



HIGH PLAN



Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits

**For Group# 1010-0101, 0199, 0401, 0501, 0601, 0701, 0801, 0900, 1000, 1100, 1200,
1300, 1400, 1900, 1999
Kent State University**

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*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment – to temporarily relieve pain	90%	80%	65%
Restorative Services – fillings and crowns	90%	80%	65%
Endodontic Services – root canals	90%	80%	65%
Periodontic Services – to treat gum disease	90%	80%	65%
Oral Surgery Services – extractions and dental surgery	90%	80%	65%
Other Basic Services – misc. services	90%	80%	65%
Major Services			
Major Restorative Services – includes inlays and onlays	60%	50%	50%
Occlusal Guards/Adjustments – bite guards and occlusal adjustments	60%	50%	50%
Relines and Repairs – to bridges, implants, and dentures	60%	50%	50%
Prosthetic Services – bridges, implants, and dentures	60%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	60%	50%	0%
Orthodontic Age Limit –	No Age Limit	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 twice per calendar year with no age limit.
- Space maintainers are Covered Services with no limitations.
- Bitewing X-rays (excluding vertical films) are payable twice per calendar year. Vertical bitewing X-rays are payable once in any three-year period. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.

- Sealants are payable once per tooth per three-year period for the occlusal surface of first and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Veneers are payable on incisors, cuspids, and first bicuspid once per tooth per five-year period when necessary due to fracture or decay. Veneers for cosmetic purposes are not Covered Services.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Metallic inlays are Covered Services.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Vestibuloplasty and tori removal are Covered Services.
- Implants and implant related services are payable once per tooth in any five-year period.
- 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 –

Delta Dental PPO Dentist or Delta Dental Premier Dentist - \$1,250 per person total per Benefit Year on all services except orthodontics. \$1,000 per person total per lifetime on orthodontic services.

Nonparticipating Dentist - \$1,250 per person total per Benefit Year on all services.

These are not separate maximums by type of dentist.

Deductible –

Delta Dental PPO Dentist or Delta Dental Premier Dentist - \$25 Deductible per person total per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, sealants, and orthodontic services.

Nonparticipating Dentist - \$25 Deductible per person total per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, and sealants.

Waiting Period – Employees who are eligible for dental benefits are covered on the date you commence active work for your employer.

Eligible People – All regular full-time employees employed at Kent State University who choose the High Option dental plan: Faculty Non-Union (0101), Classified AFSCME (0401), Classified Non-Union (0501), Administration (0601), Faculty Union Non-Tenure (0701), Faculty Post Doctoral (0801), KCOPM Faculty Non-Union Part-Time (0900), KCOPM Faculty Non-Union Full-Time (1000), KCOPM Support Staff Full-Time Hourly (1100), KCOPM Unclassified Full-Time Salaried (1200), KCOPM Support Staff Part-Time Hourly (1300), KCOPM Unclassified Part-Time Salaried (1400), NEOTECH (1900) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0199) and Neotech (1999). The Contractor and Subscriber share the cost of this plan.

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. Dependents may only 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 said 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.

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