



**Delta Dental PPO Point-of-Service  
Summary of Dental Plan Benefits  
STATE OF INDIANA – Group #9840  
LOCAL UNITS OF GOVERNMENT – Group #9842**

This Summary of Dental Plan Benefits and Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. In the event that you seek treatment from a dentist that does not participate in any of Delta Dental’s programs, you may be responsible for more than the percentage indicated below.

**Control Plan** - Delta Dental of Indiana  
**Benefit Year** - January 1 through December 31

Covered Services -	PPO Dentist		Premier Dentist		Nonparticipating Dentist	
	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
<b>Class I Benefits</b>						
<b>Diagnostic and Preventive Services</b> - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments).	100%	0%	100%	0%	90%	10%
<b>Emergency Palliative Treatment</b> - Used to temporarily relieve pain.	100%	0%	100%	0%	90%	10%
<b>Radiographs</b> - X-rays	100%	0%	100%	0%	90%	10%
<b>Sealants</b> - Used to prevent decay of pits and fissures of permanent back teeth. Limited to first molars to age 9, and second molars to age 14.	100%	0%	100%	0%	90%	10%
<b>Class II Benefits</b>						
<b>Oral Surgery Services</b> - Extractions and dental surgery, including preoperative and postoperative care.	80%	20%	80%	20%	70%	30%
<b>Endodontic Services</b> - Used to treat teeth with diseased or damaged nerves (for example, root canals).	80%	20%	80%	20%	70%	30%
<b>Periodontic Services</b> - Used to treat diseases of the gums and supporting structures of the teeth.	80%	20%	80%	20%	70%	30%
<b>Minor Restorative Services</b> - Used to repair teeth damaged by disease or injury (for example, fillings).	80%	20%	80%	20%	70%	30%
<b>Relines and Repairs</b> - Relines and repairs to bridges and dentures.	80%	20%	80%	20%	70%	30%
<b>Single Crowns &amp; Cores</b> - Used when teeth can't be restored with another filling material.	80%	20%	80%	20%	70%	30%
<b>Class III Benefits</b>						
<b>Prosthetic Services</b> - Used to replace missing natural teeth (for example, bridges and dentures).	60%	40%	60%	40%	50%	50%
<b>Other Major Restorative Services (Inlays &amp; Onlays)</b> - Used when teeth can't be restored with another filling material.	60%	40%	60%	40%	50%	50%
<b>Class IV Benefits</b>						
<b>Orthodontic Services (no age limit)</b> - Used to correct malposed teeth (for example, braces).	60%	40%	60%	40%	50%	50%

Having Delta Dental coverage makes it easy for our enrollees to get dental care almost anywhere in the world! You can now receive expert dental care when you're 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** - \$1,000 per person total per benefit year on Class I, Class II and Class III benefits. Delta Dental's payment for Class IV benefits will not exceed a lifetime maximum of \$1,125 per eligible person.

**Deductible** - \$50 deductible per person total per benefit year limited to a maximum deductible of \$150 per family per benefit year on Class II and Class III benefits. The deductible does not apply to Class I or Class IV benefits.

Any expenses incurred by an eligible person for covered services during the last three months of a benefit year that are applied to the deductible for that benefit year will also be applied to the deductible for the following benefit year.

**Waiting Period** - Employees who are eligible for dental benefits can be covered on the fourth day following the first payroll deduction, and those on the monthly billing will be eligible the first of the month following the first contribution.

**Eligible People** - All eligible individuals who meet the guidelines as indicated by the State of Indiana, all full-time active and elected or appointed officers and officials of the State of Indiana, benefit eligible early retirees, participating Local Units of Government employees, and all individuals who are eligible for and elect continuation coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985, if applicable.

Also eligible are your legal spouse and your children to their 26th birthday.