



## Delta Dental PPO™ (Point-of-Service) Summary of Dental Plan Benefits For Group# 5617 Indiana Laborers Welfare Fund

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*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams and cleanings	100%	100%	100%
<b>Bitewing Radiographs</b> - bitewing X-rays	100%	100%	100%
<b>Other Preventive Services</b> - fluoride and space maintainers	90%	90%	90%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	90%	90%	90%
<b>Sealants</b> - to prevent decay of permanent teeth	90%	90%	90%
<b>Brush Biopsy</b> - to detect oral cancer	90%	90%	90%
<b>All Other Radiographs</b> - other X-rays	90%	90%	90%
<b>Basic Services</b>			
<b>Anesthesia Services</b> - when medically necessary	75%	75%	75%
<b>Minor Restorative Services</b> - fillings and crown repair	70%	70%	70%
<b>**Endodontic Services</b> - root canals	70%	70%	70%
<b>**Non-Surgical Periodontic Services</b> - non-surgical services to treat gum disease	70%	70%	70%
<b>**Oral Surgery Services</b> - extractions and dental surgery	70%	70%	70%
<b>Other Basic Services</b> - misc. services	70%	70%	70%
<b>Relines and Repairs</b> - to prosthetic appliances	70%	70%	70%
<b>Major Services</b>			
<b>Fixed Prosthodontic Services</b> - bridges	70%	70%	70%

\* 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 or Delta Dental approves and you are responsible for that difference.

\*\*Some surgical codes are not subject to an annual maximum or deductible and will be payable at 75%. Please reference Exhibit D.

- 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 age 14 and under.
- Bitewing X-rays are payable twice 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 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.

- Crowns, onlays and substructures are not Covered Services. Core buildup, post and core in addition to crown (indirectly fabricated), each additional indirectly fabricated post (same tooth), prefabricated post and core in addition to crown, post removal, additional procedures to construct new crown under existing partial denture framework, and coping are not Covered Services.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Bone graft and guided tissue regeneration are Covered Services.
- Certain surgical periodontic procedures, including gingivectomy and gingivoplasty are Covered Services. Provisional splinting is payable once per three calendar years.
- Frenulectomy, frenuloplasty, surgical excision of soft tissue and intra-osseous lesions are Covered Services.
- Reline and repair of dentures are Covered Services. Interim partial dentures are not Covered Services.
- Implants and implant related services are not Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Therapeutic parenteral drugs are a Covered Service.
- Coverage includes treatment of accidental injuries to sound natural teeth rendered within 180 days of the date of the accident.

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** – \$750 per person total per Benefit Year on all services, except certain surgical procedures, and removal of torus palatinus and torus mandibularis. Maximum payment is waived for individuals to the age of 19.

**Deductible – For Age 18 and under** - \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, certain surgical procedures, and removal of torus palatinus and torus mandibularis. \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, certain surgical procedures, and removal of torus palatinus and torus mandibularis.

**Waiting Period** – The effective date of your dental coverage is defined by the Indiana Laborers Welfare Fund eligibility rules. Eligibility for the dental benefits is the same as eligibility for medical benefits.

**Eligible People** – Dental benefits are available to all participants eligible for medical coverage, including Retirees and COBRA participants. Please refer to the Fund's eligibility requirements found in the Summary Plan Description.

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, and who are eligible dependents through the Welfare Fund.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

Benefits will cease as determined by the Fund's summary plan description.



Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)  
<https://www.DeltaDentalIN.com>  
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