
Delta Dental PPO plus Premier

Schedule of Benefits for SOURCE LOGISTICS, INC

Original Effective Date: 06/01/2002, 12:01 a.m. Central Time

Group Number: 9152-00010000

Deductible: \$50 for benefits received in

- Coverage B
- Coverage C
- TMJ Rider

With a maximum of \$50 per person, per benefit period. There is no deductible on Coverage A.

Annual Maximum Payment:

- \$1,000 per person per benefit period.

Benefit Period: A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31st of each year.

Coverages and Maximum Plan Allowances (MPA)

Coverage A – Diagnostic and Preventative Services

**In Network 100% MPA
Out of Network 90% MPA**

- Routine periodic examinations not more than two (2) in any benefit period, inclusive of an initial oral examination.
- Bitewing x-rays as required.
- Periapical x-rays as required.
- Full-mouth x-rays one (1) in any sixty (60) consecutive month period.
- Prophylaxis (cleaning) not more than two (2) in any benefit period, inclusive of an initial oral examination. * **Please see information on Evidence Based Dentistry.**
- Topical application of fluoride one (1) per benefit period for dependent children to age nineteen (19).
- One (1) additional fluoride application(s) per BENEFIT PERIOD, not to exceed a total of two (2) applications per BENEFIT PERIOD, for DEPENDENT children to age nineteen (19) who have been identified by a PROVIDER during the DEPENDENT child's initial risk assessment as a moderate or high risk (as defined by the American Dental Association's Dental Procedure Codes) of developing caries, i.e., tooth decay
- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface, for dependent children to age sixteen (16).

Coverage B – Basic Restorative Services

**In Network 80% MPA
Out of Network 72% MPA**

- Minor emergency treatment for the relief of pain as needed by the participant.
- Amalgam (silver) and composite/resin (white) fillings (composites are not a covered benefit on molars).
- Simple extractions.
- Space maintainers for prematurely lost teeth of eligible dependent children to age fourteen (14).
- Endodontics, including pulpal therapy and root canal filling.

- Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery.
- Stainless steel crowns used as a restoration to natural teeth for dependent children to age sixteen (16) when the teeth cannot be restored with a filling material.

Coverage C – Major Restorative Services

**In Network 50% MPA
Out of Network 45% MPA**

- Crowns, inlays, onlays, and veneers are benefits for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations.
- Prosthodontics, including procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges.
- Repair of fixed bridges are limited to one (1) in a sixty (60) consecutive month period.
- Complete or partial denture relines, including chair side or laboratory procedures to improve the fit of the appliance to the tissue.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance.
- Surgical periodontics.
- Non-surgical periodontics.
- Periodontal maintenance; two (2) per benefit period following active periodontal treatment. *** Please see information on Evidence Based Dentistry.**
- Coverage for an endosteal implant to support a crown.

Rider(s)

TMJ Rider –Treatment of temporomandibular joint disorder (TMJ) or craniomandibular disorder.

**In Network 50% MPA
Out of Network 45% MPA**

Carry Over Benefit Rider

Carry over benefit: **\$250**

Claims threshold: **\$499**

Carry over benefit maximum: **\$1,000**

The benefit allowance for services of an out-of-network dentist will be reduced by 10% for eligible services as determined by Delta Dental after applying the applicable deductibles, co-payments and maximums. This means your out-of-pocket expense may be greater if you choose an out-of-network dentist.

(*Evidence Based Dentistry: DDAR covers additional routine cleanings or periodontal maintenance procedures (up to four per year) for covered members with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.

Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.

Delta Dental's network of participating providers may be found on our website at www.deltadental.com.