Delta Dental PPO Plan Benefit Summary

Delta Dental of Oregon & Alaska

The Nelson Trust- IAM Plan

Group ID: 10004450

Preferred Option Plan			
Calendar year costs			
Annual Maximum, per member	None		
Calendar year deductible, per member	$0		
Class 1	**PPO Provider**	**Premier Provider**	**Out-of-network**
Periodic Examinations / X-rays			
Prophylaxis (cleanings) / Periodontal Maintenance			
Sealants			
Space Maintainers			
Topical Application of Fluoride		* 1st year - 70%	
Restorative Fillings		2nd year - 80%	
		3rd year - 90%	
Oral Surgery (extractions & certain minor surgical procedures)		4th year - 100%	
Endodontics (treatment of teeth with diseased or damaged nerves)			
Periodontics (treatment of diseases of the gums and supporting structures			
of the teeth)			
Crowns and other cast restorations			
Bridges / Implants			
Class 2			
Dentures (construction or repair, partial, and complete dentures)		50%	

*Under this plan, payments increase by 10% each eligibility year provided the individual has visited the dentist at least once during the year. Failure to do so will cause a 10% reduction in payment the following year, although payment will never fall below 70%.

This is a benefit summary only. For a more detailed description of benefits, refer to your member handbook.

How to use this dental plan

For In-Network benefits, members select a Delta Dental PPO dentist from our directory which is on our website at www.modahealth.com. Each family member may choose a different dentist. If you receive care from a dental provider not in the Delta Dental PPO Network, Out-of-Network coverage levels apply.

When the member visits:

Delta Dental PPO Dentists:

Benefits are paid at the PPO benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental PPO fee).

Delta Dental Premier Dentist, Non PPO:

Benefits are paid at the Premier benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

Non Participating Dentists:

Benefits are paid at the Out of Network benefit level. Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

Limitations

If a more expensive treatment than is functionally adequate is performed, Delta Dental Plan of Oregon will pay the applicable percentage of the maximum plan allowance for the least costly treatment.

Class 1 Services:

- **Diagnostic** Routine or comprehensive examinations or consultations covered once in any 6-month period. Supplementary bitewing x-rays are covered once in any 12-month period. Complete series x-rays or a panoramic film are covered once in any 5-year period.

  Preventive Prophylaxis (cleaning) is covered once in any six-month period. Periodontal maintenance is covered once in any 3-month period. Topical application of fluoride is covered once in any 6-month period for members until age 19. For members age 19 and older, topical application of fluoride is covered once in any 6-month period if there is a recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be limited to one sealant, per tooth, during any 5-year period.

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **Restorative** Amalgam fillings and composite fillings are covered. A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- **Periodontic** Scaling and root planing is limited to once per quadrant in any 6-month period.
- **Restorative** Cast restorations (including pontics) are covered once in a 7-year period on any tooth.
- **Prosthodontic** A bridge will be covered once in a 7-year period and only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the last 7-years.

  Implants and implant removal are limited to once per lifetime per tooth space. A crown over an implant is covered once per lifetime of the implant.

- **Class 2 Services:**

  Prosthodontic A denture (full or partial, including alternate benefits) will be covered once in a 7-year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past 7-years. Specialized or personalized prosthetics are limited to the cost of standard devices.
- **Occlusal Guard** (mouth guard) covered at 100% once in a five year period, up to $200 maximum. Over-the-counter night guards are excluded.
- **Athletic mouth guard** covered at 50%, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded.

Exclusions

- Services covered under worker's compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency, except Medicaid.
- Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis and disturbance of the temporomandibular joint.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth.
- Services started prior to the date the individual became eligible for services under the program.
- Hypnosis, prescribed drugs, premedications or analgesia (e.g. nitrous oxide) or any other euphoric drugs.
- Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
- General anesthesia and/or IV sedation except when administered by a dentist in conjunction with covered oral surgery in his or her office.
- Plaque control and oral hygiene or dietary instructions.
- Experimental procedures.
- Missed or broken appointments.
- Precision attachments.
- Orthodontic services.
- Services for cosmetic reasons.
- Claims submitted more than 12 months after the date of service are not covered.
- All other services or supplies, not specifically covered.