

**Delta Dental PPO plus Premier
Summary of Dental Plan Benefits
For Group# 1220-0001, 0099
Union County Public 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 – January 1 through December 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%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Bitewing Radiographs – bitewing X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment – to temporarily relieve pain	90%	90%	90%
All Other Radiographs – other X-rays	90%	90%	90%
Minor Restorative Services – fillings and crown repair	90%	90%	90%
Simple Extractions – non-surgical removal of teeth	90%	90%	90%
Major Services			
Endodontic Services – root canals	60%	60%	60%
Periodontic Services – to treat gum disease	60%	60%	60%
Other Oral Surgery – dental surgery	60%	60%	60%
Major Restorative Services – crowns	60%	60%	60%
Other Basic Services – misc. services	60%	60%	60%
Relines and Repairs – to bridges and dentures	60%	60%	60%
Prosthodontic Services – bridges and dentures	60%	60%	60%

* 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.

- 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 per lifetime.
- Fluoride treatments are payable once per calendar year for people up to age 14.
- Benefits for space maintainers are unlimited for people up to age 16.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Four periapical X-rays are payable per calendar year. Occlusal X-rays are payable twice per calendar year. Extraoral X-rays are payable twice per calendar year. Sialography is a Covered Service.
- Diagnostic casts are payable once in any three-year period. Certain laboratory tests are Covered Services.
- Sealants are payable once per tooth per lifetime for first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Veneers are payable on incisors, and cuspids once per tooth per five-year period. Prefabricated crowns are payable once per tooth in any three-year period.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are Covered Services on posterior teeth.
- Vestibuloplasty is a Covered Service.

- Reline and rebase of dentures are payable once in any three-year period. Tissue conditioning is payable once in any three-year period. Precision attachments on dentures are Covered Services.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Occlusal guards are payable once in any two calendar years. Antibiotic drug injections are Covered Services.
- A removable or fixed harmful habit appliance is a Covered Service once per lifetime up to age 16.
- Orthodontia is not a covered benefit.

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.

Deductible – \$30 Deductible per person total per Benefit Year limited to a maximum Deductible of \$90 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, bitewing X-rays, and sealants.

Waiting Period – Employees who are eligible for dental benefits are covered as defined by Union County Public Schools.

There is a 12-month waiting period for certain services. Periodontic Services, Other Oral Surgery, Major Restorative Services, and Prosthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months. Endodontic Services, Stainless Steel Crowns, Recement of Crowns, Relines and Repairs will not be covered until after a person is enrolled in the dental plan for 6 consecutive months.

Eligible People – All eligible employees working 30 or more hours per week as defined by Union County Public Schools who enroll in the dental plan. The Subscriber pays the full 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. Newly hired Employees may elect coverage within their first 30 days of employment. All other Employees are only eligible to enroll during the annual enrollment period. The dental policy may be cancelled or changed (to include adding or removing dependents) at any time if such change is the result of a qualifying event as defined under Internal Revenue Code Section 125. No new enrollments are allowed during the plan year. Late Entrant Penalties will not apply. Please see waiting period restrictions for the specific guidelines..

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 as defined by Union County Public Schools.

	12 month	11 month	10 month	20-pay
Employee Only	\$34.25	\$37.36	\$41.10	\$20.55
Employee & Spouse	\$76.30	\$83.24	\$91.56	\$45.78
Employee & Child(ren)	\$79.74	\$86.99	\$95.69	\$47.84
Employee & Family	\$119.79	\$130.68	\$143.75	\$71.87