

## Snake River School District #52

### GENERAL BENEFIT PLAN SUMMARY

#### Selected Benefits and Percentages

**Contract Effective Date:** 09/01/2014

**Group Number:** 0763

Deductible:	PPO	Premier	Non-Par
Per Person	\$25	\$50	\$50
Per Family	\$75	\$150	\$150

*Excluding Diagnostic and Preventive services per calendar year.*

Maximum Benefit:	PPO	Premier	Non-Par
	\$1,000	\$750	\$500

*Per eligible person per calendar year.*

	PPO	Premier	Non-Par
<b>Preventive &amp; Diagnostic Services:</b> <i>Examinations, x-rays, teeth cleaning</i>	100%	100%	80%
<b>Basic Services:</b> <i>Fillings, root canals, extractions, minor oral surgery</i>	80%	60%	40%
<b>Major Services:</b> <i>Crowns, onlays, bridges, dentures</i>	50%	0%	0%
<b>Implants:</b>	50%	0%	0%

**Value-Added Orthodontic Discount Program**

*Delta Dental of Idaho subscribers and their eligible dependents can receive a discounted fee for adult and child orthodontia treatment if they obtain services from a Delta Dental Discount Program orthodontist in Idaho. Please see your employer for additional information. This value-added service is not insurance.*

### Additional Benefits / Limitations

**Class I Preventive and Diagnostic Services**

*Examinations once every 6 months; Cleanings once every 6 months (restricts against periodontal cleaning within the same time period); Fluoride once every 12 months for dependent children under age 19; Sealants once per tooth every 3 years for dependent children under 19; Full mouth series or panoramic x-rays once every 5 years; Bitewing x-rays once every 12 months; Space maintainers under age 18 once a lifetime per permanent tooth.*

**Class II Basic Services**

*Periodontal cleanings once every 6 months (restricts against basic cleaning within the same time period); Full mouth debridement (4355) is a benefit if no cleanings within 12 months of the service date (an additional cleaning is allowed within 60 days of the full mouth debridement); Scaling and root planning (4341, 4342) covered once every 24 months per quadrant (no limit as to the number of quadrants per visit); Root Canals, Extractions, Periodontics; Fillings restricted to same tooth/surface once every 24 months; Posterior fillings are paid as composites; Composite fillings are not downgraded to amalgam; Nitrous oxide is not covered.*

**Dependents**

*Eligible children must be under age 26.*

**Class III Major Restorative Services**

*Crowns, Build-ups, stainless steel crowns, onlays, or bridges on same tooth once every 7 years; For dependent children under age 16, benefits are limited to plastic or stainless steel crowns on same tooth once every 24 months; Prosthetic services pay on the prep date; Occlusal guards are covered for bruxism only once in 24 months; Missing tooth clause does not apply; TMJ is not a covered benefit; Partials, or dentures 1 time per arch every 7 years, eligible for partials at age 0. Late enrollee waiting period is 24 months.*

**Implants**

*Implants are a covered benefit per tooth with a maximum lifetime benefit of \$900 (including crown) applied to the annual individual maximum benefit.*

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This is only a general summary of benefits. It provides a brief description about the important features of this policy and does not constitute a contract or guarantee of payment. Full terms and conditions are set forth in the policy provisions. If you have any questions about your benefit plan's coverage detail and benefits or would like to submit a predetermination before services are performed, please call one of our friendly Delta Dental customer service advisors at (208) 489-3580. You may also log onto our website, [www.deltadentalid.com](http://www.deltadentalid.com), for benefit and eligibility information or up-to-date claim status. Once you have logged onto our website, simply click onto the Subscriber Online Connection. Or, if you have a fax machine, you may access your eligibility and claim information by calling Delta Dental's ProFax number at (208) 489-3545.