

Delta Dental PPO plus Premier

Schedule of Benefits for WINDSTREAM SERVICES, LLC. – Basic Plan

Proposed Effective Date: 1/1/2018 12:01 a.m. Central Standard Time

Group Number: 9644

Deductible: Applies to Basic Restorative Services per benefit period.

	Premier and PPO In Network	Out-of-Network
Individual	\$50	\$50
Family	\$150	\$150

Annual Maximum Payment: The annual maximum amount applies to Diagnostic and Preventative Services and Basic Restorative Services per benefit period.

	Premier and PPO In Network	Out-of-Network
Annual Individual	\$750	\$750

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.

Dependent Age Limit: To the end of the month year in which the child reaches age 26.

Coverages and Maximum Plan Allowances (MPA)

Coverage A – Diagnostic and Preventative Services

Premier In Network 90% MPA
PPO In Network 90% MPA
Out-Of-Network 90% MPA

- Routine periodic and specialty evaluations are Covered Services up to two (2) time(s) in any Calendar Year. This is inclusive of an initial, oral evaluation.
- Prophylaxis (Cleaning) is a Covered Service up to two (2) time(s) per Calendar Year. (*Please see information on Evidence Based Dentistry.)
- Topical application of fluoride is a Covered Service one (1) time(s) per Calendar Year for Eligible Dependents prior to age nineteen (19).
- One (1) additional fluoride application per Calendar Year is a Covered Service for Eligible Dependents prior to age nineteen (19) who are identified at a moderate or high risk (as defined by the American Dental Association’s Dental Procedure Codes) for developing caries.
- Bitewing x-rays are Covered Services limited to two (2) sets in any benefit period.
- Periapical x-rays as required.
- A full mouth series x-ray or panoramic x-ray is a Covered Service one (1) time within any thirty-six (36) consecutive month period.
- A Caries Risk Assessment is a Covered Service once every three (3) years for Eligible Dependents ages three (3) to nineteen (19).
- A space maintainer is a Covered Service when used to replace prematurely lost or extracted teeth for Eligible Dependents prior to age nineteen (19).
- Sealants are Covered Services for Eligible Dependents prior to age nineteen (19) two (2) time(s) per tooth per sixty (60) consecutive month period.
- Full mouth debridement once (1) per lifetime.

Coverage B – Basic Restorative Services

**Premier In Network 70% MPA
PPO In Network 70% MPA
Out-Of-Network 70% MPA**

- Brush Biopsy is a Covered Service upon consultant review.
- Palliative treatment is a Covered Service once per visit as long as no other procedures, except for x-rays, exams, or any diagnostic service, are performed on the same date.
- Restorative benefits (fillings) are Covered Services once per surface, per tooth in a twenty-four (24) month period.
- Root canal treatment is a Covered Service once in a lifetime, per tooth, by the same Provider or Provider's office that performed the root canal. Benefits for root canal treatment include charges for temporary restorations.
- Non-surgical periodontics.
- Periodontal Maintenance is a Covered Service up to two (2) per Calendar Year following active periodontal treatment. (*Please see information on Evidence Based Dentistry below.)
- Stainless Steel Crowns used as a restoration to natural teeth are Covered Services for Eligible Dependent(s) to age sixteen (16) when the teeth cannot be restored with a filling material.
- Root planing and scaling is not a Covered Service for Participant(s) prior to age 14.
- Retreatment of a root canal by the same Provider or Provider's office will be considered after twenty-four (24) consecutive months have lapsed since the initial treatment and is limited to one (1) per twenty-four (24) consecutive month period.
- Reline or rebase of a partial or complete denture is a Covered Service up to one (1) in a thirty-six (36) consecutive month period.
- Denture Adjustments after the post six (6) month delivery period.
- Simple extractions.
- Simple Repairs of complete and partial dentures one (1) in sixty (60) months.

*** Evidence Based Dentistry: DDAR covers additional routine cleanings or periodontal maintenance procedures up to four per benefit period year for Participants with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.**

***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***