



**Delta Dental PPO plus Premier™  
Summary of Dental Plan Benefits  
For Group# 10137-0001  
Rowan-Salisbury Schools  
Core Dental Plan PPO Plus Premier**

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 Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.\*

**Control Plan** - Delta Dental of North Carolina

**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*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Bitewing Radiographs</b> - bitewing X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%	80%
<b>All Other Radiographs</b> - other X-rays	80%	80%	80%
<b>Minor Restorative Services</b> - fillings and crown repair	80%	80%	80%
<b>Periodontic Services</b> - to treat gum disease	80%	80%	80%
<b>Simple Extractions</b> - non-surgical removal of teeth	80%	80%	80%
<b>Other Basic Services</b> - misc. services	80%	80%	80%

\* 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. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

The explanation and sample calculation of how these services will be paid can be found in Section VI - How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Full mouth debridement is payable once in any five-year period.
- 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 once per calendar year for people age 17 and under.
- Space maintainers are Covered Services with no limitations.
- Bitewing X-rays are payable twice 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 three-year period for permanent molars for people age 15 and under. The surface must be free from decay and restorations. Interim caries arresting medicament application is payable once per tooth in any three-year period.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Localized delivery of chemotherapeutic agents is a Covered Service.
- Oroantral fistula closure, primary closure of a sinus perforation, tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth, tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization), exposure of an unerupted tooth, mobilization of erupted or malpositioned tooth to

aid eruption, placement of device to facilitate eruption of impacted tooth, incisional biopsy, exfoliative cytological sample collection, brush biopsy – transepithelial sample collection, alveoplasty, vestibuloplasty, excision of soft tissue and intra-osseous lesions, radical resection of maxilla or mandible, surgical incision procedures, repair of traumatic wounds, complicated suturing, frenectomy/frenulectomy, frenuloplasty, excision of hyperplastic tissue and of pericoronal gingiva, surgical reduction of fibrous tuberosity, sialolithotomy, excision of salivary gland (by report), sialodochoplasty, and closure of salivary fistula are payable without limitations.

- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Antibiotic drug injection and application of desensitizing medicament (for example, application of fluoride to treat receding gums) are Covered Services.

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** – \$1,500 per person total per Benefit Year on all services.

**Maximum Carryover – Delta Dental PPO™ Dentist** - If at least one diagnostic and preventive services, emergency palliative treatment, sealants, brush biopsy, radiographs, minor restorative services, endodontic services, periodontic services, oral surgery services, major restorative services, other basic services, relines and repairs, or prosthodontic services service is paid in a Benefit Year and the total Benefit paid does not exceed \$500 in that Benefit Year, up to \$350 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000.

**Delta Dental Premier® Dentist or Nonparticipating Dentist** - If at least one diagnostic and preventive services, emergency palliative treatment, sealants, brush biopsy, radiographs, minor restorative services, endodontic services, periodontic services, oral surgery services, major restorative services, other basic services, relines and repairs, or prosthodontic services service is paid in a Benefit Year and the total Benefit paid does not exceed \$500 in that Benefit Year, up to \$250 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000.

**Deductible** – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year.

**Eligible People** – As defined by Rowan-Salisbury Schools. The Contractor and Subscriber share the cost of this plan.

Also eligible are your 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.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee 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 Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. 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.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, 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 Enrollees under This Plan.

Benefits will cease on the last day of the month in which the employee is terminated.



**Delta Dental PPO™**  
**Summary of Dental Plan Benefits**  
**For Group# 10137-1000**  
**Rowan-Salisbury Schools**  
**Core Dental Plan PPO (Standard)**

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 Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.\*

**Control Plan** - Delta Dental of North Carolina

**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*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Bitewing Radiographs</b> - bitewing X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%	80%
<b>All Other Radiographs</b> - other X-rays	80%	80%	80%
<b>Minor Restorative Services</b> - fillings and crown repair	80%	80%	80%
<b>Periodontic Services</b> - to treat gum disease	80%	80%	80%
<b>Simple Extractions</b> - non-surgical removal of teeth	80%	80%	80%
<b>Other Basic Services</b> - misc. services	80%	80%	80%

\* When you receive services from a Delta Dental Premier Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule that will be paid for those services. This amount may be less than what the Dentist would receive under the Delta Dental Premier Dentist Schedule and you are responsible for that difference. 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. This amount may be less than what your Dentist charges and you are responsible for that difference.

The explanation and sample calculation of how these services will be paid can be found in Section VI - How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Full mouth debridement is payable once in any five-year period.
- 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 once per calendar year for people age 17 and under.
- Space maintainers are Covered Services with no limitations.
- Bitewing X-rays are payable twice 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 three-year period for permanent molars for people age 15 and under. The surface must be free from decay and restorations. Interim caries arresting medicament application is payable once per tooth in any three-year period.
- Gold foil restorations are payable once per tooth in any two-year period.
- Composite resin (white) restorations are payable on posterior teeth.
- Gold foils are Covered Services.

