DELTA DENTAL

Delta Dental PPO Plus Premier®
Benefit Summary

Tarter Gate Company, LLC

716300 | 4001, 4099

Delta Dental PPO Plus Premier allows members to utilize any licensed provider. Members who choose a Delta Dental PPO network provider have the lowest out of pocket expenses and cannot be balance billed. Members who choose a Delta Dental Premier network provider cannot be balance billed.

Effective Date	January 1
Benefit Period	Calendar Year
Dependent Age Limit	up to age 26

	Provider Network		
	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist
Diagnostic & Preventive Services			
Exams	100%	100%	100%
Cleaning	100%	100%	100%
Fluoride	100%	100%	100%
X-rays	100%	100%	100%
Sealants	100%	100%	100%
Minor Services			
Fillings	80%	80%	80%
Simple Extractions	80%	80%	80%
Major Services			
Endodontics	50%	50%	50%
Periodontal Non-Surgical Services	50%	50%	50%
Periodontal Surgical Services	50%	50%	50%
Oral Surgery/Surgical Extractions	50%	50%	50%
Dentures	50%	50%	50%
Implants	50%	50%	50%
Bridges	50%	50%	50%
Crowns	50%	50%	50%
Orthodontic Services			
Orthodontic Services	50%	50%	50%
Orthodontic Lifetime Maximum (per person)	$1,000	$1,000	$1,000
Orthodontic Services Age Limit	No age limit for Subscriber and Spouse; Dependents through age 26		
Deductible & Annual Maximum			
Deductible (individual/family)	No Deductible	No Deductible	No Deductible
D&P Subject to Deductible	No	No	No
Annual Maximum (per person)	$1,200	$1,200	$1,200

Please note: Dentists who have signed participating agreements with Delta Dental of Kentucky agree to accept the Allowable Amount as payment in full for Covered Services as these terms are defined in the Certificate of Coverage. Each Covered Person is responsible for the amount of Coinsurance, Deductible and non-covered charges. Dentists who have not signed a participating agreement may bill you directly for any amount of their charge in excess of the Allowable Amount. In cases where the dentist's charges exceed the Allowable Amount, your coinsurance will be larger. Certain procedures require preauthorization and/or are subject to limitations.

Annual Maximum Carryover benefit

If at least one covered service is applied toward your annual maximum in a benefit period and the total benefit paid does not exceed $599 in that benefit period, up to $300 will carry over to the next benefit periods annual maximum. This carryover amount will accumulate from one benefit period to the next, but will not exceed $1,200.

Frequencies & Limitations

- Oral exams (including evaluations by a specialist) are payable 2 times per benefit period. Limited oral evaluations for a specific problem or complaint are also payable 2 times in the same benefit period.
- Prophylaxes (cleanings) are payable 2 times per benefit period. 2 additional periodontal maintenance procedures are payable per benefit period for individuals with a documented history of periodontal disease.
- Full mouth debridement is payable 1 time per lifetime.
- Fluoride treatments are payable 1 time per benefit period for people age 18 and under.
- Space maintainers are payable 1 time per area per lifetime for people age 13 and under.
- Bitewing X-rays are payable 1 time per benefit period and full mouth X-rays (which include bitewing X-rays) or panorex are payable 1 time in any 5-year period.
- Sealants are payable 1 time per tooth per 2-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Payment for crowns, inlays, and onlays are payable 1 time per tooth per 5-year period. Stainless steel crowns are payable 1 time per tooth per 2-year period on primary teeth only.
- Composite resin (white) restorations are payable on posterior teeth.
- Denture and/or bridge replacement is payable 5-years post initial placement. Replacement is not a Covered Service for lost or stolen dentures and/or bridges. Interim dentures are payable only for people under age 17 to replace extracted anterior permanent teeth.
- Fixed bridges or removable cast partials are payable only for Eligible Dependents over age 16. Services and appliances that replace missing natural teeth (such as bridges, endosteal implants, implant crowns, partial dentures, and complete dentures) may be subject to an Alternate Benefit.
- Porcelain and resin facings on bridges are payable on posterior teeth.
- The initial installation of any prosthodontic service to replace missing teeth, or teeth that were lost before coverage began, including congenitally missing teeth is not payable. Replacements of existing appliances can be considered.
- Implants are payable 1 time per tooth per 5-year period. Implant related services are Covered Services.
- Crowns over implants are payable 1 time per tooth per 5-year period. Services related to crowns over implants are Covered Services.

*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 conflict 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 above are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.**

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