



Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits For Group# 0792-0001 Concord Community Schools

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%	90%	80%
Emergency Palliative Treatment – to temporarily relieve pain	100%	90%	80%
Sealants – to prevent decay of permanent teeth	100%	90%	80%
Brush Biopsy – to detect oral cancer	100%	90%	80%
Radiographs – bitewing and full mouth X-rays	100%	90%	80%
Basic Services			
All Other Radiographs – other X-rays	80%	70%	60%
Minor Restorative Services – fillings and crown repair	80%	70%	60%
Endodontic Services – root canals	80%	70%	60%
Periodontic Services – to treat gum disease	80%	70%	60%
Oral Surgery Services – extractions and dental surgery	80%	70%	60%
Other Basic Services – misc. services	80%	70%	60%
Relines and Repairs – to bridges, implants, and dentures	80%	70%	60%
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 –	Up to age 19	Up to age 19	Up to 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.