

Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits For Group# 0005684-0001 Greenfield Central Community School Corporation

This Summary of Dental Plan Benefits should be read in conjunction with your Dental Care Certificate. Your Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. In the event that you seek treatment from a dentist that does not participate in any of Delta Dental's programs, you may be responsible for more than the percentage indicated below.

Control Plan – Delta Dental of Indiana

Benefit Year – January 1 through December 31

Covered Services -

	PPO Dentist	Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays
Class I Benefits			
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Class II Benefits			
Major Restorative Services - includes crowns	50%	50%	50%
Minor Restorative Services - includes fillings	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Endodontic Services - includes root canals	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Relines and Repairs - to bridges and dentures	50%	50%	50%
Other Basic Services - misc. services	80%	80%	80%
Class III Benefits			
Prosthetic Services - includes bridges, implants, and dentures	50%	50%	50%
Class IV Benefits			
Orthodontic Services - includes braces	50%	50%	50%
Orthodontic Age Limit -	To age 19	To age 19	To age 19

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Fluoride treatments are payable once per calendar year for people up to age 19.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per three-year period for the occlusal surface of first and second permanent molars up to age 19. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

Having Delta Dental coverage makes it easy for our enrollees 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 – \$750 per person total per benefit year on all services except Orthodontics. \$1,000 per person total per lifetime on Orthodontic Services.

Deductible – \$50 deductible per person total per benefit year limited to a maximum deductible of \$150 per family per benefit year. The deductible does not apply to Diagnostic and Preventive services, Emergency Palliative Treatment, Brush Biopsy, X-rays, Sealants, and Orthodontics Services.

Waiting Period – Employees who are eligible for dental benefits are covered on the date of hire for non-administrators and on the first day of your contract for administrators.

Eligible People – All administrators and teachers of the Contractor working half time or more who choose the dental plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable.

Also eligible at your option are your legal spouse, your dependent children to the end of the calendar year in which they turn 19, your dependent unmarried children who are eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year, and any other child under age 24 that meets the State law requirements.

If you and your spouse are both eligible for coverage under this Policy, you may be enrolled together on one application card or separately on individual application cards, but not both. Your dependent children may only be enrolled on one application card. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Policy. Unless this is a Section 125 plan, Subscribers and their dependents who enroll in the dental plan are required to remain enrolled for a minimum of 12 months. Any Subscriber or dependent who drops the dental plan may not re-enroll at a later date. If this is a Section 125 plan, an election may be revoked or changed at any time if the change is the result of a change in family status as defined under Internal Revenue Code Section 125. The Contractor and Subscriber share the cost of this plan.

Benefits will cease on the last day of the month in which the employee is terminated.