



**Delta Dental PPO™ (Standard)**  
**Summary of Dental Plan Benefits**  
**For Group #7040-1001, 1003, 1004, 1006, 1010, 9101, 9103, 9104, 9106, 9110**  
**City of Indianapolis & Marion County Low Plan**

This Summary of Dental Plan 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.\*

**Control Plan** – Delta Dental of Indiana

**Benefit Year** – January 1 through December 31

**Covered Services** –

|                                                                                                          | Delta Dental PPO™<br>Dentist        | Delta Dental<br>Premier® Dentist | Non-Participating<br>Dentist |
|----------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------|------------------------------|
|                                                                                                          | Plan Pays                           | Plan Pays*                       | Plan Pays*                   |
| <b>Diagnostic &amp; Preventive</b>                                                                       |                                     |                                  |                              |
| <b>Diagnostic and Preventive Services</b> – exams, cleanings, and fluoride                               | 100%                                | 100%                             | 70%                          |
| <b>Radiographs</b> – X-rays                                                                              | 100%                                | 100%                             | 70%                          |
| <b>Basic Services</b>                                                                                    |                                     |                                  |                              |
| <b>Space Maintainers</b> – appliances to prevent tooth movement                                          | 80%                                 | 80%                              | 50%                          |
| <b>Palliative Treatment</b> – to temporarily relieve pain                                                | 80%                                 | 80%                              | 50%                          |
| <b>Sealants</b> – to prevent decay of permanent teeth                                                    | 80%                                 | 80%                              | 50%                          |
| <b>Brush Biopsy</b> – to detect oral cancer                                                              | 80%                                 | 80%                              | 50%                          |
| <b>Minor Restorative Services</b> – fillings and crown repair                                            | 80%                                 | 80%                              | 50%                          |
| <b>Other Basic Services</b> – misc. services                                                             | 80%                                 | 80%                              | 50%                          |
| <b>Relines and Repairs</b> – to prosthetic appliances                                                    | 80%                                 | 80%                              | 50%                          |
| <b>Endodontic Services</b> – root canals                                                                 | 50%                                 | 50%                              | 25%                          |
| <b>Periodontic Services</b> – to treat gum disease                                                       | 50%                                 | 50%                              | 25%                          |
| <b>Oral Surgery Services</b> – extractions and dental surgery                                            | 50%                                 | 50%                              | 25%                          |
| <b>TMD Treatment</b> – treatment of the disorder of the temporomandibular joint, including related films | 50%                                 | 50%                              | 25%                          |
| <b>Major Services</b>                                                                                    |                                     |                                  |                              |
| <b>Major Restorative Services</b> – crowns                                                               | 25%                                 | 25%                              | 25%                          |
| <b>Prosthodontic Services</b> – bridges, implants, dentures, and crowns over implants                    | 25%                                 | 25%                              | 25%                          |
| <b>Orthodontic Services</b>                                                                              |                                     |                                  |                              |
| <b>Orthodontic Services</b> – braces                                                                     | 50%                                 | 50%                              | 50%                          |
| <b>Orthodontic Age Limit</b> –                                                                           | Subscriber and Spouse, No Age Limit |                                  |                              |

\* When you receive services from a Delta Dental Premier or Non-Participating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable once per calendar year for people age 18 and under.

- Space maintainers are payable once per area per three-year period for people age 14 and under.
- Bitewing X-rays are payable twice per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Four periapical X-rays are payable per calendar year. Occlusal X-rays are payable twice in any two-year period. TMD films are payable without limitation.
- Sealants are payable once per tooth per two-year period for first and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Crowns, onlays, inlays and substructures are payable once per tooth in any seven-year period. Prefabricated crowns are payable once in any five-year period for people up to age 19.
- Composite resin (white) restorations are payable on posterior teeth.
- Root planing is payable once per quadrant per three-year period.
- TMD treatment may be payable first by the medical carrier, then will be a Covered Service under this plan, once per lifetime, secondary to medical. Surgical removal of completely bony impacted tooth and removal of residual tooth roots are payable services. Surgical reduction of osseous tuberosity is payable once in any three-year period.
- Benefits for Temporomandibular Disorders (TMD) are limited to those services normally provided by a dentist to relieve oral symptoms associated with malfunctioning of the temporomandibular joint. This does not include services that would normally be provided under medical care.
- Full and partial dentures are payable once in any seven-year period. Reline and rebase of dentures are payable once in any two-year period. Adjustments to complete dentures are payable twice in any 12-month period. Adjustments to partial dentures, and tissue conditioning are payable twice in any two-year period.
- Bridges are payable once in any seven-year period.
- Implants are payable once per tooth in any seven-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment – Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist** - \$1,500 per Member total per Benefit Year on all services, except orthodontic services. \$1,900 per Member total per lifetime on orthodontic services.

**Non-Participating Dentist** - \$1,500 per Member total per Benefit Year on all services, except orthodontic services. \$500 per Member total per lifetime on orthodontic services.

These are not separate maximums by type of dentist.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

**Deductible – Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist** - None.

**Non-Participating Dentist** - \$25 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$50 per family per Benefit Year. The Deductible does not apply to oral exams, prophylaxes (cleanings), fluoride, X-rays, and orthodontic services.

**Waiting Period** – Enrollees who are eligible for Benefits are covered first of the month following 30 days of employment.

**Eligible People** – All active City of Indianapolis & Marion County employees with more than 1,320 hours worked in the calendar year or retirees who are under the age of 65 who choose the Low plan: City & Marion County (1001), Indianapolis Housing Agency (1003),

Indianapolis Bond Bank (1004), Greater Indianapolis Progress Committee (1006), Indianapolis Metropolitan Planning Organization (1010), and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (1009), City of Indianapolis & Marion County (9101), Indianapolis Housing Agency (9103), Indianapolis Bond Bank (9104), Greater Indianapolis Progress Committee (9106), Indianapolis Metropolitan Planning Organization (9110).

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled.

Enrollees and their Dependents are eligible to elect coverage in either dental plan only during the Open Enrollment period. Dependents may enroll if the Enrollee is enrolled (excluding COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if such change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, 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.

Benefits will cease at the end of the month following the termination date.

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)

<https://www.DeltaDentalIN.com>

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