



Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits For Group# 7070-0001, 0002, 0099 Butler University

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 Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	70%	70%
Endodontic Services – root canals	80%	70%	70%
Periodontic Services – to treat gum disease	80%	70%	70%
Oral Surgery Services – extractions and dental surgery	80%	70%	70%
Other Basic Services – misc. services	80%	70%	70%
Relines and Repairs – to bridges, implants, and dentures	80%	70%	70%
Major Services			
Major Restorative Services – crowns	50%	40%	40%
Prosthodontic Services – bridges, implants, and dentures	50%	40%	40%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	Up to age 19	Up to age 19	Up to age 19

* 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 your dentist charges 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 twice per calendar year for people up to age 19.

- Bitewing X-rays are payable twice per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per three-year period for the occlusal surface of first and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

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 Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$1,500 per person total per Benefit Year on all services except orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

Deductible – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$100 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, and orthodontic services.

Waiting Period – Employees who are eligible for dental benefits are covered on the date of hire.

Eligible People – All active faculty members who teach at least 12 credit hours during an academic year and all other active employees who work at least 20 hours per week for the University who choose the dental plan (0001), and their eligible dependents: provided, however, that the following employees are not eligible to participate in the Plan: (i) adjunct faculty members, (ii) a person employed by the University on a basis or pursuant to an agreement that excludes him or her from participating in the University's benefit programs, and (iii) an individual who the University has designated as an independent Contractor, regardless of whether such individual is later determined to be a common law employee of the University and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099).

Retirees who retire on or after age 55 with at least 15 years of service who choose the dental plan (0002), and their eligible dependents. Spouses of eligible retirees are eligible until they divorce the retiree or, if the retiree is deceased, remarry. The Contractor and Subscriber share the cost of this plan.

Eligible dependents include the employee's spouse, dependent unmarried children until the end of the calendar year in which they attain the age of 26, and dependent unmarried children who are totally and permanently disabled within the meaning of the tax code, so long as their disability began before age 19. Children means natural children, stepchildren, legally adopted children on the earlier of the date of adoption or placement for adoption, children covered under a qualified medical child support order, or children covered by a legal guardianship and your same-sex domestic partner as defined by the contractor. (Effective January 1, 2016 Domestic Partner coverage is changing, please reference your Plan Document page 2, Section 2.02(h)(2).) You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your spouse are both eligible for coverage under this Contract, you may be enrolled together on one application or separately on individual applications, but not both. Your dependent children may only be enrolled on one application. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Contract.

Benefits will cease on the last day of the month in which the employee is terminated or a retiree ceases to be eligible for retiree coverage.