

OAK GROVE R-VI SCHOOL DISTRICT Benefit Plan Highlights <sup>1</sup>	Delta Dental PPO <sup>SM</sup> Network	Delta Dental Premier <sup>®</sup> Network	Out-of-Network
<b>Preventive Services</b> <ul style="list-style-type: none"> <li>Oral exams (all types), twice per calendar year</li> <li>Prophylaxis (all types), twice per calendar year</li> <li>Bitewing x-rays, one set per calendar year</li> <li>Periapical x-rays, as required</li> <li>Full mouth x-rays, once every 36 consecutive months</li> <li>Fluoride, once per calendar year for dependents under age 16</li> <li>Space maintainers, once in 5 years, dependents under age 16</li> <li>Sealants for dependent children under 16, once per tooth every 5 years, limited to caries-free 1<sup>st</sup> and 2<sup>nd</sup> permanent molars</li> <li>Emergency palliative treatment</li> </ul>	100%	100%	100%
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Fillings, composite (white) on anterior teeth and amalgam (silver) on posterior teeth</li> <li>Non-surgical and surgical periodontics</li> <li>Endodontics</li> <li>Simple and surgical extractions</li> <li>Oral surgery</li> </ul>	80%	80%	80%
<b>Major Services</b> <ul style="list-style-type: none"> <li>Crowns, inlays, and onlays, once in 7 years per tooth when required for restorative purposes</li> <li>Crown repairs and recement</li> <li>Bridges and dentures, once in 7 years, but not during the first 12 months of coverage</li> <li>Bridge repairs &amp; recement</li> <li>Denture repairs &amp; adjustments</li> <li>General Anesthesia</li> </ul>	50%	50%	50%
<b>Orthodontia<sup>2</sup></b> for all eligible participants	50%	50%	50%
<b>Calendar Year Deductible</b> (Applied to Basic and Major services)	\$50 individual / \$150 family limit		\$75 individual / \$225 family limit
<b>Annual Maximum</b> (Applied to Preventive, Basic and Major services)	\$1,000 per person		
<b>Orthodontic Lifetime Maximum</b>	\$1,000 per person		
<b>Dependent Age Limit:</b> 26, end of calendar year			

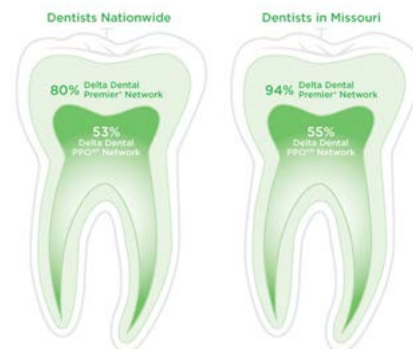
### About Delta Dental networks

**Delta Dental PPO Providers:** agree to accept contractual reimbursement as payment in full and will not balance bill.

**Delta Dental Premier Providers:** agree to accept contractual reimbursement as payment in full and will not balance bill.

**Out-of-Network Providers:** are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.

**Delta Dental PPO Providers typically offer the greatest discounts.**



<sup>1</sup> This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document (SPD) will govern. Please refer to your SPD for a more complete listing of services, including plan limitations and exclusions.

<sup>2</sup> For orthodontic treatment in progress, if members had prior orthodontic benefits with a group dental plan and no lapse in coverage, Delta Dental will pick up treatment in progress and the amount paid by the prior plan will be deducted from the Lifetime Maximum. If the member was not previously enrolled in a group dental plan with orthodontic coverage, they must wait 12 months before orthodontic benefits are available for treatment in progress, and only benefits for the remaining treatment will be available.

