



Delta Dental PPO plus Premier™

**Low Plan Summary of Benefits
for Group# 5309-10002000, 19902000
Southwest Human Development, Inc**

This Summary 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.*

Group - Southwest Human Development, Inc

Benefit Year - January 1 through December 31

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, preventive services, X-rays, and sealants.

Benefit Maximum Payment - \$1,000 per person total per Benefit Year on all covered services except oral exams, preventive services, x-rays, and sealants.

Child Age Limit - To age 26

Student Age Limit - To age 26

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%
Radiographs - X-rays	100%	100%	100%
Anesthesia Services - when medically necessary	100%	100%	100%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	50%	50%	50%
Minor Restorative Services - fillings	50%	50%	50%
Simple Extractions - non-surgical removal of teeth	50%	50%	50%
Other Basic Services - misc. services	50%	50%	50%
Crown Repair - to individual crowns	40%	40%	40%
Endodontic Services - root canals	40%	40%	40%
Periodontic Services - to treat gum disease	40%	40%	40%
Major Restorative Services - crowns	40%	40%	40%

* 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 the dentist charges and you are responsible for that difference.

Frequencies and Limitations

- Oral exams are payable twice per calendar year. Limited oral evaluations and re-evaluations for a specific problem or complaint are payable once per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Periodontal maintenance procedures for individuals with a documented history of periodontal disease are payable four times per calendar year. A maximum of four cleanings or maintenance procedures are payable per calendar year. Scaling (equivalent to one cleaning) is payable once in any two-year period. Full mouth debridement (equivalent to one cleaning) is payable once in any five-year period.
- Fluoride treatments are payable once per calendar year for people age 13 and under.
- Sealants are payable once per tooth per lifetime for first and second molars for people age 13 and under. The surface must be free from decay and restorations. Preventive resin restoration on molars is payable once per lifetime for people age 15 and under with moderate to high caries risk. Treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament is payable twice per tooth per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Space maintainers and recement or rebond of space maintainers are payable once per area per lifetime for people age 13 and under. Distal shoe space maintainers are payable once per area per lifetime for people age eight and under.
- ViziLite is payable once per calendar year for people age 40 and older.
- Endodontic treatment is payable once per tooth per lifetime. Endodontic retreatment is payable once per tooth in any three-year period.
- Root planing and scaling is payable once per quadrant in any two-year period. Only two quadrants of root planing and scaling can be performed on the same day.
- Full and partial dentures, and services related to dentures are not payable.
- Bridges are not payable.
- Crowns over implants and related services are not payable.
- Implants and implant-related services are not payable.
- Silver amalgam and, for front teeth only, composite resin restorations are payable once per surface in any two-year period. Composite resin restorations are optioned treatment on posterior teeth.
- Porcelain and resin facings on crowns are optioned treatment.
- Crowns and onlays and associated procedures (cores, substructures) are payable once per tooth in any five-year period.
- Oral surgery is not payable with the exception of extractions of erupted tooth or exposed root and coronal remnants on primary teeth.
- Fabrication of athletic mouthguard is payable once in any two-year period for people age 18 and under. Occlusal guards, fixed partial denture sectioning, general anesthesia, and intravenous sedation are not payable.
- Orthodontic services are not payable, except removable or fixed harmful habit appliances are payable once per lifetime for people age 13 and under. 2D cephalometric films, 2D oral/facial photographic images, diagnostic casts, exposure of an unerupted tooth, and placement of device to facilitate eruption of impacted tooth are not payable.

Eligible People – As defined by the Employer Group. The Subscriber pays the full cost of this plan.

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

Dual Spouse – If you and your Spouse are both eligible to enroll in this Dental Plan as Subscribers, 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 Dental Plan.

Coverage ends at the end of the day that the Subscriber and/or dependent is no longer eligible.