- Localized delivery of chemotherapeutic agents is a Covered Service.
- Repair of dentures is a Covered Service. Interim partial dentures are not Covered Services.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Antibiotic drug injection and application of desensitizing medicament (for example, application of fluoride to treat receding gums) are Covered Services.
- A removable or fixed harmful habit appliance is payable once per lifetime.

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** – \$1,500 per person total per Benefit Year on all services.

**Maximum Carryover – Delta Dental PPO™ Dentist** - If at least one diagnostic and preventive services, emergency palliative treatment, sealants, brush biopsy, radiographs, minor restorative services, endodontic services, periodontic services, oral surgery services, major restorative services, other basic services, relines and repairs, or prosthodontic services service is paid in a Benefit Year and the total Benefit paid does not exceed \$500 in that Benefit Year, up to \$350 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000.

**Delta Dental Premier® Dentist or Nonparticipating Dentist** - If at least one diagnostic and preventive services, emergency palliative treatment, sealants, brush biopsy, radiographs, minor restorative services, endodontic services, periodontic services, oral surgery services, major restorative services, other basic services, relines and repairs, or prosthodontic services service is paid in a Benefit Year and the total Benefit paid does not exceed \$500 in that Benefit Year, up to \$250 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000.

**Deductible** – None.

**Eligible People** – As defined by Rowan-Salisbury Schools. The Contractor and Subscriber share the cost of this plan.

Also eligible are your 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.

Enrollees and their Dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Should an Enrollee or Dependent choose to drop dental coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may enroll if the Enrollee is enrolled (excluding COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if such change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, 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 Enrollees under This Plan.

Benefits will cease on the last day of the month in which the employee is terminated.



**Delta Dental PPO plus Premier™  
Summary of Dental Plan Benefits  
For Group# 10137-2000  
Rowan-Salisbury Schools  
High Option Dental Plan PPO Plus Premier**

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 Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.\*

**Control Plan** - Delta Dental of North Carolina

**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*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Bitewing Radiographs</b> - bitewing X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%	80%
<b>All Other Radiographs</b> - other X-rays	80%	80%	80%
<b>Minor Restorative Services</b> - fillings and crown repair	80%	80%	80%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	80%	80%	80%
<b>Simple Extractions</b> - non-surgical removal of teeth	80%	80%	80%
<b>Other Basic Services</b> - misc. services	80%	80%	80%
<b>Major Services</b>			
<b>Endodontic Services</b> - root canals	50%	50%	50%
<b>Periodontic Services</b> - to treat gum disease	50%	50%	50%
<b>Other Oral Surgery</b> - dental surgery	50%	50%	50%
<b>Major Restorative Services</b> - crowns	50%	50%	50%
<b>Relines and Repairs</b> - to bridges, implants, and dentures	50%	50%	50%
<b>Prosthodontic Services</b> - bridges, implants, dentures, and crowns over implants	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	No Age Limit	No Age Limit	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. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

The explanation and sample calculation of how these services will be paid can be found in Section VI - How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Full mouth debridement is payable once in any five-year period.
- 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 once per calendar year for people age 17 and under.
- Space maintainers are Covered Services with no limitations.
- Bitewing X-rays are payable twice 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 three-year period for permanent molars for people age 15 and under. The surface must be free from decay and restorations. Interim caries arresting medicament application is payable once per tooth in any three-year period.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Localized delivery of chemotherapeutic agents is a Covered Service.
- Oroantral fistula closure, primary closure of a sinus perforation, tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth, tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization), exposure of an unerupted tooth, mobilization of erupted or malpositioned tooth to aid eruption, placement of device to facilitate eruption of impacted tooth, incisional biopsy, exfoliative cytological sample collection, brush biopsy – transepithelial sample collection, alveoplasty, vestibuloplasty, excision of soft tissue and intra-osseous lesions, radical resection of maxilla or mandible, surgical incision procedures, repair of traumatic wounds, complicated suturing, frenectomy/frenulectomy, frenuloplasty, excision of hyperplastic tissue and of pericoronal gingiva, surgical reduction of fibrous tuberosity, sialolithotomy, excision of salivary gland (by report), sialodochoplasty, and closure of salivary fistula are payable without limitations.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Antibiotic drug injection and application of desensitizing medicament (for example, application of fluoride to treat receding gums) are Covered Services.

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** – \$1,500 per person total per Benefit Year on all services except orthodontic services. \$1,500 per person total per lifetime on orthodontic services.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

**Maximum Carryover – Delta Dental PPO™ Dentist** - If at least one diagnostic and preventive services, emergency palliative treatment, sealants, brush biopsy, radiographs, minor restorative services, endodontic services, periodontic services, oral surgery services, major restorative services, other basic services, relines and repairs, or prosthodontic services service is paid in a Benefit Year and the total Benefit paid does not exceed \$500 in that Benefit Year, up to \$350 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000.

