

## **DENTAL FOR EVERYONE – PLATINUM PLAN PPO & PREMIER SUMMARY OF BENEFITS, LIMITATIONS AND EXCLUSIONS**

### **DEDUCTIBLE**

Your dental plan features a deductible. This is an amount you must pay out-of-pocket before Benefits are paid. The deductible amounts are listed on the Group Highlights page.

Only the Dentist's fees you pay for covered Benefits will count toward the deductible.

### **MAXIMUM AMOUNT**

The Maximum Amount payable is shown on the Group Highlights page. There may be maximums on a yearly basis, a per services basis, or a lifetime basis.

However, Orthodontic Benefits, if provided, will end with the next payment due although the maximum has not been reached if the Enrollee loses coverage, if treatment is stopped, or if the Contract with your association is canceled.

### **BENEFITS, LIMITATIONS & EXCLUSIONS**

Delta Dental will pay the Benefits for the types of dental services as described below. Delta Dental will pay Benefits only for covered services. These services must be provided by a Dentist and must be necessary and customary under generally accepted dental practice standards. Delta Dental may use dental consultants to review treatment plans, diagnostic materials and/or prescribed treatments to determine generally accepted dental practices. If you receive dental services from a Dentist outside the state of Mississippi, the Dentist will be reimbursed according to Delta Dental's network payment provisions for said state according to the terms of this Contract.

If a primary dental procedure includes component procedures that are performed at the same time as the primary procedure, the component procedures are considered to be part of the primary procedure for purposes of determining the benefit payable under the Contract. Even if the Dentist bills separately for the primary procedure and each of its component parts, the total benefit payable for all related charges will be limited to the maximum benefit payable for the primary procedure.

#### **ENROLLEE COINSURANCE**

Delta Dental's provision of Benefits is limited to the applicable percentage of Dentist's fees shown on the Group Highlights page. The Enrollee is responsible for paying the remaining applicable percentage of any such fees, known as the "Enrollee Coinsurance". Your group has chosen to require Enrollee Coinsurances under this program as a method of sharing the costs of providing dental Benefits between Applicant and Enrollees.

If the Dentist discounts, waives or rebates any portion of the Enrollee Coinsurance to the Enrollee, Delta Dental will be obligated to provide as Benefits only the applicable percentages of the Dentist's fees reduced by the amount of such fees that is discounted, waived or rebated.

#### **BENEFITS**

Delta Dental will pay or otherwise discharge the percentage of Contract Allowance shown on the Group Highlights page for covered services.

#### **DIAGNOSTIC AND PREVENTIVE BENEFITS:**

- Diagnostic: Procedures to assist the Dentist in choosing required dental treatment.

- Preventive: Cleaning (periodontal cleaning in the presence of gingival inflammation is considered to be periodontal (a Major Benefit) for payment purposes), topical application of fluoride solutions.

#### **BASIC BENEFITS:**

- General Anesthesia or IV Sedation: When administered by a Dentist for covered oral surgery or selected endodontic and periodontal surgical procedures.
- Palliative: Treatment to relieve pain.
- Sealants: Topically applied acrylic, plastic or composite materials used to seal developmental grooves and pits in permanent molars for the purpose of preventing decay.
- Restorative: Amalgam, synthetic porcelain, plastic fillings and prefabricated stainless steel restorations for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of decay).
- Other Basic Benefits: Space maintainers.

#### **MAJOR BENEFITS:**

- Denture Repairs: Repair to partial or complete dentures including rebase procedures and relining.
- Oral Surgery: Extractions and other surgical procedures (including pre-and post-operative care).
- Endodontics: Treatment of the tooth pulp.
- Periodontics: Treatment of gums and bones supporting teeth.
- Crowns, Inlays/Onlays and Cast Restorations: Treatment of carious lesions (visible decay of the hard tooth structure) when teeth cannot be restored with amalgam, synthetic porcelain or plastic restorations.
- Prosthodontics: Procedures for construction of fixed bridges, partial or completed dentures and the repair of fixed bridges.

#### **ORTHODONTIC BENEFITS:**

Procedures performed by a Dentist, involving the use of an active orthodontic appliance and post-treatment retentive appliances for treatment of malalignment of teeth and/or jaws which significantly interferes with their functions.

**Note on additional benefits during pregnancy** - When an Enrollee is pregnant, Delta Dental will pay for additional services to help improve the oral health of the Enrollee during the pregnancy. The additional services each Calendar Year while the Enrollee is covered under this Contract include: one (1) additional oral exam and either one (1) additional routine cleaning or one (1) additional periodontal scaling and root planing per quadrant. Written confirmation of the pregnancy must be provided by the Enrollee or her dentist when the claim is submitted.

#### **LIMITATIONS**

##### **LIMITATIONS ON DIAGNOSTIC AND PREVENTIVE BENEFITS:**

- Routine oral examinations and cleanings (including periodontal cleanings) are provided no more than twice in a Calendar Year while the person is an Enrollee under any Delta Dental program or dental care program provided by the Contract holder. Note that periodontal cleanings are covered as a Major Benefit and routine

cleanings are covered as a Diagnostic and Preventive Benefit. See note on additional benefits during pregnancy.

