

**DELTA DENTAL PPO
SUMMARY OF BENEFITS
FOR COVERED EMPLOYEES OF:**

Medford Area Public School District

(See Dental Benefit Handbook for definitions of capitalized terms.)

GROUP NUMBER: 11511 - 00000

EFFECTIVE DATE OF PROGRAM: September 1, 2011

OPEN ENROLLMENT

Changes in enrollment status will be considered during an Open Enrollment Period 30 days prior to the Contract renewal date, with changes becoming effective on the renewal date.

WAITING PERIOD

Employees and their Dependents who apply for coverage after their initial eligibility period or without a qualifying event (loss of spousal benefits, marriage, divorce, birth or adoption, or the loss of employee coverage through another insurer) will:

Wait until the next Open Enrollment Period.

TERMS OF ELIGIBILITY

Eligibility begins:

For eligible new employees, eligibility begins the date of employment.

For eligible new employees, the waiting period is 0 days.

For employees enrolling their Dependents:

Dependent children are eligible through the end of the month in which they attain age 26, regardless of student status, or if age 26 and beyond, to the date they lose eligibility due to the Dependent's inability to meet all of the requirements in the Handbook.

Part-time employees are covered; minimum hours worked is defined by the District.

DEDUCTIBLE LIMITATIONS

Delta Dental shall not be obligated to pay any Deductible specified below.

The Deductible for Dental Procedures provided by Delta Dental PPO Dentists is \$50 per Subscriber and per Covered Dependent, per Benefit Accumulation Period; however, no family will pay more than \$150 per Benefit Accumulation Period in Deductibles regardless of the number of family members covered.

The Deductible for Dental Procedures provided by Delta Dental Premier Dentists is \$50 per Subscriber and per Covered Dependent, per Benefit Accumulation Period; however,

no family will pay more than \$150 per Benefit Accumulation Period in Deductibles regardless of the number of family members covered.

The Deductible for Dental Procedures provided by Noncontracted Dentists is \$50 per Subscriber and per Covered Dependent, per Benefit Accumulation Period; however, no family will pay more than \$150 per Benefit Accumulation Period in Deductibles regardless of the number of family members covered.

MAXIMUM BENEFIT

The maximum total Benefit payable in any Benefit Accumulation Period is limited to the amount specified below.

The maximum total Benefit per Subscriber and per Covered Dependent, per Benefit Accumulation Period for Dental Procedures provided by Delta Dental PPO Dentists is \$1,500, and \$1,500 for Dental Procedures provided by Delta Dental Premier Dentists, and \$1,500 for Dental Procedures provided by Noncontracted Dentists. In no case will the maximum total Benefit exceed \$1,500 regardless of the network chosen.

There is a separate lifetime maximum of \$100 for each Subscriber and each Covered Dependent for occlusal adjustments.

ORTHODONTIC MAXIMUM BENEFIT

Delta Dental's obligation for orthodontic Benefits is limited to the lifetime maximum specified below.

The maximum lifetime orthodontic Benefit is \$1,500 for each Covered Dependent child to age 19.

SCHEDULE OF BENEFITS, LIMITATIONS AND COVERAGE PERCENTAGE:

This Contract provides the following Benefits subject to the Coverage percentage listed for each Benefit and subject to any applicable Deductible. The Coverage and Coinsurance percentages may vary based upon the network membership of the treating Dentist at the time the Dental Procedure is completed. The application of the Deductible, if any, also may vary based upon the network membership of the treating Dentist at the time the Dental Procedure is completed.

For example, if the Coverage percentage shown is "80," that Benefit is 80% of the Maximum Plan Allowance, after satisfaction of any applicable Deductible. In the same example, the Coinsurance (the amount the patient must pay) would be the remaining 20%.

If the Coverage percentage shown is "0", that Benefit is not provided in the Group Contract.

The Benefit Accumulation Period begins on January 1, 2014 ends on December 31, 2014, and thereafter shall be the 12 month period beginning on January 1, 2015.

