



Delta Dental PPO (Standard)
Summary of Dental Plan Benefits
For Group# 1160-0001, 0181, 0505, 0603, 0639, 0707, 0788, 0847, 1103, 2000
Painting Industry Insurance Fund

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 – July 1 through June 30

Covered Services –

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

* When services are received from a Premier Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule 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.

**Method of Payment for Nonparticipating Providers - Payment for services will be based on the nonparticipating dentist's submitted fee or the amount in the Painting Industry Insurance Fund's fee schedule, whichever is less.

PLEASE NOTE – If you choose a Nonparticipating Dentist, you will be responsible for any difference between the amount allowed in the method of payment, and the amount the Nonparticipating Dentist charges, in addition to any Copayment.

- Oral exams (including evaluations by a specialist) are payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year. Benefits for full mouth debridement are unlimited.
- Fluoride treatments are payable twice per benefit year for people up to age 12.
- 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.
- Caries risk assessment is not a Covered Service.
- Sealants are payable twice per tooth per benefit year for the occlusal surface of first and second permanent molars up to age 12. The surface must be free from decay and restorations.
- Crowns and substructures are Covered Services. Recementation and repairs of inlays and onlays are not Covered Services.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Localized delivery of chemotherapeutic agents is a Covered Service.
- Certain oral surgery procedures, including vestibuloplasty, frenulectomy, frenuloplasty, oroantral fistula closure, removal of benign intra-osseous lesions, excision of bone tissue and incision and drainage of abscess are Covered Services. An occlusal orthotic device is payable once per lifetime.
- Precision attachments on dentures are Covered Services.
- Connector bars and precision attachments on bridges are Covered Services.
- Implants and implant related services are payable once per tooth in any five-year period.
- Nitrous oxide is a Covered Service. After hours office visits and limited and complete occlusal adjustments are not 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 orthodontics. The Maximum Payment does not apply for dependents age 18 and under. \$1,500 per person total per lifetime on orthodontic services.

Deductible – None.

Waiting Period – Employees who are eligible for dental benefits are covered as defined by the fund.

Eligible People – All eligible employees as defined by the Fund. The Contractor pays the full cost of this plan.

Also eligible are your legal spouse and your children to the end of the month in which they turn 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 under this Contract, you may be enrolled as both a Subscriber on your own application and as a dependent on your spouse's application. Your dependent children may be enrolled on both applications as well. Delta Dental will coordinate benefits.

Effective September 1, 2014-changing Maximum Payment.