

Outline of Coverage For Certified Smile Complete Adult + Preferred Pediatric Plan Dental Benefits Contract

Read your Contract carefully. This Outline of Coverage provides a very brief description of the important features of your Contract. This Outline of Coverage is not a Contract and only the actual Contract provisions will control. The Contract itself sets forth in detail the rights and obligations of both you and Delta Dental. It is, therefore, important that you read the Contract carefully.

Benefits for adults age 19 and over

Covered procedures

What follows is a list of the dental procedures covered under this Contract, and the amount you have to pay for each procedure. If a procedure isn't listed below, it is not covered.

Dental procedures from a non-participating dentist - Adult age 19 and over

We do not cover procedures provided by a dentist who is not in the Delta Dental Premier or Delta Dental PPO networks, but we reimburse you up to \$50 if you have paid a non-participating dentist for procedures defined by Delta Dental as "emergency relief of pain." Proof of payment is required. The enrollee is responsible for all other charges and fees charged by the non-participating dentist, to the extent such amount exceeds \$50. Non-participating dentists can bill you for the difference between the amount charged by the non-participating dentist and the amount allowed by Delta Dental.

Optional procedures - Adult age 19 and over

We pay for the least expensive dental procedure necessary to fix the problem as outlined in the "What is covered and what you pay" section. You are responsible for the remainder of the dentist's fee if a more expensive dental procedure is selected.

What is covered and what you pay - Adult age 19 and over

You Pay	Diagnostic and preventive dental procedures
0%	Dental preventive services every 6 months. Examination or evaluation Cleaning Bitewing x-rays
0%	Full-mouth x-rays once every 5 years (a series of individual x-rays or a panoramic x-ray).
0%	Emergency treatment to relieve pain.
0%	Emergency evaluation.
You Pay	Basic dental procedures * indicates a 6 month waiting period for service. ** indicates a 12 month waiting period for service.
20%	Periodontal maintenance is allowed 4 times in 12 months if patient has had previously treated periodontal disease.*
20%	Amalgam (silver) or composite (tooth-colored) fillings. Replacing an existing filling is covered once every 2 years.*

50%	Root canal therapy once per tooth every 2 years. **
50%	Pulpotomy and pulpal therapy. **
50%	Surgical or non-surgical treatment on tooth roots once per tooth every two years. **
50%	Non-surgical extractions. *
50%	Surgical extractions. *
You Pay	Major dental procedures ** indicates a 12 month waiting period for the service.
50%	Scaling and root planing (deep cleaning for gum disease) once per area (upper right, lower right, upper left, lower left) every 2 years. **
50%	Removing and reforming diseased gum tissue once per area every 3 years. **
50%	Tissue graft procedures and removal of excess tissue once per tooth every 3 years. **
50%	Bone surgery once per area every 3 years. **
50%	General anesthesia in conjunction with covered surgical procedures, once per treatment. **
50%	Stainless-steel crowns and ready-made resin crowns are covered on primary teeth. Replacing this type of crown is covered once every 2 years. **
50%	Crowns. Replacing a defective existing crown is covered when the defective existing crown is at least 7 years old. Inlays and onlays are not covered. **
50%	Crown repair and rebuilding. **
50%	Denture adjustments and implant repairs. **
50%	Denture repairs, once every 12 months; relining and rebasing dentures to improve their fit; implant removal; re-cement fixed bridgework; repair fixed bridgework. **
50%	Removable partial denture or complete denture. Replacing a defective existing partial or complete denture is covered when the defective existing partial or complete denture is at least 7 years old. **
50%	Fixed bridge. Replacing a defective existing bridge is covered when the defective existing bridge is at least 7 years old. **
50%	Surgical installation of implants once per tooth per lifetime for persons ages 19 and up. There is a per-tooth lifetime maximum of \$1,200 (includes abutment and crown). **

Deductible - Adult age 19 and over

There is a \$50 deductible per person per calendar year applied to Basic and Major procedures.

Annual Maximum - Adult age 19 and over

There is a \$1,500 annual maximum for dental services.

