



Delta Dental PPO plus Premier™
Summary of Benefits
for Group# 4957-10001001, 10001003, 10001004, 19901001
IBEW Local 640 & Arizona Chapter N.E.C.A.

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 - IBEW Local 640 & Arizona Chapter N.E.C.A.

Benefit Year - January 1 through December 31

Deductible - For Age 17 and under - \$100 Deductible per person total per Benefit Year limited to a maximum Deductible of \$300 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, and periodontal maintenance. For Age 18 and up - \$100 Deductible per person total per Benefit Year limited to a maximum Deductible of \$300 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, and periodontal maintenance.

Benefit Maximum Payment - For Age 17 and under - \$100,000,000 per person limited to \$100,000,000 per family per Benefit Year on all services. For Age 18 and up - \$2,500 per person total per Benefit Year on all services, except oral exams, preventive services, X-rays, and periodontal maintenance.

Child Age Limit - To age 26

Student Age Limit - To age 26

Covered Services -

Table with 4 columns: Service Description, Delta Dental PPO™ Dentist Plan Pays, Delta Dental Premier® Dentist Plan Pays, and Nonparticipating Dentist Plan Pays*. Rows include Diagnostic & Preventive, Basic Services, and Major Services.

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

Frequencies and Limitations

- Oral exams are payable twice 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 in any five-year period.
- Fluoride treatments are payable twice per calendar year for people age 17 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 twice per calendar year. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Space maintainers and recement or rebond of space maintainers are payable once per area per lifetime for people age 13 and under. Distal shoe space maintainers are payable once per area per lifetime for people age eight 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.
- Implants bound by natural teeth and prefabricated and custom fabricated abutments are payable once per tooth per lifetime and subject to a \$1,000 maximum per tooth. Implant-related services are payable.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are payable.
- Silver amalgam and, for front teeth only, composite resin restorations are payable once per surface in any two-year period. Composite resin restorations are optioned treatment on posterior teeth.
- Porcelain and resin facings on crowns are optioned 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.
- 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 as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

Coverage ends at the end of the month that the Subscriber and/or Dependent is no longer eligible.