



Delta Dental PPO Plus Premier

Schedule of Benefits for Cross Church

- a) **Original Effective Date:** 12:01 a.m. Central Standard Time, January 1, 2009
Renewal Date: January 1st, Annually
- b) **Group Number:** 2699
- c) **Deductible:** \$50 for benefits received in Coverage B, Coverage C, Child Orthodontic Rider, with a maximum of \$150 per family, per benefit period. There is no deductible on Coverage A.
- d) **Annual Maximum Payment:** \$1,000 Per Person Per Benefit Period.
- e) **Benefit Period:** A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31st of each year.
- f) **Open Enrollment-** an opportunity to make changes without a Qualifying Event will take place one time a year , time to be determined by the group. The effective date of the changes will be January 1. All other changes during the year will require a Qualifying Event.

Covered Services:

Coverages and Maximum Plan Allowances (MPA)

Coverage A – Diagnostic and Preventative Services

**In-Network
100% MPA**

- Routine periodic examinations not more than **two (2)** in any benefit period, inclusive of an initial oral examination.
- Bitewing and periapical X-rays as required.
- Full-mouth X-rays **one (1)** in any **sixty (60)** consecutive month period.
- Prophylaxis (cleaning) not more than **two (2)** in any benefit period. (* **Please see Information on Evidence Based Dentistry Below**)
- Topical application of fluoride **once (1)** per benefit period for dependent children to age **nineteen (19)**.
- Sealants **once (1)** per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface, for dependent children to age **sixteen (16)**.

Coverage B – Basic Restorative Services

**In-Network
80% MPA**

- Minor emergency treatment for the relief of pain as needed by the participant.
- Amalgam (silver) and composite/resin (white) fillings (composites are not a covered benefit on molars).
- Simple Extractions.
- Space maintainers for prematurely lost teeth of eligible dependent children to age **fourteen (14)**.

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

- Stainless steel crowns used as a restoration to natural teeth for dependent children to age **sixteen (16)** when the teeth cannot be restored with a filling material.

Coverage C – Major Restorative Services

**In-Network
50% MPA**

- Crowns, inlays, onlays, and veneers are benefits for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations.
- Prosthodontics, including procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges.
- Complete or partial denture relines, including chair side or laboratory procedures to improve the fit of the appliance to the tissue.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance.
- Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery
- Endodontics, including pulpal therapy and root canal filling.
- Surgical periodontics.
- Non-surgical periodontics
- Periodontal maintenance; **two (2)** per benefit period following active periodontal treatment (* **Please see Information on Evidence Based Dentistry Below**).
- Coverage for an Endosteal Implant to support a crown.

Rider(s)

**In-Network
50% MPA**

Child Orthodontic Rider – Orthodontic Services for Dependent Children to Age **nineteen (19)**

Lifetime Maximum Payment – \$1,000

Carry Over Benefit Rider

Carry Over Benefit: **\$250**

Claims Threshold: **\$499**

Carry Over Benefit Maximum: **\$1,000**

The benefit allowance for services of an out-of-network dentist will be reduced by 10% for eligible services as determined by Delta Dental after applying the applicable deductibles, co-payments and maximums. This means your out-of-pocket expense may be greater if you choose an out-of-network dentist.

(*) DDAR covers additional routine cleanings or periodontal maintenance procedures (up to four per year) for covered members with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.

Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.

Delta Dental's network of participating providers may be found on our website at www.deltadental.com.

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