

Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group#0005849-0001, 0002, 0003, 0004, 0005, 0006, 0099
NEW ALBANY-FLOYD COUNTY SCHOOLS

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 Plan of Indiana

Benefit Year - January 1 through December 31

Covered Services -	PPO Dentist		Premier Dentist		Nonparticipating Dentist	
	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
Class I Benefits						
Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments)	100%	0%	100%	0%	100%	0%
Emergency Palliative Treatment - Used to temporarily relieve pain	50%	50%	50%	50%	50%	50%
Space Maintainers	50%	50%	50%	50%	50%	50%
Radiographs - X-rays	100%	0%	100%	0%	100%	0%
Sealants - Used to prevent decay of pits and fissures of permanent back teeth	100%	0%	100%	0%	100%	0%
Class II Benefits						
Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care	50%	50%	50%	50%	50%	50%
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals)	50%	50%	50%	50%	50%	50%
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth	50%	50%	50%	50%	50%	50%
Relines and Repairs - Relines and repairs to bridges and dentures	50%	50%	50%	50%	50%	50%
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings)	50%	50%	50%	50%	50%	50%
Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns)	50%	50%	50%	50%	50%	50%
Class III Benefits						
Prosthetic Services - Used to replace missing natural teeth (for example, bridges and dentures)	50%	50%	50%	50%	50%	50%
Class IV Benefits						
Orthodontic Services (to age 19) - Used to correct malposed teeth (for example, braces)	50%	50%	50%	50%	50%	50%

- ~ Oral exams, prophylaxes (cleanings), and fluoride treatment (to age 14) are payable twice per calendar year.
- ~ Bitewing X-rays are payable once per calendar year and full mouth X-rays are payable once in any five-year period.
- ~ Sealants are payable once per tooth per lifetime for the occlusal surface of first and second permanent molars to age 14. The surface must be free from decay and restorations.
- ~ Composite resin (white) restorations and porcelain crowns are not Covered Services on posterior teeth.
- ~ Implants and related services are Covered Services.
- ~ 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're outside of the United States through our Passport Dental program. This program gives you access to the International SOS Assistance (I-SOS) worldwide network of dentists and dental clinics. English-speaking I-SOS 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 - \$1,000 per person total per benefit year on Class I, Class II and Class III Benefits. Delta Dental's payment for Class IV Benefits will not exceed a lifetime maximum of \$1,000 per eligible person.

Deductible - \$25 deductible per person total per benefit year limited to a maximum deductible of \$75 per family per benefit year on space maintainers, emergency palliative treatment, Class II and Class III Benefits. The deductible does not apply to the balance of Class I or Class IV Benefits.

Waiting Period - Employees who are eligible for dental benefits can be covered on the date of hire for Administrators and Certified staff. All others are eligible on the 91st day of employment.

Eligible People - All employees working a minimum number of hours per week who choose the dental plan: Administration: 30 hours (0001), Certified: 15 hours (0002), Bus Drivers: 20 hours (0003), Food Service: 25 hours (0004), Custodial: 40 hours (0005), Classified: 30 hours (0006) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099).

Also eligible at your option are your legal spouse, your dependent children to the end of the calendar year in which they turn 19, and 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.

If you and your spouse are both eligible under this policy, you may be enrolled as both a Subscriber on your own application card and as a dependent on your spouse's application card. Your dependent children may be enrolled on both application cards as well. Delta Dental will coordinate benefits. 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.