



**Quicksilver Express Courier
For Client # 526754
Summary of Dental Plan Benefits
Delta Dental PPO plus Premier™**

This Summary of Dental Plan Benefits should be read along with your Dental Plan Description. Your Dental Plan Description 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 Dental Plan Description, the statement in this Summary applies to you and you should ignore the conflicting statement in the Dental Plan Description. 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 Minnesota

Coverage Year - January 1 through December 31

Covered Services -

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Periodontal Maintenance - cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	80%
Minor Restorative Services - fillings	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Anesthesia Services - when medically necessary	80%	80%	80%
TMD Treatment - treatment of the disorder of the temporomandibular joint, including related films	80%	80%	80%
Major Services			
Crown Repair - to individual crowns	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Other Basic Services - misc. services	50%	50%	50%
Relines and Repairs - to bridges, implants, and dentures	50%	50%	50%
Prosthodontic Services - bridges and dentures	50%	50%	50%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

Annual Maximum – \$1,500 per person total per Coverage Year on all services.

Deductible – \$50 Deductible per person total per Coverage Year limited to a maximum Deductible of \$150 per family per Coverage Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, and periodontal maintenance.

Eligible People – Your Spouse and your Children, to the end of the month in which they turn 26, are eligible, 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.

- Composite resin (white) restorations are payable on posterior teeth.
- Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period. Bitewing X-rays are payable once in any 12-month period.
- Oral examinations are payable twice per calendar year.
- Endodontic therapy and retreatment of previous root canal therapy and retrograde fillings are payable once in any two-year period. Apicoectomy is payable once in any two-year period. Bone grafts are payable once in any three-year period.
- Caries risk assessment and documentation is payable once in any three-year period for people age 3 and older. Oral hygiene instruction is payable once per lifetime.
- Maxillofacial prosthodontic services are not payable.
- Orthodontics (including tooth transplantation, exposure of an unerupted tooth, placement of device to facilitate eruption of an impacted tooth, surgical repositioning of teeth, osteoplasty, and LeFort procedures) are not payable.
- Fluoride treatments are payable once per calendar year for people age 18 and under.
- Fixed and removable prosthetic procedures are payable once in any five-year period.
- Crowns and associated procedures (such as cores and substructures) are payable once per tooth in any five-year period. Protective restoration, interim therapeutic restoration, post removal, and provisional crowns are not payable.
- Bridges are payable once in any five-year period for people age 16 and older. Retainer crown - porcelain fused to high noble metal is payable once in any five-year period. Recement or rebond of bridges is payable once in any 12-month period.
- Osseous surgery and periodontal scaling and root planing are payable once in any three-year period. Anatomical crown exposure, surgical revision procedure, and localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue are not payable.
- Sealants and sealant repairs are payable once per tooth per lifetime for people age 15 and under.
- Space maintainers are payable once per area per lifetime for people age 16 and under.
- Services related to the treatment of TMD are payable once per lifetime. General anesthesia and IV conscious sedation are payable for patients age five and older. Fixed partial denture sectioning is payable once in any five-year period.
- Removal of impacted tooth (soft tissue, completely bony) is payable once per lifetime.
- Four periapical X-rays are payable in any 12-month period. Occlusal X-rays are payable twice in any two-year period. Sialography is payable once in any 12-month period.
- Scaling and debridement in the presence of inflammation or mucositis of a single implant is payable once in any two-year period.
- Bone graft for repair of peri-implant defect or at time of implant placement is payable once per tooth in any three-year period. Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant is payable once per tooth per lifetime.
- Two prophylaxes (cleanings), including periodontal maintenance procedures, are payable per calendar year.