the treatment of natural teeth and are not covered when submitted in conjunction with extractions, periradicular surgery, ridge augmentation or implants.
 - d) If in the same quadrant, scaling and root planing must be performed at least six (6) weeks prior to the periodontal surgery.
 - e) Cleanings (regular and periodontal) and full mouth debridement are subject to a 30 day wait following periodontal scaling and root planing if performed by the same Provider office.
 - f) One crown lengthening per tooth per lifetime.
- (20) Oral Surgery services are covered once in a lifetime except incision and drainage procedures, which are covered once in the same day.
- (21) Crowns and Inlays/Onlays are limited to Enrollees age 12 and older and are covered not more often than once in any 60 month period except when Delta Dental determines the existing Crown or Inlay/Onlay is not satisfactory and cannot be made satisfactory because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues.
- (22) When an alternate Benefit of an amalgam is allowed for inlays/ onlays, they are limited to Enrollees age 12 and older and are covered not more than once in any 60 month period.
- (23) Core buildup, including any pins, are covered not more than once in any 60 month period.
- (24) Post and core services are covered not more than once in any 60 month year period.
- (25) Crown repairs are covered not more than once in any 60 month period.
- (26) When allowed within six (6) months of a restoration, the Benefit for a Crown, Inlay/Onlay or fixed prosthodontic service will be reduced by the Benefit paid for the restoration.
- (27) Denture Repairs are covered not more than once in any six (6) month period except for fixed Denture Repairs which are covered not more than once in any 60 month period.
- (28) Prosthodontic appliances, implants and/or implant supported prosthetics that were provided under any Delta Dental program will be replaced only after 60 months have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Fixed prosthodontic appliances are limited to Enrollees age 16 and older. Removable cast base partial dentures are limited to Enrollees age 12 and older. Replacement of a prosthodontic appliance and/or implant supported prosthesis not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory. Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment. Delta Dental's payment for implant removal is limited to one (1) for each implant during the Enrollee's lifetime whether provided under Delta Dental or any other dental care plan.

- (29) When a posterior fixed bridge and a removable partial denture are placed in the same arch in the same treatment episode, only the partial denture will be a Benefit.
- (30) Recementation of Crowns, Inlays/Onlays or bridges is included in the fee for the Crown, Inlay/Onlay or bridge when performed by the same Provider/Provider office within six (6) months of the initial placement. After six (6) months, payment will be limited to one (1) recementation in a (6) month period by the same Provider/Provider office.
- (31) The initial installation of a prosthodontic appliance and/or implants is not a Benefit unless the prosthodontic appliance and/or implant, bridge or denture is made necessary by natural, permanent teeth extraction occurring during a time the Enrollee was under a Delta Dental plan or Contractholder's prior plan, if applicable
- (32) Delta Dental limits payment for dentures to a standard partial or complete denture (Enrollee Coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means and includes routine post delivery care including any adjustments and relines for the first six (6) months after placement.
 - a) Denture rebase is limited to one (1) per arch in a 36-month period and includes any relining and adjustments for six (6) months following placement.
 - b) Dentures, removable partial dentures and relines include adjustments for six (6) months following installation. After the initial six (6) months of an adjustment or reline, adjustments and relining are limited to one (1) per arch in a 36-month period.
 - c) Tissue conditioning is limited to two (2) per arch in a 12-month period. However, tissue conditioning is not allowed as a separate Benefit when performed on the same day as a denture, reline or rebase service.
 - d) Recementation of fixed partial dentures is limited to once in a lifetime.
- (33) Occlusal guards are covered by report for Enrollees age 13 or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular joint dysfunction (TMJD). Occlusal guards are limited to one (1) per 12 consecutive month period.
- (34) Athletic mouth guards are limited to one (1) per 12 consecutive month period.
- (35) Internal bleaching of discolored teeth shall not be provided for any tooth more than once each 36 months while the patient is an Enrollee under any Delta Dental plan.

B. Exclusions – Plan 70 for Children

Delta Dental does not pay Benefits for:

- (1) services not included on Schedule of Covered Services except medically necessary Orthodontics provided a Prior Authorization is obtained.
- (2) treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.
- (3) cosmetic surgery or procedures for purely cosmetic reasons.
- (4) maxillofacial prosthetics.
- (5) provisional and/or temporary restorations (except an interim removable partial denture to replace extracted anterior permanent teeth during the healing period for children 16 years of age or under).
- (6) services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to children for medically diagnosed congenital defects or birth abnormalities.
- (7) treatment to stabilize teeth, treatment to restore tooth structure lost from wear, erosion, or abrasion or treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion. Examples include but are not limited to: equilibration, periodontal splinting, or complete occlusal adjustments.
- (8) any Single Procedure provided prior to the date the Enrollee became eligible for services under this plan.
- (9) prescribed drugs, medication, pain killers, antimicrobial agents, or experimental/investigational procedures.
- (10) charges for anesthesia, other than general anesthesia and IV sedation administered by a Provider in connection with covered oral surgery or selected endodontic and periodontal surgical procedures if such procedures are included.

- (11) extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
- (12) laboratory processed crowns for Enrollees under age 12.
- (13) fixed bridges and removable partials for Enrollees under age 16.
- (14) indirectly fabricated resin-based Inlays/Onlays.
- (15) overdentures.
- (16) charges by any hospital or other surgical or treatment facility and any additional fees charged by the Provider for treatment in any such facility.
- (17) treatment by someone other than a Provider or a person who by law may work under a Provider's direct supervision.
- (18) charges incurred for oral hygiene instruction, a plaque control program, preventive control programs including home care times, dietary instruction, x-ray duplications, cancer screening, tobacco counseling or broken appointments are not separately payable procedures.
- (19) dental practice administrative services including, but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks or relaxation techniques such as music.
- (20) procedures having a questionable prognosis based on a dental consultant's professional review of the submitted documentation.
- (21) any tax imposed (or incurred) by a government, state or other entity, in connection with any fees charged for Benefits provided under the Contract, will be the responsibility of the Enrollee and not a covered Benefit.
- (22) Deductibles and/or any service not covered under the dental plan.
- (23) services covered under the dental plan but exceed Benefit limitations or are not in accordance with processing policies in effect at the time the claim is processed.
- (24) the initial placement of any prosthodontic appliance or implants, unless such placement is needed to replace one or more natural, permanent teeth extracted while the Enrollee is covered under the Contract or was covered under any dental care plan with Delta Dental or the Contractholder's prior dental plan. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such denture or fixed bridge must include the replacement of the extracted tooth or teeth.
- (25) services for any disturbance of the temporomandibular (jaw) joints (TMJ) or associated musculature, nerves and other tissues.
- (26) endodontic endosseous implant.
- (27) services for Orthodontic treatment (treatment of malocclusion of teeth and/or jaws) except medically necessary Orthodontics provided a Prior Authorization is obtained.