

**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 0127-0001, 0099
Bartholomew Consolidated Schools**

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 –

	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	90%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	90%
Sealants – to prevent decay of permanent teeth	100%	100%	90%
Brush Biopsy – to detect oral cancer	100%	100%	90%
Radiographs – X-rays	100%	100%	90%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	80%	60%
Endodontic Services – root canals	80%	80%	60%
Periodontic Services – to treat gum disease	80%	80%	60%
Oral Surgery Services – extractions and dental surgery	80%	80%	60%
Major Restorative Services – crowns	80%	80%	60%
Other Basic Services – misc. services	80%	80%	60%
Relines and Repairs – to bridges, dentures, and implants	80%	80%	60%
TMD Treatment – treatment of the disorder of the temporomandibular joint, including related films	80%	80%	60%
Major Services			
Prosthodontic Services – bridges, implants, and dentures	80%	80%	60%
Orthodontic Services			
Orthodontic Services – braces	60%	60%	50%
Orthodontic Age Limit –	Up to age 19	Up to age 19	Up to age 19

* 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. The Nonparticipating Dentist Fee may be less than what your 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 once per calendar year for people up to age 14.
- Bitewing X-rays are payable twice per calendar year. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Benefits for Temporomandibular Disorders (TMD) are limited to those services normally provided by a dentist to relieve oral symptoms associated with malfunctioning of the temporomandibular joint. This does not include services that would normally be provided under medical care.
- Implants and implant related services are payable once per tooth in any five-year period.

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 Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$1,500 per person total per Benefit Year on all services, except orthodontics. \$1,000 per person total per lifetime on TMD treatment. \$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 \$100 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.

Waiting Period – Employees who are eligible for dental benefits are covered on the 61st day of employment for Non-Certified and on the date of hire for Certified employees.

Eligible People – All Non-Certified employees working 30 hours per week and Certified employees working 20 hours per week (0001) who choose the dental plan and who do not have dental coverage through another source and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099). The Contractor and Subscriber share the cost of this plan.

Also eligible at your option are your legal spouse, your dependent children to the end of the calendar year in which they attain the age of 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. 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 for coverage under this Contract, you may be enrolled together on one application or separately on individual applications, but not both. Your dependent children may only be enrolled on one application. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Contract.

The spouses of BCSC employees will not be eligible for BCSC's dental insurance if the spouse is eligible for such insurance through his/her employer. If an employee is found to be in violation of this provision, the claims for the spouse will be the responsibility of the employee from the time the violation began.

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