



**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 1202
Town of Cary**

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 Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.*

Control Plan - Delta Dental of North Carolina

Benefit Year - July 1 through June 30

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%
Non-Surgical Periodontic Services - periodontal maintenance and root planing	100%	100%	100%
Basic Services			
Surgical Extractions - surgical removal of teeth	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	70%
Minor Restorative Services - fillings and crown repair	80%	80%	70%
Endodontic Services - root canals	80%	80%	70%
Surgical Periodontic Services - surgical services to treat gum disease	80%	80%	70%
Simple Extractions - non-surgical removal of teeth	80%	80%	70%
Other Oral Surgery - dental surgery other than extractions	80%	80%	70%
Major Restorative Services - crowns	80%	80%	70%
Other Basic Services - misc. services	80%	80%	70%
Relines and Repairs - to bridges, implants, and dentures	80%	80%	70%
All Other Periodontic Services - surgical services to treat gum disease	80%	80%	70%
Major Services			
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	80%	80%	70%
Orthodontic Services			
Orthodontic Services - braces	80%	80%	70%
Orthodontic Age Limit -	No Age Limit	No Age Limit	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 Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

The explanation and sample calculation of how these services will be paid can be found in Section VI – How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable with no limitations.
- Prophylaxes (cleanings) are payable with no limitations.
- 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 with no limitations.
- Space maintainers are payable with no limitations.
- Bitewing X-rays and full-mouth X-rays are payable with no limitations.
- Cephalometric X-rays, photographs, and cone beam imaging are payable.
- Certain laboratory tests (including caries susceptibility tests), nutritional and tobacco counseling, and oral hygiene instruction are payable.
- Sealants are payable for the occlusal surface of any tooth. The surface must be free from decay and restorations.
- Benefits for crowns, onlays, substructures and veneers are payable with no limitations.
- Composite resin (white) restorations are payable on posterior teeth.
- Inlays (any material) are payable.
- Gold foils are payable.
- Periodontal splinting and localized delivery of chemotherapeutic agents are payable with no limitations.
- All oral surgery services performed by a dentist are Covered Services, excluding TMD Treatment.
- Full and partial dentures are payable with no limitations.
- Precision attachments on bridges are payable with no limitations.
- Implants, including specialized techniques, are payable with no limitations. Implant related services are payable.
- Benefits for crowns and substructures are Covered Services with no limitations.
- An obturator prosthesis to temporarily replace part or all of the maxilla is payable with no limitations.
- Antibiotic drug injections, nitrous oxide and non-intravenous conscious sedation are payable. Occlusal guards are payable with no limitations.
- Harmful habit appliances, repair and replacement retainers are payable with no limitations.
- Non-intravenous conscious sedation is payable.
- Cosmetic restorations are payable.

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 – \$2,000 per person total per Benefit Year on all services, except surgical extractions, general anesthesia and orthodontic services. \$4,000 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 PPO Dentist - Delta Dental will pay 80% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental. Delta Dental Premier Dentist - Delta Dental will pay 80% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental. Nonparticipating Dentist - Delta Dental will pay 70% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

Deductible – None.

Waiting Period – All new Subscribers (and their dependents, if covered below), defined as eligible Subscribers added to the covered group who are hired after the effective starting date of the Contract will be eligible for enrollment on the date of hire.

Eligible People – All regular employees of the Contractor working at least 35 hours per week and elected officials. The Contractor pays the full cost of this plan for Subscribers. The Subscriber pays the additional cost of dependent coverage.

Also eligible are spouses under a legally valid, existing marriage between persons of the same or opposite sex, and children to the end of the month in which they turn 26, including children who are married, who do not live with the Subscriber, who are not dependents for Federal income tax purposes, and/or who are not permanently disabled. Subscribers and eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, they may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. Plan changes are only allowed, except that 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.

Where two legally married Subscribers are both eligible for coverage under this Contract, they may be enrolled together on one application or separately on individual applications, but not both. Dependent children may only be enrolled on one application. Delta Dental will not coordinate benefits for married Subscribers who are both eligible under this Contract.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee 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 Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. 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.

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 Enrollees under This Plan.

Benefits will cease on the last day of employment.

This plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

This plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats)

This plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call 1-800-662-8856 (TTY users call 711).

If you believe that this plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with the civil rights coordinator at PO Box 9089, Farmington Hills, MI 48333-9089; by phone at 1-800-662-8856 (TTY users call 711) or fax to 517-706-3513. You can file a grievance by mail, fax or phone. If you need help filing a grievance, the civil rights coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل على الهاتف رقم 1-800-662-8856 (رقم الطابعة الهاتفية: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-662-8856 (TTY : 711)。

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-662-8856 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-662-8856 (TTY: 711).

ध्यान आपो: જો તમે [ગુજરાતી] બોલતાં હો તો વિના મૂલ્ય ભાષાકીય સહાયતા સેવાઓ તમારે માટે ઉપલબ્ધ છે. કોલ કરો 1-800-662-8856 (TTY: 711).

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए नि:शुल्क उपलब्ध हैं। कॉल करें 1-800-662-8856 (TTY: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-662-8856 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-800-662-8856 (TTY : 711) まで、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-800-662-8856 (TTY: 711) 번으로 전화해 주십시오.

ໂປດ ຊາບ: ຖ້າວ່າ ທ່ານ ເວົ້າ ພາສາ ລາວ, ການ ບໍລິ ການ ຊ່ວຍ ເຫຼືອ ດ້ານ ພາສາ, ໂດຍບໍ່ ຈ້າງ ຄ່າ, ແມ່ນມີ
ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-662-8856 (TTY: 711).

សេចក្តីជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ, មានសេវាកម្មជំនួយផ្នែកភាសាសម្រាប់អ្នក ដោយ
ឥតគិតថ្លៃ។ សូមទៅទូរស័ព្ទទៅលេខ 1-800-662-8856 (TTY: 711) ។

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
Звоните 1-800-662-8856 (телетайп: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al
1-800-662-8856 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika
nang walang bayad. Tumawag sa 1-800-662-8856 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số
1-800-662-8856 (TTY: 711).