



Delta Dental PPO <sup>SM</sup> (Point-of-Service) Group #9541-0001		Delta Dental of Indiana Dental Benefit Highlights for University of Notre Dame DU LAC	Delta Dental PPO <sup>SM</sup> (Point-of-Service) Group #5541-0001					
			PPO Dentist		Premier Dentist		Non-Participating Dentist	
			Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
<b>Diagnostic &amp; Preventive</b>								
100%	0%	<b>Diagnostic and Preventive Services</b> – exams, cleanings, and fluoride	100%	0%	100%	0%	100%	0%
100%	0%	<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	100%	0%	100%	0%	100%	0%
100%	0%	<b>Brush Biopsy</b> – to detect oral cancer	100%	0%	100%	0%	100%	0%
100%	0%	<b>Bitewing Radiographs</b> – bitewing X-rays	100%	0%	100%	0%	100%	0%
<b>Basic Services</b>								
50%	50%	<b>Oral Surgery Services</b> – extractions and dental surgery	80%	20%	50%	50%	50%	50%
50%	50%	<b>Endodontic Services</b> – root canals	80%	20%	80%	20%	50%	50%
50%	50%	<b>Periodontic Services</b> – to treat gum disease	80%	20%	80%	20%	50%	50%
50%	50%	<b>Relines and Repairs</b> – to bridges and dentures	80%	20%	50%	50%	50%	50%
50%	50%	<b>Minor Restorative Services</b> – fillings	80%	20%	50%	50%	50%	50%
50%	50%	<b>Sealants</b> – to prevent decay of permanent teeth	80%	20%	50%	50%	50%	50%
50%	50%	<b>Major Restorative Services</b> – crowns	Offered Under Major Services					
50%	50%	<b>Full Mouth Radiographs</b> – full mouth X-rays	80%	20%	50%	50%	50%	50%
50%	50%	<b>All Other Radiographs</b> – other X-rays	80%	20%	50%	50%	50%	50%
<b>Major Services</b>								
Offered Under Basic Services		<b>Major Restorative Services</b> – crowns	50%	50%	50%	50%	50%	50%
50%	50%	<b>Prosthodontic Services</b> – bridges and dentures	50%	50%	50%	50%	50%	50%
Not Covered	100%	<b>Implants</b> – endosteal implants to replace missing teeth	50%	50%	50%	50%	50%	50%
<b>Orthodontic Services</b>								
50%	50%	<b>Orthodontic Services</b> – braces	50%	50%	50%	50%	50%	50%
No age limit		<b>Orthodontic Age Limit</b> –	No age limit					
\$1,000		<b>Maximum Payment</b> – on all services, except diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants and orthodontic services.	\$1,500					
\$1,500		The lifetime maximum for each eligible person for Orthodontic Services	\$1,500					
\$50 individual/\$150 family		<b>Deductible</b> – The deductible per person total per benefit year limited to a maximum deductible per family per benefit year on Basic Services and Major Services. The deductible does not apply to Diagnostic & Preventive or Orthodontic Services.	\$50 individual/\$150 family					

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for policy exclusions and limitations.

Customer Service toll-free number (800) 524-0149

www.deltadentalin.com

DENTAL PLANS						
PLAN COVERAGE	Delta Dental Premier Group #9541-0001			Delta Dental PPO, POS Group #5541-0001		
	2017		2018		2017	2018
Dental Premiums per Month for Full time employees	Individual	\$16.74	Individual	\$16.74	Individual \$20.50	Individual \$21.36
	Individual + 1	\$31.88	Individual + 1	\$31.88	Individual + 1 \$38.84	Individual + 1 \$40.48
	Family	\$56.78	Family	\$56.78	Family \$71.48	Family \$74.48
Children Eligibility (Due to Age)	Children are eligible up to the age of 26. If a child loses eligibility their coverage will terminate the end of the calendar month in which they lose eligibility.					

Limitations for both 9541 Delta Dental Premier and 5541 Delta Dental PPO (POS)

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Fluoride treatments are payable once per calendar year for people up to age 19.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are only payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Crowns, onlays, and substructures are payable once per tooth in any five-year period.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Full and partial dentures are payable once in any five-year period.
- Bridges and substructures are payable once in any five-year period.
- Nitrous oxide is a Covered Service.
- Implants and implant related services are payable once per tooth in any five-year period (Covered under 5541 Delta Dental PPO (POS) plan only.)

Dependent Child(ren) Eligibility - Children up to age 26.

## **Additional Information**

- If enrolling in a dental plan a 2-year commitment is required (may switch dental plans during open enrollment).
- Member ID# is faculty/staff member's actual social security number.
- Delta Dental Consumer Toolkit – [toolkitsonline.com](http://toolkitsonline.com) The Consumer Toolkit allows a very secure environment for covered members and their spouses to easily:
  - Verify eligibility of subscriber and dependents;
  - Review up-to-date benefits information (such as how much of your yearly benefit has been used to date, how much is still available to use, and levels of coverage for specific dental services).
  - Review specific claims transactions, reimbursements, and payments; and
  - Print your own member ID cards, Delta Dental does not mail ID cards to you

## **Print your Dental Insurance Card**

1. Visit Delta's website at [deltadentalin.com](http://deltadentalin.com)
2. Click on the consumer toolkit on the left hand side in the dropdown box
3. You will need to log-in with your Name, Date of Birth, and Member ID (Social Security Number)
4. Create a username and password
5. After logging in, there will be a link on the left hand side to print your ID card

\*Maximum allowable fee is the amount that your dental plan determines is the normal range of payment for a specific service within a given geographic area. If you are using a non-participating dentist, Delta Dental will reimburse you and not the dentist.

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