PPO = Delta Dental PPO Dentist Premier = Delta Dental Premier Dentist NC = Noncontracted Dentist

Does Deductible Apply? Yes/No			Coverage Percentage			Benefit
PPO	Premier	NC	PPO	Premier	NC	
N	N	N	100	100	100	Examinations two times per Benefit Accumulation Period.
N	N	N	100	100	100	Full mouth series x-rays at twenty four month intervals; either individual films, or panoramic film, including bitewings.
N	N	N	100	100	100	Bitewing x-rays no more frequently than two times per Benefit Accumulation Period (limited to a set of four films).
N	N	N	100	100	100	Routine prophylaxis (teeth cleaning) or periodontal maintenance procedure four times per Benefit Accumulation Period.
Y	Y	Y	100	100	100	Routine prophylaxis. Periodontal maintenance procedure.
N	N	N	100	100	100	Topical fluoride applications two times per Benefit Accumulation Period for Covered Dependent children to age 19.
N	N	N	100	100	100	Space maintainers for retaining space when a primary tooth is prematurely lost.
N	N	N	100	100	100	Emergency treatment to relieve pain.
N	N	N	100	100	100	Topical application of sealants for Covered Dependents to age 17. Application is limited to the occlusal surface of bicuspids and molars which are free of decay and restorations. Benefits for sealants are limited to one application per tooth per five years.
Y	Y	Y	100	100	100	Amalgam (silver) restorations.
Y	Y	Y	100	100	100	Composite (tooth colored) restorations for all teeth.
Y	Y	Y	100	100	100	Stainless steel crowns – one per tooth in a three year period.
Y	Y	Y	100	100	100	Endodontics including root canal treatment and root canal therapy.
Y	Y	Y	100	100	100	Surgical endodontic treatment.
Y	Y	Y	100	100	100	Non-surgical periodontics including procedures necessary for the treatment of diseases of the gums and bone supporting the teeth – treatment is limited to once per quadrant every 24 months.

Does Deductible Apply? Yes/No			Coverage Percentage			Benefit
PPO	Premier	NC	PPO	Premier	NC	
Y	Y	Y	100	100	100	Surgical periodontic treatment; treatment is limited to once per quadrant every 36 months.
Y	Y	Y	100	100	100	Non-surgical extractions.
Y	Y	Y	100	100	100	Oral surgery (cutting procedures) and surgical extractions including pre-operative and post-operative care.
Y	Y	Y	100	100	100	<p>Crowns, inlays, or onlays are provided when teeth are broken down by dental decay or accidental injury and may no longer be restored adequately with a filling material. Coverage for the purpose of replacing a defective existing crown, inlay or onlay will be provided only after a five year period from the date on which the defective item was last supplied, whether or not Delta Dental paid for the original Dental Procedure as a Benefit under this Contract.</p> <p>Porcelain veneers on crowns are Benefits on the six front teeth, bicuspid, and upper first molars.</p>
Y	Y	Y	50	50	50	<p>Prosthetics, including fixed bridgework, implants, partial dentures, and complete dentures to replace missing permanent teeth. Coverage for the purpose of replacing a defective existing fixed bridge or partial/complete denture will be provided only after a five year period from the date on which the defective item was last supplied, whether or not Delta Dental paid for the original Dental Procedure as a Benefit under this Contract.</p> <p>Porcelain veneers on crowns or pontics are Benefits on the six front teeth, bicuspid, and upper first molars.</p> <p>Fixed bridges, partial/complete dentures or implants are provided where chewing function is impaired due to missing teeth. A fixed bridge or implant and implant related procedures may be a Benefit if no more than two teeth are missing in the dental arch in which the bridge is proposed. Delta Dental will provide for replacement of missing teeth with the least elaborate procedure when three or more teeth are missing in the dental arch.</p> <p>Coverage for initial replacement of teeth is not limited to those lost while a Subscriber or Covered Dependent.</p>

