



**Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 9711-0001, 0004, 0008, 0011, 0012, 0013, 0099  
OhioHealth Corporation**

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 Ohio

**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*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	90%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	100%	90%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	90%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	90%
<b>Radiographs</b> - X-rays	100%	100%	90%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> - fillings and crown repair	90%	80%	60%
<b>Endodontic Services</b> - root canals	90%	80%	60%
<b>Oral Surgery Services</b> - extractions and dental surgery	90%	80%	60%
<b>Other Basic Services</b> - misc. services	90%	80%	60%
<b>Relines and Repairs</b> - to prosthetic appliances	90%	80%	60%
<b>Major Services</b>			
<b>Periodontic Services</b> - to treat gum disease	60%	60%	40%
<b>Major Restorative Services</b> - crowns	60%	60%	40%
<b>Prosthodontic Services</b> - bridges, implants, dentures, and crowns over implants	60%	60%	40%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	60%	60%	60%
<b>Orthodontic Age Limit</b> -	to the end of the month of age 19	to the end of the month of age 19	to the end of the month of 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. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- 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 twice per calendar year for people age 18 and under.
- 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.
- Sealants are payable once per tooth per lifetime for first and second permanent molars for people age 14 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Frenulectomy and frenuloplasty are Covered Services.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.

- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

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, except oral exams, prophylaxes (cleanings), brush biopsy, and orthodontics. \$2,000 per person 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 will pay 60% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

**Deductible - Delta Dental PPO Dentist** - None.

**Delta Dental Premier Dentist or Nonparticipating Dentist** - \$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, brush biopsy, X-rays, sealants, and orthodontic services.

**Waiting Period** - Enrollees who are eligible for Benefits are covered on the first day of the month following date of hire for all associates except bargaining unit associates of Marion General which is the first of the month after 6 months of employment.

**Eligible People** - All regularly scheduled employees who work a minimum of 48 hours per pay period and are employed by OhioHealth Corporation (0001), Pastoral Care Residents (0004), Marion General (0008), Hardin Memorial Hospital (0011), O'Bleness Memorial Hospital (0012), Doctors Hospital-Nelsonville (0013), bargaining unit employees who work a minimum of 12 hours per week who choose the dental plan and COBRA (Consolidated Omnibus Reconciliation Act of 1985) enrollees (0099).

Also eligible at your option are your legal spouse, your dependent children to the end of the month in which they turn 19, and your dependent unmarried children to the end of the month in which they turn 26 if a full-time student and eligible to be claimed by you as a dependent under the U.S. Internal Revenue Code during the current calendar year and your same sex domestic partners and their dependents as defined in the contract.

Where two legally married subscribers are both eligible under the same contract, they will be enrolled together on one application card or separately on individual application cards. Dependent children may only be enrolled on one subscriber's application card. Delta Dental will not coordinate benefits for married subscribers under the same contract. If this is a Section 125 plan, an election may be revoked or changed at any time if the change is the result of a change in family status as defined under Internal Revenue Code Section 125.

**Coordination of Benefits** - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, 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 between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the last day of the month in which the event occurs.