

# City of Idaho Falls

## Dental Benefit Summary

Group Number: 0296

Rollover Max- PPO 50 \$1,250

Categories	Delta Dental PPO	
Plan Name	PPO 50	Rollover Max
Network Type	PPO	Premier
Preventive & Diagnostic	100%	80%
Basic	80%	70%
Major**	50%	40%
Deductible*	\$50/\$150	\$50/\$150
Annual Maximum <small>based on a benefit year Oct 1 to Sept 30</small>	\$1,250	\$1,000
Maximum Rollover	\$3,050	\$2,500
Annual Threshold Amount <small>in total paid claims</small>	\$600	\$500
Maximum Rollover	\$300	\$250
Child & Adult Orthodontia**	N/A	N/A
Lifetime Maximum	N/A	N/A

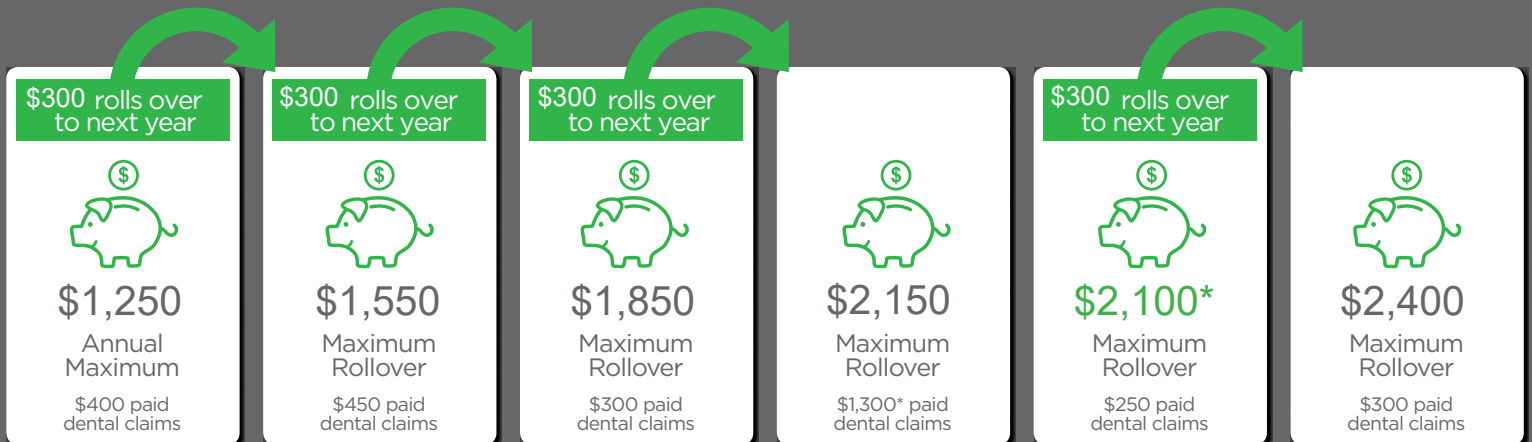
\*Deductible applies to Basic and Major Services only, with a maximum of (3) three deductibles per family

\*\* Late-entrants will have a 24-month waiting period to all Major & Implant Services



### Max Fact

With Rollover Max, when you use less than the \$600 threshold amount in total paid PPO dental claims during the year, a portion of your benefit dollars will automatically rollover for future years when you may need it most. It's a fantastic benefit you can put to work in many ways to benefit your dental health.



\* In year 4, no rollover was accrued because total paid claims exceeded the annual threshold amount. In year 5, \$50 was deducted from the maximum rollover amount because paid claims in year 4 exceeded the \$1,250 annual maximum by \$50.

### Getting the most from Rollover Max

- When you receive a preventive service (such as a dental cleaning or dental exam) within the calendar year, you will be eligible for the rollover benefit.
- You are eligible for the \$3,050 maximum rollover benefit when you obtain ALL dental services from a PPO dentist. If using a Premier dentist the rollover maximum benefit is \$2,500. If ANY service is performed by a non-participating dentist, there is no rollover accrued.
- If you receive care from a non-participating dentist at any time during the benefit year, you will not accrue the rollover benefit for that year.
- You will lose your rollover balance if you dis-enroll or have a break in coverage.
- The maximum rollover amount does not apply to any services with a lifetime maximum. (such as orthodontics or implants).



## Benefits and Limitations

<b>Class I Preventive and Diagnostic Services</b>
Examinations once every 6 months.
Cleanings once every 6 months (restricts against periodontal maintenance within the same time period).
Fluoride once every 12 months for dependent children under age 19.
Full mouth series or panoramic X-rays once every 5 years.
Bitewing X-rays once every 12 months.
<b>Class II Basic Services</b>
Periodontal maintenance once every 6 months (restricts against basic cleaning within the same time period).
Scaling and root planing covered once per quadrant every 24 months. Periodontal surgery is payable once per quadrant in any 3 year period.
Fillings restricted to same tooth/surface once every 24 months.
<b>Class III Major Restorative Services- Late enrollee waiting period is 24 months</b>
Crowns, build-ups, stainless steel crowns, onlays, or bridges on same tooth once every 7 years.
Porcelain, porcelain substrate, and cast restorations are not payable for children less than 16 years.
Partials, or dentures 1 time per arch every 7 years, eligible for partials at age 16.
<b>Implants- Late enrollee waiting period is 24 months</b>
Implants are a covered benefit per tooth with a maximum lifetime benefit of \$900.
<b>Dependents</b>
Eligible children must be under age 26.

**GENERAL PLAN INFORMATION**

1. Optional treatment: If the subscriber or eligible dependent selects a more expensive service than is customarily provided. For example, if teeth can be restored satisfactorily with amalgam or composite material, the cost of inlays, onlays and crowns are not covered and the cost difference between the covered and the non-covered procedure is to be borne by the patient.
2. Payment provisions: The following guidelines will be used to determine the date on which a service shall be paid:
  - a. Full dentures or partial dentures: On the date the final impression is taken.
  - b. Fixed bridges, crowns, and onlays: On the date the tooth or teeth are prepared.
  - c. Root canal therapy: On the date the root canal is initiated.
3. Processing Policies may limit benefits. Processing Policies applied to a claim are noted on the Explanation of Benefits.