

**Delta Dental PPO™  
Summary of Benefits  
for Group# 36486-1001, 2001, 9901001  
Casa Grande Union High School District**

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** – Casa Grande Union High School District

**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, sealants, and periodontal maintenance.

**Benefit Maximum Payment** – \$1,000 per person total per Benefit Year on all services.

**Child Age Limit** – To age 26

**Student Age Limit** – To age 26

**Covered Services** –

\* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule (or the Nonparticipating Dentist Fee) that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	60%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%	60%
<b>Radiographs</b> – X-rays	100%	100%	60%
<b>Periodontal Maintenance</b> – cleanings following periodontal therapy	100%	100%	60%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	80%	80%	40%
<b>Minor Restorative Services</b> – fillings	80%	80%	40%
<b>Endodontic Services</b> – root canals	80%	80%	40%
<b>Non-Surgical Periodontic Services</b> – non-surgical services to treat gum disease	80%	80%	40%
<b>Other Basic Services</b> – misc. services	80%	80%	40%
<b>Major Services</b>			
<b>Crown Repair</b> – to individual crowns	50%	50%	20%
<b>Surgical Periodontic Services</b> – surgical services to treat gum disease	50%	50%	20%
<b>Oral Surgery Services</b> – extractions and dental surgery	50%	50%	20%
<b>Major Restorative Services</b> – crowns	50%	50%	20%
<b>Anesthesia Services</b> – when medically necessary	50%	50%	20%
<b>Relines and Repairs</b> – to bridges and dentures	50%	50%	20%
<b>Prosthodontic Services</b> – bridges, implants, and dentures	50%	50%	20%

#### Frequencies and Limitations

- Oral exams are payable twice per calendar year. Diagnostic consultations are payable once per calendar year.
- Prophylaxes (cleanings) are payable twice 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 per lifetime.
- Fluoride treatments are payable once per calendar year for people age 18 and under.
- Sealants are payable once per tooth in any three-year period for bicuspid and first and second molars for people age 18 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.
- Six periapical X-rays are payable per calendar year.
- Space maintainers, including distal shoe space maintainers, and recement or rebond of space maintainers are payable once per area in any three-year period for people age 13 and under.
- 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.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are payable.
- Implants are payable once per tooth in any five-year period. Implant-related services are payable. Prefabricated and custom fabricated abutments are payable once in any five-year period.
- Silver amalgam and composite resin (white) restorations are payable once per surface in any two-year period.
- Porcelain and resin facings on crowns are optional treatment.
- Crowns and onlays and associated procedures (cores, substructures) are payable once per tooth in any five-year period.
- Oral surgery, including simple and surgical extractions, is payable.
- Consultation with a medical health care professional and dental case management are payable once per calendar year. Fabrication of athletic mouthguard is payable once in any two-year period for people age 18 and under. Occlusal guards are not payable.
- Orthodontic services, including exposure of an unerupted tooth and placement of device to facilitate eruption of impacted tooth as related to orthodontics, are not payable.

**Eligible People** – As defined by the Employer Group. The Group pays the full cost of this plan for Subscribers. The Subscriber pays the additional cost of dependent coverage.

**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 month that the Subscriber and/or Dependent is no longer eligible.