Benefits for children age 0 through age 18

Covered procedures

What follows is a list of the dental procedures covered under this Contract, and the amount you have to pay for each procedure. **If a procedure isn't listed below, it's not covered.**

Benefit copayments - Children age 0 through age 18

Benefit copayments are the same when utilizing participating and non-participating dentists. However, the non-participating dentist can bill you for the difference between the amount charged by the dentist and the amount allowed by Delta Dental.

Optional procedures - Children age 0 through age 18

We pay for the least expensive dental procedure necessary to fix the problem as outlined in the "What is covered and what you pay" section. You are responsible for the remainder of the dentist's fee if a more expensive dental procedure is selected.

What is covered and what you pay - Children age 0 through age 18

You Pay	Diagnostic and preventive dental procedures
0%	Dental preventive services every 6 months. Examination or evaluation Cleaning Bitewing x-rays Fluoride (ages 18 and under only)
0%	Full-mouth x-rays once every 5 years (series of individual intraoral x-rays or panoramic x-ray).
0%	Intraoral x-ray.
0%	Cephalometric x-ray.
0%	Space maintainers when a primary tooth is prematurely lost (ages 18 and under only).
0%	Sealants on un-restored permanent molars, one sealant per tooth every 3 years (ages 18 and under only).
0%	Emergency treatment to relieve pain.
0%	Emergency evaluation or consultation D9310.
You Pay	Basic dental procedures
30%	Amalgam (silver) or composite (tooth-colored) fillings.
30%	Root canal therapy excluding final restoration.
30%	Pulpotomy and pulpal therapy.
30%	Surgical removal of residual tooth roots (cutting procedure).
30%	Non-surgical extractions.
30%	Surgical extractions.

You Pay	Major dental procedures
30%	Scaling and root planing (deep cleaning for gum disease) once per area (upper right, lower right, upper left, lower left) every 2 years.
30%	Removing and reforming diseased gum tissue once per area every 3 years.
30%	Pedicle soft tissue graft procedure. Free soft tissue graft procedure (including donor site surgery). Sub epithelial connective tissue graft procedures (including donor site surgery).
30%	Bone surgery once per area every 3 years.
30%	General anesthesia in conjunction with covered surgical procedures, once per treatment.
50%	Stainless-steel crowns and ready-made resin crowns are covered on primary teeth. Replacing this type of crown is covered once every 2 years.
50%	Crowns. Replacing a defective existing crown is covered when the defective existing crown is at least 5 years old. Inlays and onlays are not covered. An alternate benefit will be provided.
50%	Crown repair and rebuilding.
50%	Denture adjustments and implant repairs.
50%	Denture repairs, once every 12 months; relining and rebasing dentures to improve their fit; implant removal; re-cement fixed bridgework; repair fixed bridgework.
50%	Removable partial denture or complete denture. Replacing a defective existing partial or complete denture is covered when the defective existing partial or complete denture is at least 5 years old.
50%	Fixed bridge. Replacing a defective existing bridge is covered when the defective existing bridge is at least 5 years old.
50%	Surgical installation of implants once per tooth every 5 years (includes abutment and crown).
50%	Child orthodontia is covered only if medically necessary as per the Idaho Smiles Malocclusion Index. Must meet 8 out of 12 points to qualify.

Deductible - Children age 0 through age 18

There is a \$25 deductible per person per calendar year applied to Basic and Major procedures.

Out of pocket maximum - Children age 0 through age 18

In network, Delta Dental PPO or Premier participating dentist: There is a \$350 out of pocket (OOP) annual maximum per pediatric enrollee, or a \$700 out of pocket (OOP) family maximum for two or more pediatric enrollees per year. Once you have paid the out of pocket (OOP) maximum, all claims for that enrollee will be paid in full by Delta Dental as listed in the “What is covered and what you pay” section.

