



**Delta Dental PPO plus Premier™
Summary of Benefits
for Group# 4693-10001000, 10002000, 19901000
Phoenix Elementary School District**

This Summary 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.*

Group - Phoenix Elementary School District

Benefit Year - January 1 through December 31

Deductible - \$50 Deductible per person 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 services, X-rays, periodontal maintenance, and orthodontic services.

Benefit Maximum Payment - \$2,000 per person total per Benefit Year on all services, except TMD treatment and orthodontic services. \$1,500 per person total per lifetime on orthodontic services. \$2,000 per person total per lifetime on TMD treatment.

Child Age Limit - To age 26

Student Age Limit - To age 26

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% |
| Radiographs - X-rays | 100% | 100% | 100% |
| Periodontal Maintenance - cleanings following periodontal therapy | 100% | 100% | 100% |
| Basic Services | | | |
| Emergency Palliative Treatment - to temporarily relieve pain | 80% | 80% | 80% |
| Sealants - to prevent decay of permanent teeth | 80% | 80% | 80% |
| Minor Restorative Services - fillings | 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% |
| Major Restorative Services - crowns | 80% | 80% | 80% |
| Other Basic Services - misc. services | 80% | 80% | 80% |
| TMD Treatment - treatment of the disorder of the temporomandibular joint | 50% | 50% | 50% |
| Major Services | | | |
| Crown Repair - to individual crowns | 60% | 60% | 60% |
| Relines and Repairs - to bridges and dentures | 60% | 60% | 60% |
| Prosthodontic Services - bridges, implants, and dentures | 60% | 60% | 60% |
| Orthodontic Services | | | |
| Orthodontic Services - braces | 50% | 50% | 50% |
| Orthodontic Age Limit - | Treatment for Dependent Children must begin on or after age 8 and banded prior to age 17. | Treatment for Dependent Children must begin on or after age 8 and banded prior to age 17. | Treatment for Dependent Children must begin on or after age 8 and banded prior to age 17. |

* 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 the dentist charges and you are responsible for that difference.

Frequencies and Limitations

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Scaling (equivalent to one cleaning) is payable once in any two-year period. Full mouth debridement (equivalent to one cleaning) is payable once in any five-year period.
- Fluoride treatments are payable twice per calendar year for people age 17 and under.
- Sealants are payable once per tooth in any three-year period for bicuspid and first and second molars for people age 18 and under. The surface must be free from decay and restorations. Preventive resin restoration on molars is payable once per lifetime for people age 15 and under with moderate to high caries risk. Treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament is payable twice per tooth per calendar year for people age 18 and under.
- Bitewing X-rays are payable twice per calendar year. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Space maintainers and recement or rebond of space maintainers are payable once per area per lifetime for people age 13 and under. Distal shoe space maintainers are payable once per area per lifetime for people age eight and under.
- Endodontic treatment is payable once per tooth per lifetime. Endodontic retreatment is payable once per tooth in any three-year period.
- Root planing and scaling is payable once per quadrant in any two-year period. Only two quadrants of root planing and scaling can be performed on the same day.
- Implants bound by natural teeth and prefabricated and custom fabricated abutments are payable once per tooth per lifetime and subject to a \$1,000 maximum per tooth. Implant-related services are payable.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are payable.
- Silver amalgam and, for front teeth only, composite resin restorations are payable once per surface in any two-year period. Composite resin restorations are optional treatment on posterior teeth.
- Inlays (any material) are payable.
- Porcelain and resin facings on crowns are optional treatment.
- Crowns and onlays and associated procedures (cores, substructures) are payable once per tooth in any five-year period.
- Oral surgery, including simple and surgical extractions, is payable. TMD treatment is payable.
- Fabrication of athletic mouthguard is payable once in any two-year period for people age 17 and under. Occlusal guards are not payable.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a treatment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon treatment plan, Delta Dental will make an initial payment to you or your Participating Dentist upon insertion of the appliances or initial banding, equal to 50% of Delta Dental's stated Copayment on the Maximum Payment for Orthodontic Services as set forth in this Summary of Benefits. Provided Member has current eligibility on the date of service 12 months from the date the appliances or initial banding were placed, Delta Dental will make an additional payment equal to the balance of Delta Dental's stated Copayment on the Maximum Payment for Orthodontic Services. Maximum Payment for Orthodontic Services equals the lesser of Delta Dental's total Copayment for Orthodontic Services, the Maximum Payment per person total per lifetime on orthodontic services or the fee charged by your provider for 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.

Eligible People – As defined by the Employer Group. The Group pays the full cost of this plan for Subscribers. The Subscriber pays the additional cost of dependent coverage.

Dual Spouse – If you and your Spouse are both eligible to enroll in this Dental Plan as Subscribers, 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 Subscribers under this Dental Plan.

Coverage ends at the end of the month that the Subscriber and/or Dependent is no longer eligible.