



**Delta Dental PPO™ (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 10812-1001, 1099, 2001, 2099, 3001, 3099, 4001, 4099  
Leaf Home Solutions**

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	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, and fluoride	100%	100%	100%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%	100%
<b>Radiographs</b> – X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Space Maintainers</b> – appliances to prevent tooth movement	80%	80%	80%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	80%	80%	80%
<b>Brush Biopsy</b> – to detect oral cancer	80%	80%	80%
<b>Minor Restorative Services</b> – fillings and crown repair	80%	80%	80%
<b>Simple Extractions</b> – non-surgical removal of teeth	80%	80%	80%
<b>Relines and Repairs</b> – to prosthetic appliances	80%	80%	80%
<b>Major Services</b>			
<b>Endodontic Services</b> – root canals	50%	50%	50%
<b>Periodontic Services</b> – to treat gum disease	50%	50%	50%
<b>Other Oral Surgery</b> – dental surgery	50%	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%	50%
<b>Other Basic Services</b> – misc. services	50%	50%	50%
<b>TMD Treatment</b> – treatment of the disorder of the temporomandibular joint, including related films	50%	50%	50%
<b>Prosthodontic Services</b> – bridges, implants, dentures, and crowns over implants	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	through age 18 and under	through age 18 and under	through age 18 and under

\* 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.

- 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 once in any period of 12 consecutive months for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 16 and under.
- Bitewing X-rays are payable twice in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Four periapical X-rays are payable in any period of 12 consecutive months. Occlusal X-rays are payable twice in any 2-year period.
- Pulp vitality tests and diagnostic casts are not Covered Services.

- Sealants are payable once per tooth per two-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Crowns, inlays, onlays, and substructures are payable once per tooth in any seven-year period. Prefabricated crowns are payable once in any five-year period for people age 18 and under. Repairs to crowns, inlays, and onlays due to restorative material failure are payable once in any 12-month period. Veneer repair due to restorative material failure is not a Covered Service.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are Covered Services on posterior teeth.
- Endodontic therapy, treatment of root canal obstruction (non-surgical access), internal root repair of perforation defects, and retreatment of previous root canal therapy are payable once per tooth per lifetime. Incomplete endodontic therapy, apicoectomy, root amputation, retrograde filling, apexification/recalcification, and hemisection are not Covered Services.
- Periodontal scaling and root planing are payable once per quadrant in any three-year period.
- Alveoloplasty, vestibuloplasty, removal of lateral exostosis, and reduction of osseous tuberosity are payable once in any five-year period. Surgical reduction of fibrous tuberosity is payable once in any six-month period. Brush biopsy is payable once in any three-year period for people age 20 through 39 and once in any 12-month period for people over age 40. Reduction of dislocation and management of other temporomandibular joint dysfunctions are payable first by the medical carrier, then will be Covered Services under this plan, secondary to medical.
- Full and partial dentures are payable once in any seven-year period. Adjustments of dentures are payable twice in any 12-month period. Reline and rebase of dentures and tissue conditioning are payable once in any two-year period.
- Bridges are payable once in any seven-year period. Re-cement or re-bond of bridges are payable once in any 12-month period.
- Implants are payable once per tooth in any seven-year period for people age 16 and older. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any seven-year period for people age 16 and older. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in major life activity.

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** – \$1,000 per Member total per Benefit Year on all services, except orthodontic services. \$1,000 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 \$150 per family per Benefit Year. The Deductible does not apply to oral exams, fluoride, prophylaxes (cleanings), X-rays, sealants, and orthodontic services.

**Deductible Met** – The Deductible met under the previous carrier for the period January 1, 2023 through June 30, 2023 will be applied to the 2023 calendar year Deductible with Delta Dental. It is the Subscriber's responsibility to provide Delta Dental with adequate documentation of the Deductible met under the previous carrier.

**Waiting Period** – Enrollees who are eligible for Benefits are covered on the date that is defined by Leaf Home Solutions.

**Eligible People** – All eligible employees and their dependents as defined by Leaf Home Solutions.

Also eligible are your Spouse and your Children to the end of the month in which they turn 28, 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.

Enrollees and dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the date that is defined by Leaf Home Solutions.