Does Deductible Apply? Yes/No			Coverage Percentage			Benefit
PPO	Premier	NC	PPO	Premier	NC	
Y	Y	Y	100	100	100	Repairs and adjustments to prosthetic appliances. Denture reline and rebase is a Benefit once in any three year period.
						<p>Covered orthodontic appliances and treatment, related services for orthodontic purposes to include examination, x-rays, extractions, photographs, and study models, subject to the orthodontic maximum benefit.</p> <p>Repair and replacement of orthodontic appliances are not covered.</p> <p>Delta Dental calculates all orthodontic treatment schedules according to the following formula:</p> <ul style="list-style-type: none"> - 25% of the total Maximum Plan Allowance (subject to the Coverage Percentage stated herein and any applicable Deductible) is considered the initial payment to be paid by Delta Dental. - The remainder of the Maximum Plan Allowance is divided by the months of treatment and the resulting amount is paid monthly by Delta Dental (subject to the Coverage Percentage, any applicable Deductible and the orthodontic maximum Benefit stated herein.) <p>If orthodontic treatment is stopped for any reason before it is complete, Delta Dental will suspend all monthly payments.</p> <p>Coverage includes orthodontic treatment in progress. Treatment is in progress if an appliance or banding has been placed and the patient is receiving treatment by the attending orthodontist according to a current treatment plan. Liability for orthodontic treatment in progress shall extend only to the unearned portion of the treatment in progress (that portion occurring after enrollment) and Delta Dental shall be the sole determinant of this unearned amount eligible for coverage. However, there are no Benefits available for Dental Procedures, including orthodontic treatment in progress, after coverage terminates.</p>
N	N	N	50	50	50	

OPTIONAL PROCEDURES

Delta Dental will pay the applicable Maximum Plan Allowance for the least expensive Dental Procedure that is adequate to restore the tooth or dental arch to contour and function, but only if that Dental Procedure is a Benefit of this Contract. The Subscriber or Covered Dependent will be responsible for the remainder of the Dentist's fee if a more expensive Dental Procedure is selected. The Coinsurance and Deductible will apply regardless of which Dental Procedure is selected.

SPECIAL CONDITIONS

Consultations are a covered benefit under this plan.

V6PKJPQASG12122013

**AMENDMENT
TO
HANDBOOK**

This Amendment modifies the Group dental benefits afforded by the dental policy with Delta Dental of Wisconsin, Inc. and must be read in conjunction with the Handbook. All terms and conditions of your policy remain in effect, except as modified by this amendment. Please read this amendment carefully.

Effective immediately, the section entitled **Eligibility, Covered Dependents**, in your dental Handbook will be deleted and replaced with the following language:

Covered Dependents. If you are enrolled for family coverage, the following persons may be covered under your Group's Contract as your Dependents:

1. Your lawful spouse
2. Your children (including any children's children until Your child is 18), including step and adopted children and children placed for adoption with you, who are less than 26 years of age.
3. Notwithstanding 1 and 2 above, your adult Dependent children, including step and adopted children and children placed for adoption with you may be covered under this policy if the adult child satisfies all of the following:
 - (a) The child is a full-time student, regardless of age; and
 - (b) The child was under 26 years of age when he or she was called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was attending, on a full-time basis, an institution of higher learning; and
 - (c) The child re-enrolled as a full-time student within 12 months of returning from active duty.
4. A Dependent child over age 26 who is financially dependent on the Eligible Employee because of physical or mental incapacity that commenced while covered under this policy and prior to the Dependent child reaching age 26, provided a physician's certificate of disability is submitted within six months following the Dependent child's 26th birthday. The Company reserves the right to request proof of continued disability from time to time, but not more often than annually after the two-year period immediately following the Dependent child's attainment of the limiting age.

Dependents in military service are not covered by your Group's Contract.

Dependents no longer meeting the above requirements because of divorce or separation from an Eligible Employee, or the end of a child's dependency status may elect to continue coverage. Please see the **Continued Coverage (COBRA)** section of this Dental Benefit Handbook.

**THIS AMENDMENT IS PART OF THE HANDBOOK REFERENCED HEREIN AND
SHOULD BE KEPT WITH THAT DOCUMENT.**