DELTA DENTAL

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Sugar-Salem School District #322

GENERAL BENEFIT PLAN SUMMARY

Selected Benefits and Percentages

Contract Effective Date: 09/01

Group Number: 3586-0000

Deductible:	**PPO**	**Premier**
Per Person	$50	$50
Per Family	$150	$150

Excluding Diagnostic, Preventive, Orthodontic services per benefit year.

Maximum Benefit:	$1,250	$1,000

Per eligible person per benefit year.

	PPO	**Premier**
Preventive & Diagnostic Services: *Examinations, x-rays, teeth cleaning*	100%	80%
Basic Services: *Fillings, root canals, extractions, minor oral surgery*	80%	70%
Major Services: *Crowns, onlays, bridges, dentures*	50%	40%
Implants:	50%	40%
Orthodontic Services Child Only:	50%	50%

Eligible under age 19; Maximum orthodontic lifetime benefit is $1000; Replacement of orthodontic appliance is not covered; Late enrollee waiting period is 12 months.

Additional Benefits / Limitations

Class I Preventive and Diagnostic Services
Examinations once every 6 months; Cleanings once every 6 months (restricts against periodontal maintenance within the same time period); Fluoride two times in any (12) consecutive month period for dependent children under age 19; Sealants once per tooth every 24 month period on permanent, deciduous molars and bicuspids for dependent children under 19; Full mouth series or panoramic x-rays once every 5 years; Bitewing x-rays once every 12 months; Space maintainers under age 14 once a lifetime per permanent tooth.

Class II Basic Services
Periodontal maintenance is allowed 4 times in 12 months if patient has had previously treated periodontal disease; Full mouth debridement (4355) is a benefit once per lifetime if no cleanings within 12 months of the service date (an additional cleaning is allowed within 60 days of the full mouth debridement); Scaling and root planing (4341, 4342) covered once every 24 months per quadrant (no limit as to the number of quadrants per visit); Root Canals, Extractions, Periodontics; Fillings restricted to same tooth/surface once every 24 months; Posterior fillings are paid as composites; Composite fillings are not downgraded to amalgam; Nitrous oxide is not covered.

Dependents
Eligible children must be under age 26.

Class III Major Restorative Services
Crowns, Build-ups, stainless steel crowns, onlays, or bridges on same tooth once every 7 years; For dependent children under age 12, benefits are limited to plastic or stainless steel crowns on same tooth once every 24 months; Prosthetic services pay on the prep date; Occlusal guards are covered for bruxism only once in 24 months; Missing tooth clause does not apply; TMJ is not a covered benefit; Partials, or dentures 1 time per arch every 7 years, eligible for partials at age 16. ***Late enrollee waiting period is 12 months.***

Implants
Implants are a covered benefit per tooth with a maximum lifetime benefit of $1,200 or the plan's annual maximum, whichever is less (Ages 19 and over).

Orthodontic Services Child Only
Eligible under age 19; Maximum orthodontic lifetime benefit is $1000; Replacement of orthodontic appliance is not covered; ***Late enrollee waiting period is 12 months.***

This is only a general summary of benefits. It provides a brief description about the important features of this policy and does not constitute a contract or guarantee of payment. Full terms and conditions are set forth in the policy provisions. If you have any questions about your benefit plan's coverage detail and benefits or would like to submit a predetermination before services are performed, please call one of our friendly Delta Dental customer service advisors at (208) 489-3580. You may also log onto our website, www.deltadentalid.com, for benefit and eligibility information or up-to-date claim status. Once you have logged onto our website, simply click onto the Subscriber Online Connection. Or, if you have a fax machine, you may access your eligibility and claim information by calling Delta Dental's ProFax number at (208) 489-3545.