

**Campbell County School District #1
Group #7004**

Summary of Benefits

Benefits	Premier Network	Out of Network*
Diagnostic & Preventive Services <ul style="list-style-type: none"> ✓ Routine periodic examinations, including bitewing x-rays twice per calendar year. ✓ Dental prophylaxis (cleaning) twice per calendar year. <p align="center">OR</p> <ul style="list-style-type: none"> ✓ Periodontal maintenance once every six months (not more than two per calendar year). <ul style="list-style-type: none"> ○ Benefit is for either a prophylaxis/cleaning or periodontal maintenance. subscribers cannot utilize both. ✓ Topical fluoride applications once every twelve months. (Dependents under the age of 19). ✓ Space maintainers, fixed. (Dependents under the age of 19). ✓ Sealants. (Dependents under the age of 19). ✓ Full mouth x-rays once every three years. 	100%	100%
Basic Services <ul style="list-style-type: none"> ✓ Extractions and other oral surgery. ✓ Amalgam, preformed crowns, synthetic porcelain, plastic and composite restorations (fillings). ✓ Endodontics. ✓ Periodontics. ✓ Periodontal maintenance once every six months (not more than two per calendar year) coordinated with the periodontal maintenance performed under diagnostic and preventive services above. 	85%	85%
Major Services <ul style="list-style-type: none"> ✓ Crowns when teeth cannot be restored with a filling material. ✓ Prosthetics - provides bridges, partial dentures and complete dentures. ✓ Dental implants. 	50%	50%
Orthodontic Services <ul style="list-style-type: none"> ✓ For dependent children. (Under the age of 19). 	50%	50%
Annual Maximum (Calendar Year)	\$1,500.00	\$1,500.00
Deductible <ul style="list-style-type: none"> ✓ Deductible does NOT apply to Diagnostic and Preventive or Orthodontic Services. 	\$45 per person per calendar year/\$90 per family	\$45 per person per calendar year/\$90 per family
Orthodontic Lifetime Maximum	\$1,750.00	\$1,750.00

*Out of Network: When you receive services from non-participating dentists, you will not receive any of the advantages that our agreement offers. Non-participating dentists do not accept Delta Dental's pre-approved fees. This means you are responsible for any difference between their charge and what Delta Dental pays. Claims are paid to you. You are responsible for paying your dentist for claims as well as any deductible, co-insurance, or non-approved charge.

This is a brief description of benefits and limitations. Please see your policy booklet for full descriptions.