



**Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 1020-0001, 0003, 0004, 0099
Sheet Metal Workers Local #20 Welfare & Benefit Plan**

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 - includes fillings	80%	80%	80%
Endodontic Services - includes root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Oral Surgery Services - extractions and dental surgery (*See attached list of covered oral surgical codes)	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Major Restorative Services - all other crowns	80%	80%	80%
Major Services			
Major Restorative Services - full cast gold crowns	50%	50%	50%
Relines and Repairs - to prosthetic appliances	50%	50%	50%
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	No Age Limit	No Age Limit	No Age Limit

* 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. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Routine oral exams are payable twice per calendar year. Additional exams by a specialist are Covered Services when needed to evaluate a specific problem or complaint.
- Prophylaxes (cleanings) are payable twice per calendar year. Four periodontal maintenance procedures are also payable per calendar year, not to exceed a total of four procedures in any calendar year.
- Fluoride treatments are payable twice per calendar year with no age limit.
- Space maintainers are payable once per area per lifetime with no age limit.
- Bitewing X-rays are payable twice per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once per calendar year.
- Sialography, cone beam imaging and maxillofacial MRI and ultrasound are Covered Services.
- Certain laboratory tests including caries susceptibility tests and bacteriologic and viral cultures are Covered Services.

- Sealants are payable for permanent bicuspid and molars. The surface must be free from decay and restorations. Preventative resin restoration for individuals with moderate to high caries risk is payable.
- Crowns, onlays, and substructures are payable once per tooth per 30-month period. Veneers are payable on incisors, cuspids, and bicuspid once per tooth per 30-month period.
- Composite resin (white) restorations are payable on posterior teeth.
- Inlays (any material) are Covered Services.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Pulp caps and intentional re-implantation are Covered Services.
- Localized delivery of chemotherapeutic agents, coronal splinting on natural teeth or prosthetic crowns, and exposure of the anatomical crown are Covered Services.
- *Most oral surgery services, excluding TMD treatment, performed by a dentist are Covered Services.
- Full and partial dentures are payable once in any 30-month period.
- Bridges are payable once in any 30-month period.
- Implants are payable once per tooth in any 30-month period. Implant related services, bone graft for repair of peri-implant defect and bone graft at time of implant placement are Covered Services.
- Crowns over implants are payable once per tooth in any 30-month period. Services related to crowns over implants are Covered Services.
- Maxillofacial prosthetics are Covered Services.
- Occlusal guards are payable once in any three-year period. General anesthesia and IV sedation are Covered Services.
- Replacement or adjustment of an orthodontic retainer or the repair of an orthodontic appliance or retainer is payable once in any three-year period.
- Non-intravenous conscious sedation is payable.

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

Maximum Payment - For Age 18 and under - Unlimited per Member per Benefit Year on all services except orthodontic services. \$2,500 per Member total per lifetime on orthodontic services. **For Age 19 and up** - \$1,500 per Member total per Benefit Year on all services except orthodontic services. \$2,500 per Member total per lifetime on orthodontic services.

Payment for Orthodontic Service - When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

Deductible - \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$100 per family per Benefit Year on all services.

Waiting Period - Coverage starts when the initial eligibility requirements are met as described in the Sheet Metal Workers Local Union No. 20 Summary Plan Description.

Eligible People - All eligible members as defined by the Contractor.

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

Coordination of Benefits - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

Benefits will cease on the last day of the month in which your employment is terminated.

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)
<https://www.DeltaDentalIN.com>
 Contract Start Date: January 1, 2023