- Full-mouth x-rays and panoramic x-rays are limited to once every three (3) years while the person is an Enrollee under any Delta Dental program.
- Bitewing x-rays are provided twice in a Calendar Year for each Enrollee.
- Topical application of fluoride solutions is limited to Enrollees under age 19.

#### **LIMITATIONS ON BASIC BENEFITS:**

- Sealants are limited as follows:
  - 1) To permanent first molars through age eight (8) and to permanent second molars through age 15 if they are without cavities or restorations on the occlusal surface.
  - 2) Sealants do not include repair or replacement of a sealant on any tooth within two (2) years of its application.
- Delta Dental will not pay to replace an amalgam, synthetic porcelain or plastic fillings or prefabricated stainless steel restorations within 24 months of treatment if the service is provided by the same Dentist.
- Delta Dental limits payment for stainless steel crowns under this section to services on baby teeth. However, after consultant's review, Delta Dental may allow stainless steel crowns on permanent teeth as a Major Benefit.
- Space maintainers are limited to the initial appliance only and to Enrollees under age 14.

#### **LIMITATIONS ON MAJOR BENEFITS:**

- Benefits for periodontal scaling and root planing in the same quadrant are limited to once in every 24-month period. See note on additional benefits during pregnancy.
- Delta Dental will not pay to replace any crowns, inlays/onlays, or cast restorations which the Enrollee received in the previous five (5) years under any Delta Dental program or any program of the Contract holder.
- Prosthodontic appliances that were provided under any Delta Dental program will be replaced only after five (5) years have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Replacement of a prosthodontic appliance not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory.
- The initial installation of a prosthodontic appliance is not a Benefit unless the prosthodontic appliance, bridge or denture is made necessary by natural, permanent teeth extraction occurring during a time the Enrollee was eligible under a Delta Dental program.
- Delta Dental limits payment for dentures to a standard partial or denture (coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means.
- Delta Dental will not pay for implants (artificial teeth implanted into or on bone or gums), their removal or other associated procedures, but Delta Dental will credit the cost of a crown or standard complete or partial denture toward the cost of the implant associated appliance, i.e. the implant supported crown or denture.

#### **LIMITATIONS ON ORTHODONTIC BENEFITS:**

- Payment for orthodontics is provided monthly.
- Orthodontic Benefits begin with the first payment due after the person becomes covered, if treatment has begun.

- Benefits end with the next payment due after loss of coverage. Benefits end immediately if treatment stops or if the Contract is terminated, whichever occurs first.
- Benefits are not paid to repair or replace any Orthodontic appliance furnished, in whole or in part, under this program.
- Orthodontic Benefits are limited to Dependent Child Enrollees under age 26.
- X-rays or extractions are not subject to the Orthodontic maximum.
- Surgical procedures are not subject to the Orthodontic maximum.

**Limitations on All Benefits - Optional Services** that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services". Optional Services also include the use of specialized techniques instead of standard procedures. For example:

- a crown where a filling would restore the tooth;
- a precision denture/partial where a standard denture/partial could be used;
- an inlay/onlay instead of an amalgam restoration; or.
- a composite restoration instead of an amalgam restoration on posterior teeth.

If you receive Optional Services, Benefits will be based on the lower cost of the customary service or standard practice instead of the higher cost of the Optional Service. You will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

## **EXCLUSIONS**

### **DELTA DENTAL DOES NOT PAY BENEFITS FOR:**

- treatment of injuries or illness covered under workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.
- cosmetic surgery or dentistry for purely cosmetic reasons.
- services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn children for cleft lip or cleft palate.
- treatment to restore tooth structure lost from wear, erosion or abrasion; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; or treatment to stabilize the teeth. Examples include but are not limited to: equilibration, periodontal splinting or occlusal adjustment.
- any Single Procedure started prior to the date the Enrollee became covered for such services under this program.
- prescribed drugs, medication, pain killers or experimental procedures.
- charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.
- charges for anesthesia, other than general anesthesia and IV sedation administered by a licensed Dentist in connection with covered oral surgery or selected endodontic and periodontal surgical procedures.
- extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
- treatment performed by someone other than a Dentist or a person who by law may work under a Dentist's direct supervision.

- charges incurred for oral hygiene instruction, a plaque control program, dietary instruction, x-ray duplications, cancer screening or broken appointments.
- services or supplies covered by any other health plan of the Contract holder.
- treatment rendered by a person who ordinarily resides in your household or who is related to you (or to your spouse) by blood, marriage or legal adoption.
- the initial placement of any prosthodontic appliance, unless such placement is needed to replace one or more natural, permanent teeth extracted while the Enrollee is covered under this Contract or was covered under any dental care program with Delta Dental. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such Prosthodontic appliance or implant must include the replacement of the extracted tooth or teeth.
- services for Orthodontic treatment (treatment of malocclusion of teeth and/or jaws) for first year benefits.
- services for any disturbances of the temporomandibular (jaw) joints.