



Delta Dental PPO plus Premier

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

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

Group Number: 9646

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	\$2,000	\$2,000
Lifetime Orthodontic	\$1,500	\$1,500

Benefit period: A benefit period for each eligible participant shall mean a calendar year, the period from January 1<sup>st</sup> to December 31<sup>st</sup> 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 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(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 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 80% MPA
PPO In Network 80% MPA

**Out-Of-Network 80% 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.
- Recementation of a fixed partial denture (bridge) within six (6) consecutive months of the seating date is part of the original procedure and is then a Covered Service once (1) in a thirty-six (36) consecutive month period.
- Simple extractions.
- Simple repairs of complete and partial dentures one (1) in sixty (60) months.

**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.
- Oral surgery is a Covered Service.
- General anesthesia/intravenous sedation is not a Covered Service except when administered in conjunction with covered oral surgery.
- Surgical and Non-Surgical TMJ is a Covered Service once in a lifetime.
- 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.
- Tissue conditioning twice (2) in a thirty six (36) month period.

**Child and Adult Orthodontic Services**

**Premier In Network 50% MPA**

**PPO In Network 50% MPA**

**Out-Of-Network 50% MPA**

**Orthodontic services for children and adults**

The initial payment made by DDAR for comprehensive treatment cannot be more than one-third (1/3) of the total fee for treatment. Subsequent payment(s) will be issued on a regular basis for continuing, active orthodontic treatment. Payment(s) will begin the month after the beginning of treatment. Payments are subject to the participants' co-payment percentage and lifetime maximum. Orthodontia is considered a pre-existing condition if treatment begins prior to the date he/she became eligible under this plan.

**\* 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](http://www.deltadental.com)***