



**Dental Benefits Summary**  
**Delta Dental Premier<sup>®</sup>**

**JEFFERSON TOWNSHIP BOARD  
OF EDUCATION**

**Group # 7283**

**Presented by:**

 **LDP Consulting Group, Inc.**  
Employee Benefits Specialists

## Description of Covered Services

See following page for program descriptions

If you are in  
Delta Dental Premier

### **Preventive & Diagnostic Services (No Deductible)**

100%

- Exams, Cleanings, (each twice per calendar year per person, ages 14 and older are considered adults)
- X-rays-full mouth series or panoramic (either one, once in three years)
- X-rays-bitewing (twice per calendar year)
- X-rays-single films (multiple x-rays on the same date of service will not exceed the benefit of a full-mouth series)
- Fluoride Treatment (once per calendar year, for eligible children to age 19, combinations with cleanings are applied to time limits for both)
- Space Maintainers (once per space for missing posterior primary teeth, for children under age 14)
- Consultations are counted as exams for purposes of frequency limitations

### **Remaining Basic (After Deductible)**

85%

- Fillings - composite and amalgam (composite fillings on back teeth are given the alternate benefit of an amalgam filling, payable once per year for decay or fracture only)
- Extractions, Oral Surgery (impacted wisdom teeth claims should first go to medical carrier)
- Endodontics (root canals on permanent teeth and root surgery each once per 24 months)
- Periodontics (have specific frequency limitations, pre-treatment estimate is strongly recommended - e.g. surgery once per 36 months)
- Sealants (1<sup>st</sup> and 2nd permanent, decay-free molars, once in a lifetime per tooth, for children to age 16)

### **Prosthodontics & Crowns (After Deductible)**

50%

- Crowns and crown-related procedures (post and core, core buildup, etc., once every five years, permanent teeth only, for ages 12 and older)
- Bridgework (once every five years, for ages 16 and older) (bridges with four or more missing teeth in that arch may be given an alternate benefit of a partial denture)
- Repair of Dentures (Repair of existing prosthetic appliances)
- Full & Partial Dentures (either one, once every five years, partial dentures for ages 16 and older) (fixed bridges and removable partial dentures are not benefits in the same arch; benefits will be provided for the removable partial denture only)
- Inlays (inlays are only payable when done in conjunction with an onlay; by themselves they are given the alternate benefit of an amalgam filling)

If you are in  
Delta Dental Premier

**Calendar Year Maximum (per person)**

\$1,000.00

**Calendar Year Deductible**

- Individual
- Family (family deductible is accumulated by individual deductibles)

\$25.00

\$75.00

At no time are you allowed two (2) maximums or subject to two (2) deductibles.

**Orthodontia (Employees and Dependents)**

N/A

Orthodontic treatment is a benefit limited to once in a lifetime.

- Maximum (Lifetime)
- Deductible (Lifetime)

N/A

N/A

**Description of Programs**

**Delta Dental Premier®** - See explanation under "Product Descriptions" section at back of booklet.

Under all programs, non-participating dentists may balance bill above the maximum allowable charge.

## **Eligibility Requirements**

Your plan begins when the following requirements have been satisfied:

- All new subscribers and their dependents will be covered from the first of the month following 1 month of continuous full-time employment(minimum of 20 hours per week).

### **Eligible Dependents**

- Your spouse or, in some cases, domestic partner.
- Dependent children (subject to age limitations).
  - Children include step-children, adopted children, and foster children, provided such children are dependent upon the employee for support and maintenance.
  - Children from 2 to 23.
  - Your legally adopted child (including a child for whom legal adoption proceedings have already been started).
  - Handicapped children - in order for mentally or physically handicapped children to remain covered, you must show proof of the child's incapacity. This proof must be attached to the first claim submitted to Delta Dental.

When does coverage terminate?

Coverage for employees and their eligible dependents shall cease upon the earliest of:

- Termination of employee's employment
- Death of employee
- Termination of group contract

Coverage for dependent spouse shall terminate on divorce from the covered employee unless otherwise stated by divorce decree.

Coverage for a dependent child shall terminate upon the end of the calendar year in which attaining the limiting contract age (see eligibility section).

For coordination of benefits, your group follows the birthday rule.

### **Exclusions and Limitations: Services Not Covered by This Dental Plan**

- To be eligible for coverage, a service must be required for the prevention, diagnosis, or treatment of a dental disease, injury, or condition. Services not dentally necessary are not covered benefits. Your dental plan is designed to assist you in maintaining dental health. The fact that a procedure is prescribed by your dentist does not make it dentally necessary or eligible under this program. We can request proof (such as x-rays, pathology reports, or study models) to determine whether services are necessary. Failure to provide this proof may cause adjustment or denial of any procedure performed.
- Services for injuries or conditions which are compensable under Workers Compensation Employers Liability Laws; services provided to the eligible patient by any Federal or State Government Agency or provided without cost to the eligible patient by any municipality, county, or other political subdivision.
- Services with respect to congenital or developmental malformations (including TMJ and replacing congenitally missing teeth), cosmetic surgery, and dentistry for purely cosmetic reasons (e.g., bleaching, veneers, or crowns to improve appearance).
- Services provided in order to alter occlusion (change the bite); replace tooth structure lost by wear, abrasion, attrition, abfraction, or erosion; splint teeth; or treat or diagnose jaw joint and muscle problems (TMJ).
- Specialized or personalized services (e.g., overdentures and root canals associated with overdentures, gold foils) are excluded and a benefit will be allowed for a conventional procedure (e.g., benefiting a conventional denture towards the cost of an overdenture and the root canals associated with it. The patient is responsible for additional costs.)
- Prescribed drugs, analgesics (pain relievers), fluoride gel rinses, and preparations for home use.
- Procedures to achieve minor tooth movement.
- Experimental procedures, materials, and techniques and procedures not meeting generally accepted standards of care.
- Educational services such as nutritional or tobacco counseling for the control and prevention of oral disease. Oral hygiene instruction or any equipment or supplies required.
- Services rendered by anyone who does not qualify as a fully licensed *dentist*.
- Charges for hospitalization including hospital visits or broken appointments, office visits, and house calls.
- Services performed prior to effective date or after termination of coverage. Benefits are payable based on date of completion of treatment.
- Services performed for diagnosis such as laboratory tests, caries tests, bacterial studies, diagnostic casts, or photographs.
- Temporary procedures and appliances, pulp caps, occlusal adjustments, inhalation of nitrous oxide, analgesia, local anesthetic, and behavior management.
- Procedures or preparations which are part of or included in the final restoration (bases, acid etch, or micro abrasion).
- Transplants, implants, and procedures directly associated with implants including crowns and bridgework and their restoration and their maintenance or repair.

- Periodontal charting, chemical irrigation, delivery of local chemotherapeutic substances, application of desensitizing medicine, synthetic bone grafts, and guided tissue regeneration.
- Post removal (not in conjunction with root canal therapy).
- Completion of claim forms, providing documentation, requests for pre-determination, and services submitted for payment more than twelve (12) months following completion.
- Separate fee for infection control and OSHA compliance.
- Maxillofacial surgery and prosthetic appliances.
- Orthodontics

This is a general description of your dental plan to be used as a convenient reference, and some exclusions and limitations may not be listed. All benefits are governed by your group contract.