

Plan Benefit Highlights for: Elmira City School District (NYSUT)

Group No: 17056

Effective Date: 07/01/2014

DELTA DENTAL PPOSM

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26
Deductibles	\$50 per person / \$150 per family each plan year
Deductibles waived for D & P and Orthodontics?	Yes
Maximums	\$1500 per person each plan year
D & P counts toward maximum?	Yes

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	75 %	75 %
Basic Services Fillings and simple tooth extractions	50 %	50 %
Endodontics (root canals) Covered Under Major Services	50 %	50 %
Periodontics (gum treatment) Covered Under Major Services	50 %	50 %
Oral Surgery Covered Under Major Services	50 %	50 %
Major Services Crowns, inlays, onlays, cast restorations and denture/bridge repair	50 %	50 %
Orthodontic Benefits Dependent children to the age 19	50 %	50 %
Orthodontic Maximums	\$ 1000 Lifetime	\$ 1000 Lifetime

BENEFIT HIGHLIGHTS

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 90th percentile for non-Delta Dental dentists.

Delta Dental of Pennsylvania
One Delta Drive
Mechanicsburg, PA 17055

Customer Service
800-932-0783

Claims Address
P.O. Box 2105
Mechanicsburg, PA 17055-6999

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.