



LOW PLAN



Delta Dental PPO (Point-of-Service)

Summary of Dental Plan Benefits

For Group# 1010-5000, 5100, 5101, 5200, 5201, 5300, 5400, 5401, 5501, 5601, 5701, 5801, 5900, 5901, 5999
Kent State 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 Ohio

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%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Bitewing Radiographs – bitewing X-rays	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	60%	50%	50%
Basic Services			
All Other Radiographs – other X-rays	60%	50%	40%
Fillings and Crowns – fillings and crown repair	60%	50%	40%
Endodontic Services – root canals	60%	50%	40%
Non-Surgical Periodontic Services – non-surgical services to treat gum disease	60%	50%	40%
Simple Extractions – non-surgical removal of teeth	60%	50%	40%
Other Basic Services – misc. services	60%	50%	40%
Relines and Repairs – to bridges, implants, and dentures	60%	50%	40%

* 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 with no age limit.
- Space maintainers are Covered Services with no limitations.
- Bitewing X-rays (excluding vertical films) are payable twice per calendar year. Vertical bitewing X-rays are payable once in any three-year period. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Veneers are payable on incisors, cuspids, and first bicuspids once per tooth per five-year period when necessary due to fracture or decay. Veneers for cosmetic purposes are not Covered Services.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.

- Occlusal guards are payable once in any three-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 – \$750 per person total per Benefit Year on all services.

Deductible – \$50 Deductible per person total per Benefit Year. The Deductible does not apply to oral exams, preventive services, bitewing X-rays, and brush biopsy.

Waiting Period – Employees who are eligible for dental benefits are covered on the date you commence active work for your employer.

Eligible People – All regular full-time employees employed at Kent State University who choose the Low Option dental plan: Faculty Non-Union (5101), Faculty Union Tenure (5201), Classified AFSCME (5401), Classified Non-Union (5501), Administration (5601), Faculty Union Non-Tenure (5701), Faculty Post Doctoral (5801), KCOPM Faculty Non-Union Part-Time (5901), KCOPM Faculty Non-Union Full-Time (5000), KCOPM Support Staff Full-Time Hourly (5100), KCOPM Unclassified Full-Time Salaried (5200), KCOPM Support Staff Part-Time Hourly (5300), KCOPM Unclassified Part-Time Salaried (5400), NEOTECH (5900) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (5999). The Contractor and Subscriber share the cost of this plan.

Also eligible are your legal 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 and your domestic partner as defined by the contractor. Employees and their dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Dependents may only enroll if the employee is enrolled (excluding COBRA) and must be enrolled in the same plan as the employee. An election may be revoked or changed at any time if said 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.