



**BENEFIT SUMMARY FOR:  
RHODE ISLAND CARPENTERS**

**Product Name:** Delta Dental PPO/Delta Dental Premier

**Plan Type:** National Coverage

The information listed here is not a guarantee of payment. Payment is based on the Delta Dental allowance for each procedure. To be covered, services must be dentally necessary and in accordance with Delta Dental's treatment guidelines. All services must be performed in a dental office. These benefits are listed according to the level of coverage (i.e. 100%,80%) . Your group number is **5800-0001**. Coverage for benefits with time limitations (i.e. 6,12,24,36 or 60 months) is calculated to the exact day.

**The annual maximum is:** \$1,500.00 per member per calendar year  
**The annual deductible is:** \$0.00  
**The maximum lifetime cap:** Unlimited

**Pretreatment estimates are recommended for underlined procedures.**

**Plan pays 100%; Member Coinsurance 0%**

- Oral exam - once per calendar year
- Cleaning - twice per calendar year
- Fluoride treatment - for children under age 19 once per calendar year
- Bitewing x-rays - one set per calendar year
- Complete x-ray series or panoramic film once every 36 months
- Sealants for children under age 14, once every 24 months on unrestored permanent molars
- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) and composite (white) fillings.
- Space maintainers once every 60 months for lost deciduous (baby) teeth
- Extractions and other routine oral surgery when not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy
- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges
- Rebasing or relining of partial or complete dentures once every 60 months
- Crowns over natural teeth, build ups, posts and cores - replacement limited to once every 60 months

**Plan pays 75%; Member Coinsurance 25%**

- Periodontal maintenance following active therapy - two per year
- Root planing and scaling once per quadrant every 24 months.
- Osseous (bone) surgery once per quadrant every 24 months (bone grafts are not covered).
- Gingivectomies once per site every 24 months.
- Soft tissue grafts once per site every 60 months
- Crown lengthening once per site every 60 months

**Plan pays 50%; Member Coinsurance 50%**

- Bridges, build ups, posts and cores, crowns over implants - replacement limited to once every 60 months
- Partial and complete dentures - replacement limited to once every 60 months

**Orthodontics:**

**Plan pays 50%; Member Coinsurance 50%**

- Braces and related services for dependent children under the age of 19

**Lifetime maximum (orthodontics only) is \$1,200.00**

**Dependent coverage** - Dependent children are covered up until the end of the year that they turn age 19.

Dependent children who are full or part-time students over age 19 are covered as long as they stay in school or up until the end of the year that they turn age 25.