



**Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 7054-0000, 7000, 8000, 9000
Ivy Tech Community College of Indiana**

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 -

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - 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%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	80%	70%
Endodontic Services - root canals	80%	80%	70%
Periodontic Services - to treat gum disease	80%	80%	70%
Oral Surgery Services - extractions and dental surgery	80%	80%	70%
Major Restorative Services - crowns	80%	80%	70%
Other Basic Services - misc. services	80%	80%	70%
Relines and Repairs - to prosthetic appliances	80%	80%	70%
Major Services			
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	80%	80%	70%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	No Age Limit	No Age Limit	No Age Limit

* 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.
- 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 twice per calendar year for people age 18 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 once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- 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.

- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

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 - \$1,750 per Member total per Benefit Year on all services except orthodontic services. \$1,500 per Member total per lifetime on 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 - Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist - \$50 Deductible per Member 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 orthodontic services.

Nonparticipating Dentist - \$100 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$300 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, and orthodontic services.

*In addition to your deductible and copayment, you may also be balance billed if the Non-Participating Dentist's fee is greater than Delta Dental's approved fee.

Waiting Period - Waiting period shall be set forth in the Ivy Tech Community College Health and Dental Care Plan.

Eligible People - Individuals who are eligible for benefits under the Dental Plan include Eligible Employees, Eligible Retirees, Surviving Spouses, and Dependent Spouses and Children, all as defined in the Ivy Tech Community College Health and Dental Care Plan. Spouses who are eligible for other employer-sponsored coverage are subject to the Working Spouse Rule set forth in the Ivy Tech Community College Health and Dental Care Plan.

For purposes of this Contract, employee subgroups are divided as follows: Active (0000), 75-plan (7000), regular retirees & LTD (8000) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) (9000).

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled.

Enrollees choosing the Dental Plan for themselves and their Dependents are required to remain enrolled for a minimum of 12 months. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits - If you and your Spouse are both eligible for coverage under this Contract, you must be enrolled separately on individual application cards. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Subscribers under This Plan

Benefits will terminate for eligible individuals pursuant to the termination provisions of the Ivy Tech Community College Health and Dental Care Plan.

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)

<https://www.DeltaDentalIN.com>

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