

Outline of Coverage For Certified Smile Essential Adult + Basic 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	Preventive and Diagnostic Dental Procedures	Wait Period
0%	Bitewing X-rays are allowed 2 times every calendar year.	None
0%	Periodic exam is allowed 2 times every calendar year.	None
0%	Adult and child cleanings are allowed 2 times every calendar year (restricts against periodontal maintenance within the same time period).	None
0%	Panoramic or full mouth X-rays are allowed 1 time every 5 years.	None
0%	Problem focused exam is allowed 1 time every 1 day from last date of service.	None
You Pay	Basic Dental Procedures	
60%	Periodontal maintenance procedure is allowed 4 times in 12 months (if patient has had previously treated periodontal disease.)	6 months
60%	One surface white filling is allowed 1 time every 24 months from last date of service.	6 months

Deductible – Adult age 19 and over

There is a **\$90** deductible per person per calendar year applied to all procedures.

Annual Maximum – Adult age 19 and over

There is a \$1,000 annual maximum for dental services.

Benefits for children age 0 through age 18

Covered procedures

What follows is a list of 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 procedure – 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	Preventive and Diagnostic Dental Procedures	Wait Period
0%	Periodic exam is allowed 2 times every calendar year.	None
0%	Bitewing X-rays are allowed 2 times every calendar year.	None
0%	Adult and child cleanings are allowed 2 times every calendar year (restricts against periodontal maintenance within the same time period).	None
0%	Fluoride treatment is allowed 2 times every calendar year through age 18.	None
0%	Panoramic or full mouth X-rays are allowed 1 time every 5 years.	None
0%	Space maintainers are allowed 1 time every lifetime through age 18.	None
0%	Sealant is allowed 1 time every 3 years from last date of service through age 18.	None
0%	Problem focused exam is allowed 1 time every 1 day from last date of service.	None
You Pay	Basic Dental Procedures	
0%	Palliative treatment of dental pain – per visit is allowed 1 time every 1 day from last date of service.	None
0%	Full mouth debridement is allowed 1 time every lifetime.	None
0%	Periodontal maintenance procedure is allowed 1 time every 6 months from last date of service.	None
60%	Composite and amalgam fillings are allowed 1 time every 24 months from last date of service.	None
60%	Root canals are allowed 1 time every 24 months from last date of service.	None
60%	Periodontal scaling and root planing-per quadrant is allowed 1 time every 24 months from last date of service.	None
60%	Periodontal surgeries are allowed 1 time every 3 years from last date of service.	None
60%	Extractions are allowed 1 time per tooth every lifetime.	None
60%	Non-surgical extractions- are allowed 1 time per tooth every lifetime.	None

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You Pay	Major Dental Procedures	
60%	Crowns, specifically porcelain/ceramic, porcelain fused to metal and titanium are allowed 1 time every 5 years from last date of service.	None
60%	Prefabricated stainless steel crown - permanent tooth is allowed 1 time every 24 months from last date of service.	None
60%	Core buildup, including any pins is allowed 1 time every 24 months from last date of service.	None
60%	Dentures, specifically complete, immediate, and partials are allowed 1 time every 5 years from last date of service.	None
50%	Child Orthodontia is covered only if medically necessary as per the Idaho Index of Orthodontic Needs (IOTN).	None

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Deductible – Children age 0 through age 18

There is a **\$75** deductible per person per calendar year applied to all procedures except Orthodontia.

Out of pocket maximum – Children age 0 through age 18

In network, Delta Dental PPO or Premier participating dentist: There is a \$450 out of pocket (OOP) annual maximum per pediatric enrollee, or a \$900 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 and relines of occlusal guards.
10. General anesthesia and/or intravenous (deep) sedation, except when this Contract says otherwise.
11. Replacement or duplicate dentures, bridges or any other appliance.
12. Myofunctional Therapy.
13. Fluoride is a benefit for children ages 18 and under only.

14. Space maintainers are not covered for adults.
15. Sealants are not covered for adults.
16. Services relating to crowns, dentures, bridges, surgical extractions including bone, and root related surgeries or therapies are not covered for adults.
17. 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.
18. 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.
19. Services that are specialized techniques or that are experimental in nature as determined by the standards of generally accepted dental practice.
20. 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.
21. 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.
22. Services covered or provided under any other plan or Contract.
23. Any other service not specifically listed in this Contract as a benefit.
24. Those benefits excluded by the policies and procedures of Delta Dental, including the Processing Policies.
25. Delta Dental is not obligated to pay claims received more than 12 months after the date of service.
26. Pain relievers like nitrous oxide, conscious sedation, euphoric drugs, or injections.
27. Preventive control programs, including home care items.
28. Hospitalization and related charges.
29. Laboratory tests and/or laboratory examinations.
30. Consultations or second opinions unless identified in the "what is covered" section of this Contract.
31. Charges for missed or canceled appointments.
32. Patient management problems.
33. 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.