

Delta Dental PPO (High Option)
JEFFERSON CENTER FOR MENTAL HEALTH- Group 8018

MAXIMUM BENEFIT Calendar Year Orthodontic Lifetime - to age 19 only		\$1,000 per person Combination of in and out-of-network \$1,000 per person Combination of in and out-of-network	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major only		Individual Deductible- \$ 50.00 Combination of in and out-of-network Family Deductible - 150.00 Combination of in and out-of-network	
WHO CAN BE COVERED		Determined by Group Contract. Orthodontics to age 19 only.	
PPO*	NON-PPO** Premier & Non-Par	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES			
100%	100%	Oral Evaluation	limited to 2 evaluations in a 12 month period
		Bitewing X-rays	limited to 1 set in a 12 month period
		Full Mouth X-rays or Panoramic	limited to 1 in a 60 month period
		Routine Cleaning	limited to 2 cleanings in a 12 month period
		Fluoride Treatments	limited to 1 treatment in a 12 month period- to age 16
		Space Maintainers	for posterior primary teeth- to age 14
		Sealants	1 per tooth in 36 months- to age 15 on unrestored molars
BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))			
80%	50%	Amalgam Fillings	benefits on the same surface limited to 1 in 12 months
		Resin, Composite	benefit for anterior teeth only- allowance for amalgam on posterior teeth
		Oral Surgery (Extractions)	
		General Anesthesia	benefit with covered Oral Surgery only
		Surgical Periodontal (gums)	benefit once every 36 months
		Root Canal Therapy	
MAJOR SERVICES (Crowns, Bridges, Partial, Dentures)			
50%	25%	Crowns	benefit 1 in 60 months on same tooth- not a benefit under age 12
		Dentures, Partial, Bridges	benefit 1 in 60 months- not a benefit under age 16
		Bridge/Denture Repair	
		Denture Rebase/Reline	benefit 6 months after initial insertion- then benefit 1 in 36 months
ORTHODONTICS (Braces)			
50%	50%	Complete Orthodontic Evaluation	
		Active Orthodontic Treatment-	Orthodontic benefits provided to age 19 only

*PPO dentists are considered in-network providers. The PPO percentage of benefits is based on the PPO Schedule of Allowance. ** The PREMIER percentage of benefits is limited to the Maximum Plan Allowance. You may have additional out-of-pocket costs by using a NON-Participating dentist.

LATE ENROLLMENT BENEFIT RESTRICTION There is no annual open enrollment period for dental. Those who do not enroll in the dental plan when initially eligible, or re-enroll, will be considered "Late Enrollees" and will be subject to a 12 month waiting period on Basic and Major Services. The "Late Enrollee" penalty does not apply to those covered by another group dental plan who enroll within 31 days of loss of the other dental coverage and to children who are enrolled on any anniversary prior to the 4th birthday.

Important Note: This form provides only a brief description of services covered under your contract and does not list those services which are limited or excluded from coverage. Your Employee Benefit Booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Employee Benefit Booklet, the Benefit Booklet will govern.