



Delta Dental PPO plus Premier

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

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

Group Number: 9633

Deductible: Applies to Basic Restorative Services and Major Restorative Services per benefit period.

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

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

	Premier and PPO In Network	Out-of-Network
Annual Individual	\$1,500	\$1,500

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 100% MPA
PPO In Network 100% MPA
Out-Of-Network 100% 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 and periapical x-rays are Covered Services limited to two (2) sets in any benefit period.
- A full mouth series x-ray or panoramic x-ray is a Covered Service one (1) time(s) within any thirty-six (36) consecutive month period.
- A Caries Risk Assessment is a Covered Service once every three (3) years for Eligible Dependents to age three (3) to nineteen (19).
- 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.
- 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.

Coverage B – Basic Restorative Services

Premier In Network 80% MPA

PPO In Network 80% MPA

Out-Of-Network 80% MPA

- Brush Biopsy is a Covered Service upon consultant review.
- Restorative benefits (fillings) are Covered Services once per surface, per tooth in a twenty-four (24) month period.
- Oral surgery is a Covered Service.
- 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 planning 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.
- Simple extractions.

Coverage C – Major Restorative Services

Premier In Network 50% MPA

PPO In Network 50% MPA

Out-Of-Network 50% MPA

- A TMJ x-ray is a Covered Service once in any three (3) year period.
- Surgical periodontics.
- Surgical and Non-Surgical TMJ is a Covered Service once in a lifetime, by report, upon consultant review.
- Crowns, inlays, onlays, and veneers are Covered Services 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.
- Replacement of a crown, inlay, onlay, or veneer is a Covered Service only after sixty (60) months of the previous prosthetic.
- Endosteal implants are Covered Services.
- Prosthodontics, including procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges.
- Replacement of partial removable or complete dentures that the Participant received in the previous sixty (60) consecutive months are not Covered Services except where the loss of additional teeth requires the construction of a new appliance.
- General anesthesia/intravenous sedation is not a Covered Service except when administered in conjunction with covered oral surgery.

*** 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