



**Delta Dental PPO plus Premier™
Summary of Benefits – Buy Up Plan
for Group# 5291-10001001, 19901001
Sunnyside Unified School District #12**

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 – Sunnyside Unified School District #12

Benefit Year – January 1 through December 31

Deductible – Delta Dental PPO™ Dentist - None.

Delta Dental Premier® Dentist or Nonparticipating Dentist - \$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 diagnostic and preventive services, X-rays, sealants, and orthodontic services.

Benefit Maximum Payment – Delta Dental PPO™ Dentist - \$1,500 per person total per Benefit Year on all services except orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

Delta Dental Premier® Dentist or Nonparticipating Dentist - \$1,000 per person total per Benefit Year on all services except orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

These are not separate maximums by type of dentist.

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%	80%	80%
Emergency Palliative Treatment – to temporarily relieve pain	100%	80%	80%
Sealants – to prevent decay of permanent teeth	100%	80%	80%
Radiographs – X-rays	100%	80%	80%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	60%	60%
Endodontic Services – root canals	80%	60%	60%
Periodontic Services – to treat gum disease	80%	60%	60%
Oral Surgery Services – extractions and dental surgery	80%	60%	60%
Other Basic Services – misc. services	80%	60%	60%
Relines and Repairs – to bridges and dentures	80%	60%	60%
Major Services			
Major Restorative Services – crowns	50%	40%	40%
Implant Repair – implant maintenance, repair, and removal	50%	40%	40%
Prosthetic Services – bridges, implants, and dentures	50%	40%	40%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%

Orthodontic Age Limit -from the age of 8
- No Age Limitfrom the age of 8
- No Age Limitfrom the age of 8 -
No Age Limit

* 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 and patient screening and assessment are payable twice per calendar year. Diagnostic consultations are payable four times in any 12-month period.
- 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 two-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.
- Bacteriologic cultures are payable once per lifetime.
- Endodontic treatment is payable once per tooth per lifetime. Endodontic retreatment is payable once per tooth in any three-year period. Pulpal regeneration is payable once per lifetime.
- 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.
- Recement or rebond of fixed partial denture is payable once in any 12-month period.
- Crowns over implants are payable once per tooth in any five-year period. Repair of implant supported prosthesis and implant abutment (by report) are payable once in any 12-month period. Services related to crowns over implants are payable.
- Implants are payable once per tooth in any five-year period. Implant-related services are payable. Prefabricated and custom fabricated abutments are payable once in any five-year period.
- Silver amalgam and composite resin (white) restorations are payable once per surface in any two-year period.
- Porcelain and resin facings on crowns are optioned treatment.
- Crowns and onlays and associated procedures (cores, substructures) are payable once per tooth in any five-year period. Recement or rebond of crown is payable once in any 12-month period.
- Oral surgery, including simple and surgical extractions, is payable.
- Occlusal adjustments are payable once in any 12-month period. Cleaning and inspection of complete and partial removable dentures are payable once in any six-month period. Fabrication of athletic mouthguard is payable once in any two-year period for people age 17 and under.

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.

Eligible People - As defined by the Employer Group. The Subscriber pays the full cost of this plan.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should a Subscriber or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. 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.

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.