



Delta Dental PPO plus Premier Summary of Dental Plan Benefits For Group# 0284-0001, 0999 Franklin County 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 North Carolina

Benefit Year – September 1 through August 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% | 100% | 100% |
| Emergency Palliative Treatment – to temporarily relieve pain | 100% | 100% | 100% |
| Sealants – to prevent decay of permanent teeth | 100% | 100% | 100% |
| Brush Biopsy – to detect oral cancer | 100% | 100% | 100% |
| Radiographs – X-rays | 100% | 100% | 100% |
| Periodontal Maintenance – cleanings following periodontal therapy | 100% | 100% | 100% |
| Basic Services | | | |
| Minor Restorative Services – fillings and crown repair | 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% |
| Other Basic Services – misc. services | 80% | 80% | 80% |
| Relines and Repairs – to bridges, implants, and dentures | 80% | 80% | 80% |
| 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 month of age 19 | to the end of the month of age 19 | to the end of the month 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 benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year. Full mouth debridement is payable once per lifetime.
- 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 benefit year for people up to age 19.

- Bitewing X-rays are payable once per benefit year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for the occlusal surface of first and second permanent molars up to age 16. 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 and onlays are Covered Services on posterior teeth.
- Vestibuloplasty is a Covered Service.
- Full and partial dentures are payable once in any five-year period. Reline and rebase of dentures are payable once in any two-year period.
- 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 – \$1,000 per person total per Benefit Year on all services except orthodontics. \$1,000 per person total per lifetime on orthodontic services.

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 diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, brush biopsy, periodontal maintenance and orthodontic services.

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

There is a 12-month waiting period for certain services. Orthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months. The waiting period can be waived for enrollees covered under an immediately preceding dental plan that included orthodontic benefits.

Eligible People – All eligible employees who have met the eligibility requirements as established by the Contractor. The Contractor and Subscriber share the cost of this plan.

Also eligible are your legal spouse and your children to the end of the month 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 and your domestic partner as defined by the contractor. 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 last day of the month in which the employee is terminated.

Revising effective May 1, 2015 to change Waiting Period.