

## BROWN UNIVERSITY

Product Name: Delta Dental PPO Plus Premier™  
Plan Type: National Coverage

The information listed here is not a guarantee of payment. Payment is based on the Delta Dental allowance for each procedure. To be covered, services must be dentally necessary and in accordance with Delta Dental's treatment guidelines. All services must be performed in a dental office. These benefits are listed according to the level of coverage (i.e. 100%, 80%). Your group number is **7054**. Coverage for benefits with time limitations (i.e. 6,12,24,36 or 60 months) is calculated to the exact day.

**Pretreatment estimates are recommended for underlined procedures.**

	<u>Comprehensive</u>	<u>Plus</u>
Oral exams-twice per calendar year	100%	100%
Cleanings-Three times per calendar year. More frequent cleanings may be allowed for pregnant women or patients with diabetes or compromised immune systems. Documentation is required.	100%	100%
Fluoride treatment for children under age 19 twice per calendar year	100%	100%
Bitewing x-rays-one set per calendar year	100%	100%
Complete x-ray series or panoramic film once every 60 months. A panoramic film is a benefit for individuals ages 6 and older.	100%	100%
Single x-rays as required	100%	100%
Periodontal maintenance following active therapy - two per year	100%	100%
Space maintainers for lost deciduous (baby) teeth, replacement limited to once per lifetime	100%	100%
Sealants for children under age 16, once per unrestored permanent bicuspid and molar every 24 months	100%	100%
Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year	80%*	80%*
Amalgam (silver) fillings and composite (white) fillings.	80%*	80%*
Extractions and other routine oral surgery not covered by a patient's medical plan	80%*	80%*
General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures	80%*	80%*
Root canal therapy on permanent teeth. One procedure per tooth per lifetime.	80%*	80%*
Repairs to existing partial or complete dentures once per calendar year	80%*	80%*
Recementing crowns or bridges -once every 60 months	80%*	80%*
Rebasing or relining of partial or complete dentures-once every 60 months	80%*	80%*
<u>Root planing and scaling once per quadrant every 24 months</u>	50%*	80%*
<u>Osseous (bone) surgery once per quadrant every 36 months</u>	50%*	80%*
<u>Gingivectomies once per site every 36 months</u>	50%*	80%*
<u>Soft tissue grafts once per site every 60 months</u>	50%*	80%*
<u>Crown lengthening once per site every 60 months</u>	50%*	80%*
<u>Guided tissue regeneration and bone replacement graft once per site every 24 months</u>	50%*	80%*
<u>Crowns over natural teeth, build ups, posts and cores. Replacement limited to once every 84 months.</u>	50%*	50%*
<u>Bridges and crowns over implants. Replacement limited to once every 60 months.</u>	50%*	50%*
<u>Partial and Complete dentures. Replacement limited to once every 60 months.</u>	50%*	50%*
<u>Surgical placement of endosteal implant and abutment-once per tooth per lifetime.</u>	50%*	50% (2)
<u>Occlusal Guards</u>	50%*	80%*
<b>Orthodontics</b>		
<u>Elective braces and related services for all covered members. Subject to a lifetime maximum. No preapproval required.</u>	N/A	50%
<u>Implants and related services</u>	N/A	50% (1)

**Dependent coverage** - Dependent children are covered until the end of the month that they turn age 26.

**\* Deductible Applies**

The annual maximum is:	\$1,750	\$3,000
The annual deductible is:	\$50Ind/\$150Fam	\$50Ind/\$150Fam
The orthodontic lifetime maximum is:	N/A	\$2,500
(1) The implant lifetime maximum is:	N/A	\$3,500
(2) The <i>Plus</i> plan has coverage for Implants and related services, which has its <i>own separate</i> Implant lifetime maximum of \$3,500.		

The *Comprehensive* plan *only* has coverage for Surgical placement of endosteal implant and abutment, which is *subject to the regular annual maximum* and does not have its own separate Implant maximum.

This is a summary of benefits. The information shown here is not a guarantee of payment. Payment is based on the Delta Dental allowance for each service. Refer to the Certificate of Coverage for the full plan terms. The Certificate includes any limitations or exclusions not seen here. For a complete listing of frequencies and limitations go to [deltadentalri.com/el](https://deltadentalri.com/el). To be covered, services must be dentally necessary and appropriate as per our review guidelines.

**Note: If covered, crowns, bridges, partials and complete dentures are paid when the permanent structure is inserted (seated) by the dentist.** Member coverage must be active on the date that the permanent structure is inserted and payment is based on benefits available on that day — for example, if the member's annual maximum has been paid prior to the insertion of the permanent structure, the service will not be paid.

\* Time limits on services (e.g. 6, 12, 24, 36, or 60 months) are figured to the exact day. Services are then covered the following day. For example, when a service is covered once every 12 months, if the service was done on July 1, it will not be covered again until the following year on July 2 or after.

### **Out-of-Network Coverage**

You have the freedom to choose any dentist, but it is important to know that your out-of-pocket costs may be higher when you visit a dentist who does not participate in our network. Non-participating dentists have not agreed to accept the Delta Dental allowance as payment in full, so services from a non-participating dentist may cost you more. You may also have to pay the dentist at the time of service and file a claim yourself. To be eligible, all claims must be filed within one year of the date of service. To find a participating dentist near you, use our Find a Dentist tool at [deltadentalri.com](https://deltadentalri.com).

### **How to Find a Dentist**

When you choose from Delta Dental's extensive network of dentists, you're sure to find one that's right for you. Visit [deltadentalri.com](https://deltadentalri.com) to use our online Find a Dentist tool. You can see if your current dentist is in our network or look for a new participating dentist by searching by name, location or specialty. Enter your address or other criteria important to you (extended hours, languages spoken, etc.), and our tool will return a list of participating dentists that meet your needs – as well as maps and driving directions.

### **Beyond Benefits**

When you visit us at [deltadentalri.com](https://deltadentalri.com), you can access a wealth of important dental health information and manage your plan by:

- Checking your benefits and claims
- Reviewing your deductibles and maximums
- Using our Find A Dentist tool to find a dentist in your area

### **Notice of Nondiscrimination and Accessibility Policy**

Delta Dental of Rhode Island does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-843-3582.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-843-3582.