

DENTAL BENEFITS for University of the Cumberland

This is not a contract. It is a partial list of benefits and services. For complete details, refer to your certificate.

Delta Dental PPO Plus is Delta's preferred provider organization offering comprehensive dental coverage. This plan features a quality panel of dentists with considerable cost containment advantages.

<u>DEDUCTIBLE</u>	<u>NETWORK</u>	<u>OUT OF NETWORK</u>
	\$ 50 Individual \$150 Family	\$ 50 Individual \$150 Family
<u>MAXIMUM BENEFITS</u> (Per covered person each Benefit Period)	\$1,000	\$1,000
<u>COVERED SERVICES</u>	<u>NETWORK</u>	<u>OUT OF NETWORK</u>
Diagnostic and Preventive Oral exam, emergency exam, palliative emergency treatment, periapical x-rays, bitewing x-rays, panoramic or complete series, topical fluoride application, prophylaxis, sealants, space maintainers	100% of the Allowable Amount, Deductible does not apply	100% of the Allowable Amount, Deductible does not apply
Class I Routine fillings, simple extractions, root canal therapy, oral surgery	80% of the Allowable Amount, Subject to Deductible	80% of the Allowable Amount, Subject to Deductible
Class II Periodontic services	80% of the Allowable Amount, Subject to Deductible	80% of the Allowable Amount, Subject to Deductible
Class III Simple prosthetic repairs	80% of the Allowable Amount, Subject to Deductible	80% of the Allowable Amount, Subject to Deductible
Class IV* Prosthetic services, inlays and crowns	50% of the Allowable Amount, Subject to Deductible	50% of the Allowable Amount, Subject to Deductible
Orthodontics* Diagnosis and treatment plan, minor treatment for tooth guidance, interceptive orthodontic treatment, comprehensive orthodontic treatment	50% of the Allowable Amount, Deductible does not apply. Benefits are limited to a \$1,000 lifetime maximum for covered dependents under age 19.	50% of the Allowable Amount, Deductible does not apply. Benefits are limited to a \$1,000 lifetime maximum for covered dependents under age 19.

*12-month waiting period on Class IV and Orthodontic Services. Replacement of teeth missing prior to the effective date are not covered.

Dependents covered to age 19, full-time student to age 25.

Dentists who have signed participating agreements with Delta Dental of Kentucky agree to accept the Allowable Amount as payment in full for Covered Services as these terms are defined in the Certificate of Coverage. Each Covered Person is responsible for the amount of Coinsurance, Deductible, and non-covered charges. Dentists who have not signed a participating agreement may bill you directly for any amount of their charge in excess of the Allowable Amount. In cases where the dentist's charges exceed the Allowable Amount, your coinsurance will be larger. Certain procedures require preauthorization and/or are subject to limitations.