



**Delta Dental PPO plus Premier™  
Summary of Dental Plan Benefits  
For Group# 1202  
Town of Cary**

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 Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.\*

**Control Plan** - Delta Dental of North Carolina

**Benefit Year** - July 1 through June 30

**Covered Services** -

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Non-Surgical Periodontic Services</b> - periodontal maintenance and root planing	100%	100%	100%
<b>Anesthesia Services</b> - when medically necessary	100%	100%	100%
<b>Basic Services</b>			
<b>Surgical Extractions</b> - surgical removal of teeth	100%	100%	100%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%	70%
<b>Minor Restorative Services</b> - fillings and crown repair	80%	80%	70%
<b>Endodontic Services</b> - root canals	80%	80%	70%
<b>All Other Periodontic Services</b> - surgical services to treat gum disease	80%	80%	70%
<b>Other Oral Surgery</b> - dental surgery other than extractions	80%	80%	70%
<b>Simple Extractions</b> - non-surgical removal of teeth	80%	80%	70%
<b>Major Restorative Services</b> - crowns	80%	80%	70%
<b>Other Basic Services</b> - misc. services	80%	80%	70%
<b>Relines and Repairs</b> - to bridges, implants, and dentures	80%	80%	70%
<b>Major Services</b>			
<b>Prosthetic Services</b> - bridges, implants, dentures, and crowns over implants	80%	80%	70%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	80%	80%	70%
<b>Orthodontic Age Limit</b> -	No Age Limit	No Age Limit	No Age Limit

\* 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.

The explanation of how these services will be paid can be found in Section VI - How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable with no limitations.
- Prophylaxes (cleanings) are payable with no limitations.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.

- Fluoride treatments are payable with no limitations.
- Space maintainers are Covered Services without limitations.
- Bitewing X-rays and full-mouth X-rays or a panorex are Covered Services with no limitations.
- Cephalometric X-rays, photographs, and cone beam imaging are Covered Services.
- Certain laboratory tests (including caries susceptibility tests), nutritional and tobacco counseling, and oral hygiene instruction are Covered Services.
- Sealants are payable for the occlusal surface of any tooth. The surface must be free from decay and restorations.
- Benefits for crowns and substructures are Covered Services with no limitations.
- Composite resin (white) restorations are payable on posterior teeth.
- Inlays (any material) are Covered Services.
- Gold foils are Covered Services.
- Coronal splinting on natural teeth or prosthetic crowns and localized delivery of chemotherapeutic agents are payable with no limitations.
- All oral surgery services performed by a dentist are Covered Services, excluding TMD Treatment.
- Full and partial dentures are payable with no limitations.
- Precision attachments on bridges are payable without limitation.
- Implants, including specialized techniques, are payable with no limitations. Implant related services are Covered Services.
- Crowns over implants and their related services are Covered Services.
- An obturator prosthesis to temporarily replace part or all of the maxilla is payable with no limitations.
- Antibiotic drug injections, nitrous oxide and non-intravenous conscious sedation are Covered Services. Occlusal guards are payable with no limitations.
- Harmful habit appliances, repair and replacement retainers are payable with no limitations.
- Non-intravenous conscious sedation is payable.
- Cosmetic restorations are payable.

### **Passport Dental**

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 website or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** – \$2,000 per Member total per Benefit Year on all services, except oral exams, preventive services, X-rays, brush biopsy, sealants, periodontal maintenance, surgical extractions, general anesthesia, and orthodontic services. \$4,000 per Member total per lifetime on orthodontic services.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental PPO™ Dentist - Delta Dental will pay 80% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist. Delta Dental Premier® Dentist - Delta Dental will pay 80% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist. Nonparticipating Dentist - Delta Dental will pay 70% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

**Deductible** – None.

**Waiting Period** –All new Subscribers (and their dependents, if covered below), defined as eligible Subscribers added to the covered group who are hired after the effective starting date of the Contract will be eligible for enrollment on the date of hire.

**Eligible People** – All regular employees of the Contractor working more than 20 hours per week and elected officials. The contractor pays the full cost of this plan for Subscribers. The Subscriber pays the additional cost of dependent coverage.

Also eligible are spouses under a legally valid, existing marriage between persons of the same or opposite sex, and children to the end of the month in which they turn 26, including children who are married, who do not live with the Subscriber, who are not dependents for Federal income tax purposes, and/or who are not permanently disabled. Also eligible is your domestic partner, as defined by the contractor. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. Plan changes are only allowed, 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.

**Coordination of Benefits** - Where two legally married Subscribers are both eligible for coverage under this Contract, they may be enrolled together on one application or separately on individual applications, but not both. Dependent children may only be enrolled on one application. Delta Dental will not coordinate benefits for married Subscribers who are both eligible under this Contract.

Benefits will cease on the last day of employment.

Customer Service Toll-Free Number: 800-662-8856 (TTY users call 711)  
<https://www.DeltaDentalNC.com>  
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