**Delta Dental Premier® Dentist or Nonparticipating Dentist** - If at least one diagnostic and preventive services, emergency palliative treatment, sealants, brush biopsy, radiographs, minor restorative services, endodontic services, periodontic services, oral surgery services, major restorative services, other basic services, relines and repairs, or prosthodontic services service is paid in a Benefit Year and the total Benefit paid does not exceed \$500 in that Benefit Year, up to \$250 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000.

**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 orthodontic services.

**Eligible People** – As defined by Rowan-Salisbury Schools. The Contractor and Subscriber share the cost of this plan.

Also eligible are your 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.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee 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 Enrollee is enrolled (except under COBRA) and must

be enrolled in the same plan as the Enrollee. 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.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, 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 Enrollees under This Plan.

Benefits will cease on the last day of the month in which the employee is terminated.



**Delta Dental PPO™**  
**Summary of Dental Plan Benefits**  
**For Group# 10137-3000**  
**Rowan-Salisbury Schools**  
**High Option Dental Plan PPO (Standard)**

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 Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.\*

**Control Plan** - Delta Dental of North Carolina

**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*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Bitewing Radiographs</b> - bitewing X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%	80%
<b>All Other Radiographs</b> - other X-rays	80%	80%	80%
<b>Minor Restorative Services</b> - fillings and crown repair	80%	80%	80%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	80%	80%	80%
<b>Simple Extractions</b> - non-surgical removal of teeth	80%	80%	80%
<b>Other Basic Services</b> - misc. services	80%	80%	80%
<b>Major Services</b>			
<b>Endodontic Services</b> - root canals	50%	50%	50%
<b>Periodontic Services</b> - to treat gum disease	50%	50%	50%
<b>Other Oral Surgery</b> - dental surgery	50%	50%	50%
<b>Major Restorative Services</b> - crowns	50%	50%	50%
<b>Relines and Repairs</b> - to bridges, implants, and dentures	50%	50%	50%
<b>Prosthodontic Services</b> - bridges, implants, dentures, and crowns over implants	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	up to age 19	up to age 19	up to age 19

\* When you receive services from a Delta Dental Premier Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule that will be paid for those services. This amount may be less than what the Dentist would receive under the Delta Dental Premier Dentist Schedule and you are responsible for that difference. 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. This amount may be less than what your Dentist charges and you are responsible for that difference.

The explanation and sample calculation of how these services will be paid can be found in Section VI - How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.



- Prophylaxes (cleanings) are payable twice per calendar year. Full mouth debridement is payable once in any five-year period.
- 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 once per calendar year for people age 17 and under.
- Space maintainers are Covered Services with no limitations.
- Bitewing X-rays are payable twice 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 three-year period for permanent molars for people age 15 and under. The surface must be free from decay and restorations. Interim caries arresting medicament application is payable once per tooth in any three-year period.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Localized delivery of chemotherapeutic agents is a Covered Service.
- Oroantral fistula closure, primary closure of a sinus perforation, tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth, tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization), exposure of an unerupted tooth, mobilization of erupted or malpositioned tooth to aid eruption, placement of device to facilitate eruption of impacted tooth, incisional biopsy, exfoliative cytological sample collection, brush biopsy – transepithelial sample collection, alveoplasty, vestibuloplasty, excision of soft tissue and intra-osseous lesions, radical resection of maxilla or mandible, surgical incision procedures, repair of traumatic wounds, complicated suturing, frenectomy/frenulotomy, frenuloplasty, excision of hyperplastic tissue and of pericoronal gingiva, surgical reduction of fibrous tuberosity, sialolithotomy, excision of salivary gland (by report), sialodochoplasty, and closure of salivary fistula are payable without limitations.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Antibiotic drug injection and application of desensitizing medicament (for example, application of fluoride to treat receding gums) are Covered Services.

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**Maximum Payment** – \$1,500 per person total per Benefit Year on all services except orthodontic services. \$1,500 per person total per lifetime on orthodontic services.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

**Maximum Carryover – Delta Dental PPO™ Dentist** - If at least one diagnostic and preventive services, emergency palliative treatment, sealants, brush biopsy, radiographs, minor restorative services, endodontic services, periodontic services, oral surgery services, major restorative services, other basic services, relines and repairs, or prosthodontic services service is paid in a Benefit Year and the total Benefit paid does not exceed \$500 in that Benefit Year, up to \$350 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000.

**Delta Dental Premier® Dentist or Nonparticipating Dentist** - If at least one diagnostic and preventive services, emergency palliative treatment, sealants, brush biopsy, radiographs, minor restorative services, endodontic services, periodontic services, oral surgery services, major restorative services, other basic services, relines and repairs, or prosthodontic services service is paid in a Benefit Year and the total Benefit paid does not exceed \$500 in that Benefit Year, up to \$250 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000.

**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 orthodontic services.

**Eligible People** – As defined by Rowan-Salisbury Schools. The Contractor and Subscriber share the cost of this plan.

Also eligible are your 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.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee 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 Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. 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.

**Coordination of Benefits** - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, 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 Enrollees under This Plan.

Benefits will cease on the last day of the month in which the employee is terminated.