



**Delta Dental PPO™ (Point-of-Service)  
Summary of Dental Plan Benefits**

**For Group# 5966-0001, 0002, 0006, 0007, 0008, 0053, 0055, 0056, 0057, 0101, 0102, 0106, 0107, 0108, 0153, 0155, 0156, 0157, 0201, 0202, 0206, 0207, 0208, 0218, 0223, 0225, 0228, 0235, 0245, 0253, 0255, 0256, 0257**

**Indiana/Kentucky/Ohio Regional Council of Carpenters' Welfare Fund Plan**

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 Indiana

**Benefit Year** - January 1 through December 31

**Covered Services** -

	<b>Delta Dental PPO™ Dentist Plan Pays</b>	<b>Delta Dental Premier® Dentist Plan Pays</b>	<b>Nonparticipating Dentist Plan Pays*</b>
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	100%	100%	100%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	75%	75%	75%
<b>Minor Restorative Services</b> - fillings and crown repair	75%	75%	75%
<b>Endodontic Services</b> - root canals	75%	75%	75%
<b>Periodontic Services</b> - to treat gum disease	75%	75%	75%
<b>Oral Surgery Services</b> - extractions and dental surgery	75%	75%	75%
<b>Major Restorative Services</b> - crowns	75%	75%	75%
<b>Other Basic Services</b> - misc. services	75%	75%	75%
<b>Relines and Repairs</b> - to prosthetic appliances	75%	75%	75%
<b>Major Services</b>			
<b>Prosthodontic Services</b> - bridges, implants, dentures, and crowns over implants	75%	75%	75%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	through age 18 and under	through age 18 and under	through age 18 and under

\* 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 and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year. There is no time limit for evaluations limited to a specific problem or complaint or after hours office calls.
- 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 once per calendar year for people age 18 and under.
- Space maintainers are payable once per area per five-year period for people age 15 and under.

- Bitewing X-rays are payable twice per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable for any tooth. The surface must be free from decay and restorations.
- Veneers are payable on incisors and cuspids once per tooth per five-year period.
- Composite resin (white) restorations are payable on posterior teeth.
- Inlays (any material) are Covered Services.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- 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 website or contact your benefits representative to get a copy of our Passport Dental information sheet.

### **Maximum Payment -**

**For Age 18 and under** - the annual maximum payment is waived on all services except orthodontics services. \$1,500 per Member total per lifetime on orthodontic services.

**For Age 19 and up** - \$1,000 per Member total per Benefit Year on all services except 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 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

### **Deductible -**

**For Age 18 and under** - \$100 Deductible per Member total per Benefit Year. The Deductible does not apply to routine oral exams, preventive services, periodontal maintenance, brush biopsy, X-rays, sealants, and orthodontic services.

**For Age 19 and up** - \$100 Deductible per Member total per Benefit Year. The Deductible does not apply to routine oral exams, preventive services, periodontal maintenance, brush biopsy, X-rays, sealants, and orthodontic services.

**Waiting Period** - Enrollees who are eligible for dental benefits are covered on the first day of the third calendar month after the required contributions are received under the collective bargaining agreement. Non-bargained employees waiting period is determined by Employer. Bargained Employee Retiree: All bargained employees who are eligible for retiree coverage as specified by the Plan with the Indiana/Kentucky/Ohio Regional Council of Carpenters' Welfare Fund.

**Eligible People** - All active employees who meet the eligibility requirements as specified by Indiana/Kentucky/Ohio Regional Council of Carpenters' Welfare Fund Plan: Indiana active (0001), Indiana COBRA (0002), Indiana married retiree under 65 (0006), Indiana single retiree/surviving spouse under 65 (0007), Indiana married retiree one over and one under 65 (0008), Indiana retiree or widow age 65 or Medicare Primary (0053, 0153), Indiana retiree and spouse Medicare Primary (0055, 0155), Indiana retiree over 65 - Medicare Primary (0056, 0156), Indiana spouse over 65 - Medicare Primary (0057, 0157), Indiana State Council active (0101), Indiana State council COBRA (0102) and Indiana State Council married retiree under 65 (0106), Indiana State single retiree/surviving spouse under 65 (0107), Indiana State Council married retiree one over and one under 65 (0108), Kentucky COBRA (0202), Kentucky married under 65 (0206), Kentucky single retiree/surviving spouse under 65 (0207), Kentucky married retiree one over and one under 65 (0208), Kentucky married retiree under 65 with spouse over 65 (0218), Kentucky single retiree/surviving spouse over 65 (0223), Kentucky married retiree member only coverage over 65 (0225), Kentucky married retiree over 65 with spouse under 65 (0228), Kentucky married retiree-spouse only coverage over 65 (0235), Kentucky married retiree-both covered over 65 (0245), Kentucky retiree or widow age 65 or Medicare Primary (0253), Kentucky retiree and spouse-Medicare Primary (0255), Kentucky retiree over 65-Medicare Primary (0256), and Kentucky spouse over 65-Medicare Primary.

Dependents of above mentioned Subscribers are also eligible as defined under Section 2.08 in the Indiana/Kentucky Carpenters Welfare Fund Summary Plan Description (SPD).

A Dependent is eligible if the Dependent meets the eligibility requirements set forth in the Indiana/Kentucky/Ohio Regional Council of Carpenters' Welfare Fund Plan document.

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)  
<https://www.DeltaDentalIN.com>