
Delta Dental Premier Benefits

Schedule of Benefits for Ozarka College

- a) **Original Effective Date:** 12:01 a.m. Central Standard Time, July 1, 2007
Renewal Date: July 1st, Annually
- b) **Group Number:** 9426
- c) **Deductible:** \$50 for benefits received in Coverage B, Coverage C, and Child Orthodontic Rider with a maximum of \$150 per person, per benefit period. There is no deductible on Coverage A.
- d) **Annual Maximum Payment:** \$1,500 Per Person Per Calendar Year.
- e) **Benefit Period:** A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31st of each year.
- f) **Covered Services:**

Coverages and Maximum Plan Allowances (MPA)

Coverage A – Diagnostic and Preventative Services

**In-Network
100% (MPA)**

- Routine periodic examinations not more than twice in any benefit period, inclusive of an initial oral examination.
- Bitewing and periapical X-rays as required.
- Full-mouth X-rays once in any five (5) year period.
- Prophylaxis (cleaning) not more than twice in any benefit period.
- Topical application of fluoride once per benefit period for dependent children to age nineteen (19)
- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface, for dependent children to age sixteen (16)

Coverage B – Basic Restorative Services

**In-Network
80%(MPA)**

- Minor emergency treatment for the relief of pain as needed by the participant.
- Amalgam (silver) and composite/resin (white) fillings (composites are not a covered benefit on molars).
- Endodontics, including pulpal therapy and root canal filling.
- Simple extractions.
- Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery.
- Space maintainers for prematurely lost teeth of eligible dependent children to age fourteen (14)

The terms of the contract, along with any amendments or endorsements issued by DDPAR, will in all cases be controlling. Should the wording of the contract, along with any amendments or endorsements issued by DDPAR conflict with the schedule of benefits and rates, application, or proposal, the contract, along with any amendments or endorsements issued by DDPAR governs.

- Stainless steel crowns used as a restoration to natural teeth for dependent children to age sixteen (16) when the teeth cannot be restored with a filling material.
- Periodontal maintenance; two (2) per benefit period following active periodontal treatment.
- Non-surgical periodontics.

Coverage C – Major Restorative Services

**In-Network
50%(MPA)**

- Crowns, inlays, onlays, and veneers are benefits for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations.
- Prosthodontics, including procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges.
- Complete or partial denture relines, including chair side or laboratory procedures to improve the fit of the appliance to the tissue.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance.
- Surgical periodontics.

Rider(s)

**In-Network
50%(MPA)**

**Child Orthodontic Rider – Orthodontic Services for Dependent Children to Age Nineteen (19)
Lifetime Maximum Payment – \$1,000**

The benefit allowance for services of an out-of-network dentist will be reduced by 10% for eligible services as determined by Delta Dental after applying the applicable deductibles, co-payments and maximums. This means your out-of-pocket expense may be greater if you choose an out-of-network dentist.

Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.

Delta Dental's network of participating providers may be found on our website at www.deltadental.com.

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