

City of Idaho Falls

GENERAL BENEFIT PLAN SUMMARY

Selected Benefits and Percentages

Contract Effective Date: 10/01/2012			PPO	Premier	
Group Number: 0296					
Deductible:	PPO	Premier			
Per Person	\$50	\$50			
Per Family	\$150	\$150			
<i>Excluding Diagnostic and Preventive services per benefit year.</i>					
Maximum Benefit:	\$1,250	\$1,000			
<i>Per eligible person per benefit year.</i>					
Maximum Benefit Rollover	\$3,050	\$2,500			
<i>If ALL services are performed by a PPO Provider, the rollover amount is \$300 when less than \$600 of the maximum benefit is used each year, up to a \$3050 maximum. If ANY service is performed by a Non Participating Provider, there is NO rollover accrued.</i>					
<i>If ANY service is performed by a Premier Provider, the rollover amount is \$250 when less than \$500 of the maximum benefit is used each year, up to a \$2500 maximum. If ANY service is performed by a Non Participating Provider, there is NO rollover accrued.</i>					
			Preventive & Diagnostic Services:	100%	80%
			<i>Examinations, x-rays, teeth cleaning</i>		
			Basic Services:	80%	70%
			<i>Fillings, root canals, extractions, minor oral surgery</i>		
			Major Services:	50%	40%
			<i>Crowns, onlays, bridges, dentures</i>		
			Implants:	50%	40%
			Value-Added Orthodontic Discount Program		
			<i>Delta Dental of Idaho subscribers and their eligible dependents can receive a discounted fee for adult and child orthodontia treatment if they obtain services from a Delta Dental Discount Program orthodontist in Idaho. Please see your employer for additional information. This value-added service is not insurance.</i>		

Additional Benefits / Limitations

Class I Preventive and Diagnostic Services

Examinations once every 6 months; Cleanings once every 6 months (restricts against periodontal cleaning within the same time period); Fluoride once every 12 months for dependent children under age 19; Sealants once per tooth every 3 years for dependent children under 19; Full mouth series or panoramic x-rays once every 5 years; Bitewing x-rays once every 12 months.

Class II Basic Services

Periodontal cleanings once every 6 months (restricts against basic cleaning within the same time period); Fillings restricted to same tooth/surface once every 24 months; Root Canals, Extractions, Periodontics; Nitrous oxide is not covered; Posterior fillings are paid as composites; Full mouth debridement (D4355) is a benefit if no cleanings within 12 months of the service date (an additional cleaning is allowed within 60 days of the full mouth debridement).

Dependents

Eligible children must be under age 26.

Class III Major Restorative Services

Crowns, stainless steel crowns, onlays, or bridges on same tooth once every 7 years; For dependent children under age 16, benefits are limited to plastic or stainless steel crowns on same tooth once every 24 months; Partials, or dentures 1 time per arch every 7 years, Eligible for partials at age 16. Late enrollee waiting period is 24 months.

Implants

Implants are a covered benefit per tooth with a maximum lifetime benefit of \$900 (including crown) applied to the annual individual maximum benefit.

Value-Added Orthodontic Discount Program

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This is only a general summary of benefits. It provides a brief description about the important features of this policy and does not constitute a contract or guarantee of payment. Full terms and conditions are set forth in the policy provisions. If you have any questions about your benefit plan's coverage detail and benefits or would like to submit a predetermination before services are performed, please call one of our friendly Delta Dental customer service advisors at (208) 489-3580. You may also log onto our website, www.deltadentalid.com, for benefit and eligibility information or up-to-date claim status. Once you have logged onto our website, simply click onto the Subscriber Online Connection. Or, if you have a fax machine, you may access your eligibility and claim information by calling Delta Dental's ProFax number at (208) 489-3545.