



**Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 2335  
E.W. Scripps  
\$2500 plan with Ortho**

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 Ohio

**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, cleanings, and fluoride	100%	100%	100%
<b>Full Mouth Debridement</b> - removal of plaque and calculus	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Space Maintainers</b> - appliances to prevent tooth movement	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>Minor Restorative Services</b> - fillings and crown repair	90%	90%	90%
<b>Endodontic Services</b> - non-molar root canals	90%	90%	90%
<b>Non-Surgical Periodontic Services</b> - non-surgical services to treat gum disease	90%	90%	90%
<b>Extractions</b> - non-surgical removal of teeth	90%	90%	90%
<b>Other Basic Services</b> - misc. services	90%	90%	90%
<b>Major Services</b>			
<b>Surgical Periodontic Services</b> - surgical services to treat gum disease	60%	60%	60%
<b>Occlusal Guards/Adjustments</b> - bite guards and occlusal adjustments	60%	60%	60%
<b>Other Oral Surgery</b> - dental surgery including surgical extractions	60%	60%	60%
<b>Major Restorative Services</b> - crowns and veneers	60%	60%	60%
<b>Major Endodontic Services</b> - root canals and apicoectomy for molar teeth	60%	60%	60%
<b>Anesthesia Services</b> - when medically necessary	60%	60%	60%
<b>Relines and Repairs</b> - to bridges, implants, and dentures	60%	60%	60%
<b>Prosthodontic Services</b> - bridges, implants, and dentures	60%	60%	60%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -		No Age Limit	

\* 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.

- 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 benefit year. Two additional periodontal maintenance procedures are payable in any 12-month period following periodontal treatment.
- Fluoride treatments are payable once per benefit year for people up to age 14.
- Benefits for space maintainers are unlimited for people up to age 16.
- Bitewing X-rays are payable once per Benefit Year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per three-year period for first and second permanent molars and bicuspids up to age 19. The surface must be free from decay and restorations.
- Crowns, onlays, and substructures are payable once per tooth in any eight-year period. Veneers are payable on incisors, cuspids, and first bicuspids once per tooth per eight-year period when necessary due to fracture or decay. Prefabricated crowns are payable once per tooth per lifetime. Recement of crowns is payable once per crown per year.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Inlays (any material) are Covered Services payable once in any eight-year period.
- Porcelain and resin facings on crowns are Covered Services on posterior teeth.
- Root canal treatment is a Covered Service without limitation. Retreatment of a previous root canal is a Covered Service without limitation.
- Full and partial dentures are payable once in any eight-year period.
- Bridges are payable once in any eight-year period. Recement of bridges is payable once per bridge per year.
- Implants and implant related services are payable once per tooth in any eight-year period.
- Consultations (by other than the treating dentist) are Covered Services twice in any calendar year.
- Occlusal guards are payable once in any three-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** - \$2,500 per person total per Benefit Year on all services except orthodontic services. \$2,500 per person total per lifetime on orthodontic services.

**Payment for Orthodontic Service** - When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

**Deductible** - \$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 oral exams, prophylaxes (cleanings), fluoride, brush biopsy, X-rays, full mouth debridement, and orthodontic services.

**Waiting Period** - Enrollees who are eligible for Benefits are covered as defined by the rules and regulations of the Contractor.

**Eligible People** - All full-time employees of the Contractor working at least 30 hours per week who choose the dental plan and COBRA (Consolidated Budget Omnibus Reconciliation Act of 1985) enrollees, if applicable.

Also eligible are your legal 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 your domestic partner as defined by the contractor.

Employees and their dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Should an employee or dependent choose to drop dental coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may enroll if the employee is enrolled (excluding COBRA) and must be enrolled in the same plan as the employee. An election may be revoked or changed at any time if such change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Coordination of Benefits** - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, 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 between your coverage and your Spouse's coverage if you and your Spouse are both covered as Subscribers under This Plan.

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