



2020 Plan Rates	Monthly Rates	Bi-Weekly Rates
Employee Only	\$39.28	\$19.64
Employee + 1 dependent	\$68.54	\$34.26
Employee + 2 or more dependents	\$98.18	\$49.09

Delta Dental PPO plus Premier

Schedule of Benefits for Hendrix College

Effective Date: 01/01/2017 12:01 a.m. Central Standard Time

Group Number: 4754-10000000

Deductible: Applies to Basic Restorative Services and Major Restorative Services per benefit period.

	Premier and PPO In Network	Out-of-Network
Individual	\$50	\$50
Family	\$150	\$150

Annual Maximum Payment: The annual maximum amount applies to Diagnostic and Preventative Services, Basic Restorative Services and Major Restorative Services per benefit period.

	Premier and PPO In Network	Out-of-Network
Annual Individual	\$1,500	\$1,500

Benefit period: A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31st of each year.

Dependent Age Limit: To the end of the month year in which the child reaches age 26.

Coverages and Maximum Plan Allowances (MPA)

Coverage A – Diagnostic and Preventative Services

**Premier In Network 100% MPA
PPO In Network 100% MPA
Out-Of-Network 90% MPA**

- Routine periodic and specialty evaluations are Covered Services up to two (2) time(s) in any Calendar Year. This is inclusive of an initial, oral evaluation.
- Prophylaxis (Cleaning) is a Covered Service up to two (2) time(s) per Calendar Year. (*Please see information on Evidence Based Dentistry.)
- Sealants are Covered Services for Eligible Dependents prior to age sixteen (16) one (1) time(s) per tooth per lifetime.
- Topical application of fluoride is a Covered Service one (1) time(s) per Calendar Year for Eligible Dependents prior to age nineteen (19).
- One (1) additional fluoride application per Calendar Year is a Covered Service for Eligible Dependents prior to age nineteen (19) who are identified at a moderate or high risk (as defined by the American Dental Association’s Dental Procedure Codes) for developing caries.
- Brush Biopsy is a Covered Service upon consultant review.
- Bitewing and periapical x-rays are Covered Services as required in any Calendar Year.
- A full mouth series x-ray or panoramic x-ray is a Covered Service one (1) time(s) within any sixty (60) consecutive month period.
- A Caries Risk Assessment is a Covered Service once every three (3) years for Eligible Dependents to age three (3) to nineteen (19).
- A space maintainer is a Covered Service when used to replace prematurely lost or extracted teeth for Eligible Dependents prior to age fourteen (14).
- A space maintainer is a Covered Service up to one (1) time(s) in a sixty (60) consecutive month period.

Coverage B – Basic Restorative Services

**Premier In Network 80% MPA
PPO In Network 80% MPA
Out-Of-Network 72% MPA**

- Palliative treatment is a Covered Service once per visit as long as no other procedures, except for x-rays, exams, or any diagnostic service, are performed on the same date.
- Restorative benefits (fillings) are Covered Services once per surface, per tooth in a twenty-four (24) month period.
- Oral surgery, except TMJ surgery, is a Covered Service.
- Root canal treatment is a Covered Service once in a lifetime, per tooth, by the same Provider or Provider's office that performed the root canal. Benefits for root canal treatment include charges for temporary restorations.
- Non-surgical periodontics.
- Periodontal Maintenance is a Covered Service up to two (2) per Calendar Year following active periodontal treatment. (*Please see information on Evidence Based Dentistry below.)
- Stainless Steel Crowns used as a restoration to natural teeth are Covered Services for Eligible Dependent(s) to age sixteen (16) when the teeth cannot be restored with a filling material.
- Simple Extractions.

Coverage C – Major Restorative Services

**Premier In Network 50% MPA
PPO In Network 50% MPA
Out-Of-Network 45% MPA**

- Surgical periodontics.
- Crowns, inlays, onlays, and veneers are Covered Services for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations.
- Replacement of a crown, inlay, onlay, or veneer is a Covered Service only after sixty (60) months of the previous prosthetic.
- Endosteal implants are Covered Services once in a lifetime per tooth.
- Prosthodontics, including procedures for construction of fixed bridges and partial or complete dentures.
- Replacement of partial removable or complete dentures that the Participant received in the previous sixty (60) consecutive months are not Covered Services except where the loss of additional teeth requires the construction of a new appliance.

Carry-over Benefit

Carry-over benefit: **\$375**

Claims threshold: **\$749**

Carry-over benefit maximum: **\$1,500**

*** Evidence Based Dentistry: DDAR covers additional routine cleanings or periodontal maintenance procedures up to four per benefit period year for Participants with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.**

Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.

Delta Dental's network of participating providers may be found on our website at www.deltadental.com