



**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 7001-0123, 4057, 4061, 4425, 4861, 4935, 9167
Indiana State University**

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 Indiana

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%	80%	80%
Emergency Palliative Treatment – to temporarily relieve pain	100%	80%	80%
Brush Biopsy – to detect oral cancer	100%	80%	80%
Radiographs – X-rays	100%	80%	80%
Sealants – to prevent decay of permanent teeth	100%	0%	0%
Basic Services			
Minor Restorative Services – fillings and crown repair	100%	75%	75%
Simple Extractions – non-surgical removal of teeth	100%	75%	75%
Endodontic Services – root canals	90%	75%	75%
Periodontic Services – to treat gum disease	90%	75%	75%
Other Oral Surgery – dental surgery	90%	75%	75%
Other Basic Services – misc. services	90%	75%	75%
Relines and Repairs – to bridges, implants, and dentures	90%	75%	75%
Major Services			
Major Restorative Services – crowns	50%	50%	50%
Prosthetic Services – bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	to the end of the calendar year of age 19	to the end of the calendar year of age 19	to the end of the calendar year of age 19

* 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.
- 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 twice per calendar year for people up to age 19.
- Space maintainers are payable once per area per lifetime for people up to age 19.

- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per lifetime for the occlusal surface of first and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

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 – \$1,200 per person total per Benefit Year on all services except orthodontics. \$1,200 per person total per lifetime on orthodontic services.

Deductible –

Delta Dental PPO Dentist - \$100 Deductible per person total per lifetime on orthodontic services.

Delta Dental Premier Dentist or Nonparticipating Dentist - \$100 Deductible per person total per lifetime on orthodontic services. \$50 Deductible per person total per Benefit Year. The Deductible does not apply to orthodontic services.

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 – Employees who are eligible for dental benefits are covered on the first day of the month following the date of employment.

Eligible People – All full-time employees (0123), disabled retirees, Medicare under 65 (4057), retirees spouse (4061), new enrollees (4425), retirees under age 65 (4861), COBRA (4935) and retirees over 65 or Medicare (9167) of Indiana State University who choose the Health and Dental Plans. The Contractor and Subscriber share the cost of this plan.

Also eligible are your legal spouse and your children to the end of the calendar year 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 must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. 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 for coverage under this Contract, 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 if you and your spouse are both covered under this Contract.

Benefits will cease on the day that the subscriber is no longer eligible. Subscribers should consult with Indiana State University Benefits Department upon termination for their specific date.