

## EPC - DENTAL PLAN SUMMARY – Delta Dental



District: **Greene County ESC**

**Dependents:** Spouse and unmarried children to end of calendar year age 19; full time students or IRS dependents to end of calendar year age 24

**More information:** Delta Dental Customer Service 1-800-542-0149 or [www.deltadental.com](http://www.deltadental.com)

The optional **Delta Preferred Option USA provider networks are part of this plan. See below for details.**

Covered Services	% of Payment *
<b>Preventive &amp; Diagnostic Services</b> <ul style="list-style-type: none"> <li>• Exams &amp; Cleanings – max 2 per 12 mos.</li> <li>• X-rays</li> <li>• Fluoride Treatment – max 1 per 12 mos.</li> </ul>	100%
<b>Basic Restorative Services</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Root Canals</li> <li>• Periodontics</li> <li>• Oral Surgery</li> </ul>	80%
<b>Major Restorative</b> <ul style="list-style-type: none"> <li>• Crowns &amp; Dentures</li> </ul>	60%
Refer to the Plan booklet for a complete list of covered services.	

Deductible – per Calendar Year	\$25 per person, \$50 family max Applies to Restorative Services only
Maximum Benefit	\$1500 per person per year

### ORTHODONTIA

Benefit Payment *	60%
Maximum – per lifetime	\$1000
No deductible applies	

\* All benefit payments are a percentage of a reasonable charge as determined by the claim administrator. Dentists can bill you for the excess if their fee exceeds R&C.

**More Details:** This is a brief summary of benefits. The procedures listed above are examples of the types of services. For more detail on covered services and exclusions that apply refer to the plan certificate, call Delta Dental Customer Service or refer to the Dental page of this website.

**Pre-Determination:** If the cost of the proposed dental treatment is expected to exceed \$200, your dentist should send complete information to Delta Dental prior to treatment for their predetermination of the benefits that will be paid.

**Delta Dental Preferred Option Provider Network:** Delta Preferred Option (DPO) provides two networks of dentists who have agreed to accept DPO's negotiated fees. This means your costs are likely to be lower because DPO dentists agree to accept payment according to Delta Dental's DPO fee schedule. And if the amount in Delta Dental's DPO fee schedule is lower than the dentist's fee, the dentist cannot charge you the difference. This is an optional network. You are not required to use network dentists. However, using network dentists will reduce your out of pocket expense. For a list of network dentists see [www.deltadental.com](http://www.deltadental.com). For more information on Delta's networks, refer to the Dental page of this website.

**Eligibility & Enrollment:** New employees have 31 days to enroll in the dental plan. Also, **newborn children must be enrolled within 31 days of birth** to be covered. Those who do not enroll when first eligible can do so during Open Enrollment which takes place at the beginning of the school year. Contact your district Treasurer or Personnel Director for specific dates. For more details on eligibility and enrollment, please refer to the plan booklet.

**Claims:** Claims should be sent to Delta Dental, PO Box 9085, Farmington Hills, MI 48333-9085. All dental claims, Explanation of Benefits are online at [www.deltadental.com](http://www.deltadental.com). For additional information on claims or coverage, contact Delta Dental Customer Service at 1-800-524-0149.