Out of network, non-participating dentist - Children age 0 through age 18

There is a \$2,000 out of pocket (OOP) annual maximum per pediatric enrollee. Once you have paid the out of pocket (OOP) maximum, all claims for that enrollee will be paid in full by Delta Dental as listed in the “What is covered and what you pay” section. **However, while benefit copayments are the same when utilizing participating and non-participating dentists, the non-participating dentist can bill you for the difference between the amount charged by the dentist and the amount allowed by Delta Dental. Your actual costs for services provided by non-participating dentists may exceed this policy’s maximum out of pocket for out of network services. Your costs for the covered services do not accumulate toward the maximum out of pocket amount if delivered by a non-participating dentist.**

Reviewing and managing your plan details:

Visit us at deltadentalid.com/subscriber to make address & billing changes. You can also view and print information about your payment(s), benefit plan details and claims information.

Choosing a dentist

To fully utilize the benefits from this Contract you must see a Delta Dental PPO or Delta Dental Premier network dentist.

What is the difference between PPO, Premier and non-participating dentists?

- **Delta Dental PPO or Premier participating dentist** means an Idaho dentist who has signed an agreement with Delta Dental to participate. The Delta Dental PPO or Premier participating dentist accepts Delta Dental’s payment and the patient’s copayment, if any, as payment in full.
- **Delta Dental non-participating dentist** means a dentist who has not signed an agreement with Delta Dental, or a Delta Dental participating plan in another state, to participate with Delta Dental. **Non-participating dentists can bill you for the difference between the amount charged by the dentist and the amount allowed by Delta Dental.**

What we don’t cover

The following services are not covered by this Contract.

1. Cosmetic services or supplies, including cosmetic work done on dentures except for congenital anomalies.
2. Injuries or conditions covered under Workers’ Compensation or Employer’s Liability laws; services provided by any government agency; or any services that are provided free of charge.
3. Any dental services provided to anyone covered under this Contract while they are on active service in the Armed Forces.
4. Habit-breaking appliances.
5. Temporomandibular joint (TMJ) services or supplies.
6. Prescription drugs.
7. Any dental services performed or started before this Contract took effect or after this Contract ends.
8. Appliances, surgical procedures, and restorations for increasing vertical dimension; for restoring occlusion; for replacing tooth structure loss resulting from attrition, abrasion, or erosion.
9. Repair, relines, or adjustments of occlusal guards. General anesthesia and/or intravenous (deep) sedation, except when this Contract says otherwise.
10. Replacement or duplicate dentures, bridges or any other appliance.
11. Myofunctional Therapy.
12. Fluoride is a benefit for children ages 18 and under only.
13. Space maintainers and sealants are not covered for adults.
14. Sealants are not covered for adults.
15. There are no benefits for services, supplies, drugs or other charges that are procedures which are not included in the listed covered service or that are not medically necessary for the care of an insured’s covered dental condition.

16. Treatment by other than a dentist, except for services performed by a licensed dental hygienist or denturist within the scope of his or her license.
17. Services that are specialized techniques or that are experimental in nature as determined by the standards of generally accepted dental practice.
18. Services for which no valid dental need can be demonstrated. Services or supplies received as a result of defect, or injury due to an act of war, declared or undeclared.
19. Services or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of Delta Dental coverage.
20. Services covered or provided under any other plan or Contract.
21. Any other service not specifically listed in this Contract as a benefit.
22. Those benefits excluded by the policies and procedures of Delta Dental, including the Processing Policies.
23. Delta Dental is not obligated to pay claims received more than 12 months after the date of service.
24. Pain relievers like nitrous oxide, conscious sedation, euphoric drugs, or injections.
25. Preventive control programs, including home care items.
26. Hospitalization and related charges.
27. Laboratory tests and/or laboratory examinations.
28. Consultations or second opinions unless identified in the "what is covered" section of this Contract.
29. Charges for missed or canceled appointments.
30. Patient management problems.
31. Charges for completing claim forms.

Who is eligible for coverage?

Only Idaho residents are eligible to enroll.

Policy renewal

Your Contract will automatically renew on January 1st of each year unless you notify Delta Dental of Idaho in writing of your intent to cancel within 30 days of the Contract expiration date. You will receive a notice of renewal at least 45 days prior to expiration of this Contract.