



## Delta Dental of Kentucky Delta Dental PPO (Standard) Summary of Dental Plan Benefits

**Group Name:** WESTERN KY UNIVERSITY

**Group Number:** 666530-2001, 2999

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

**Covered Services –**

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non- participating Dentist
	Plan Pays	Plan Pays*	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	80%	80%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	100%	80%	80%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	80%	80%
<b>Brush Biopsy</b> – to detect oral cancer	100%	80%	80%
<b>Radiographs</b> – X-rays	100%	80%	80%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> – fillings and crown repair	50%	40%	40%
<b>Endodontic Services</b> – root canals	50%	40%	40%
<b>Periodontic Services</b> – to treat gum disease	50%	40%	40%
<b>Oral Surgery Services</b> – extractions and dental surgery	50%	40%	40%
<b>Other Basic Services</b> – misc. services	50%	40%	40%
<b>Denture Repair</b> – repairs to complete or partial dentures	50%	40%	40%

\* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule (or the Nonparticipating Dentist Fee) that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year. Limited oral evaluations for a specific problem or complaint are also payable twice in the same calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Two periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in any 12-month period.
- 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 two-year period for the occlusal surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Implants and related services are not Covered Services.

**Deductible –**

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**Delta Dental PPO Dentist** - \$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, and sealants.

**Delta Dental Premier Dentist or Nonparticipating Dentist** - \$75 Deductible per person total per Benefit Year limited to a maximum Deductible of \$225 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, and sealants.

**Maximum Payment** – \$1,000 per person total per Benefit Year on all services.

**Dependent Age Limit** – Dependents are covered up to age 26.

**Eligible People** – The subscriber (you) is eligible for dental benefits when your employer or organization notifies Delta Dental.

Also eligible at your option are your legal spouse or domestic partner and your children who meet the age requirements noted above. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that 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.

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

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

**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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