



Delta Dental PPO plus Premier Summary of Dental Plan Benefits For Group# 1025-New Hanover County Government

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 – August 1 through July 31

Covered Services –

	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Endodontic Services – root canals	80%	80%	80%
Oral Surgery Services – extractions and dental surgery			
Other Basic Services – misc. services	80%	80%	80%
Major Services	80%	80%	80%
Major Restorative Services – crowns, occlusal guards			
Relines and Repairs – to bridges, dentures, and implants	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Prosthodontic Services – bridges, implants, and dentures	80%	80%	80%
Orthodontic Services	50%	50%	50%
Orthodontic Age Limit –	50%	50%	50%
Orthodontic Services – braces	Up to age 19	Up to age 19	Up to age 19

* 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. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

PPO Dentist and Premier Dentist

- Oral exams (including evaluations by a specialist) are payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year and full mouth debridement is payable once in a five year period.
- Fluoride treatments are payable twice per benefit year for people up to age 19.
- Space maintainers are payable once per area per lifetime for people up to age 16.
- Emergency Palliative treatment is limited to two per benefit period.
- Bitewing X-rays are payable twice per benefit year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year benefit years.

- Sealants are payable once per tooth in any five calendar years for the occlusal surface of bicuspid and first and second molars for people ages 6 through 18. The surface must be free from decay and restorations.
- Frenulectomy and frenoplasty are Covered Services once per lifetime.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Metallic inlays are Covered Services.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Crowns, onlays, metallic inlays, and substructures are payable once per tooth in any eight year period. Veneers are payable on the six upper and six lower anterior teeth once per tooth per five year period.
- Maxillofacial prosthetic services are not a covered service.
- Bridges are payable once in any eight-year period.
- Implants and implant related services are payable once per tooth in any eight-year period.
- Occlusal guard is payable once in any five-year period.

Non-participating Dentist

- Oral exams (including evaluations by a specialist) are payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year and full mouth debridement is payable once in a five year period.
- Fluoride treatments are payable twice per benefit year for people up to age 19.
- Space maintainers are payable once per area per lifetime for people up to age 16.
- Emergency Palliative treatment is limited to two per benefit period.
- Bitewing X-rays are payable twice per benefit 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 in any five calendar years for the occlusal surface of bicuspid and first and second molars for people ages 6 through 18. The surface must be free from decay and restorations.
- Amalgam and composite resin restorations are payable once in any twelve month period, regardless of the number or combination of restorations placed on a surface.
- Root planning and scaling is a benefit once per area per three year period
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Metallic inlays are Covered Services.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Crowns, onlays, metallic inlays, and substructures are payable once per tooth in any eight year period. Veneers are payable on the six upper and six lower anterior teeth once per tooth per five year period.
- Maxillofacial prosthetic services are not a covered service.
- Bridges are payable once in any eight-year period.
- Relines, repairs and rebases are payable once every two years.
- Implants and implant related services are payable once per tooth in any eight-year period.
- Occlusal guard is payable once in any five-year period.
- Frenulectomy and frenoplasty are Covered Services 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 – \$1,000 per person total per Benefit Year on all services except orthodontics. \$1,000 per person total per lifetime on orthodontic services.

Deductible – \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, and orthodontic services.

Waiting Period – Employees who are eligible for dental benefits are covered on the first day of the month following 30 days of employment.

Eligible People – All full/part-time scheduled to work at least 20 hours per week of New Hanover County Government: Administration (7A01), Sheriff (7A03), Pre-Trial (7A05), Juvenile Day Trial (7A07), Planning (7A08), Health (7A10), Social Services (7A12), Aging (7A14), Parks (7A16), Fire Services (7A18), WasteC (7A20), Retire/Cty/Pre65 (7A22), Pre-

Trial Release (7A28), Emergency Mgt911 Center (7A30), Sheriff (7A32), Planning & Inspections (7A36), Fire Services (7A40), Veterans Services (7A60), Health (7A61), Social Services (7A62), Yes (7A63), Library (7A70), Park Gardens SRC (7A73), Museum (7A76), Environmental Mgt (7A80), County Retiree Pre65 (7A91), County Retiree Post65 (7A92), Airport Activites (7A95), Airport Retiree Pre65 (7A97) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (7A23) & (7A90). The Contractor pays the cost of this plan for Subscribers only. The Contractor and Subscriber share the additional cost of dependent coverage.

Also eligible are your legal spouse and your children under age 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.

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 on the termination date.