

Benefit Features for University Of Notre Dame DuLac

	9541-0001, 0099		5541-0001, 0099			
	Delta Dental Premier (PPO)		Delta Dental PPO Point -of- Service			
			DPO Dentist (PPO, POS)		DeltaPremier or Nonparticipating Dentist	
	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
Class I Benefits						
Diagnostic and Preventive Services – Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments).	100%	0%	100%	0%	100%	0%
Brush Biopsy –	100%	0%	100%	0%	100%	0%
Emergency Palliative Treatment – Used to temporarily relieve pain.	100%	0%	100%	0%	100%	0%
Bitewing Radiographs – Bitewing X-rays.	100%	0%	100%	0%	100%	0%
Class II Benefits						
Oral Surgery Services – Extractions and dental surgery, including preoperative and postoperative care.	50%	50%	80%	20%	50%	50%
Endodontics – Used to treat teeth with diseased or damaged nerves (for example, root canals).	50%	50%	80%	20%	50%	50%
Periodontics – Used to treat diseases of the gums and supporting structures of the teeth.	50%	50%	80%	20%	50%	50%
Relines and Repairs – Relines and repairs to bridges and dentures.	50%	50%	80%	20%	50%	50%
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, amalgam [silver] and resin [white] fillings).	50%	50%	80%*	20%	50%*	50%
Sealants – Dental sealants to prevent decay of permanent molars (to age nine on first molars; to age 14 on second molars).	50%	50%	80%	20%	50%	50%
All Other Radiographs – All other X-rays, as required and in conjunction with the diagnosis of a specific condition requiring treatment.	50%	50%	80%	20%	50%	50%
Class III Benefits						
Prosthodontics – Used to replace missing natural teeth (for example, bridges and dentures).	50%	50%	50%	50%	50%	50%
Dental Implants	0%	100%	50%	50%	50%	50%
Major Restorative Services – Used when teeth cannot be restored with another filling material (for example, crowns).	50%	50%	50%	50%	50%	50%
Class IV Benefits						
Orthodontic Services (no age limit) – Used to correct malposed teeth (for example, braces)	50%	50%	50%	50%	50%	50%
Maximum Payment – The per person total per calendar year for Class I, Class II and Class III Benefits is:	\$1,000		\$1,500			
Delta Dental's payment for Class IV Benefits will not exceed a lifetime maximum per eligible person of:	\$1,000		\$1,000			
Deductible – \$50 per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on Class II and Class III Benefits. The deductible does not apply to Class I or Class IV Benefits.						

*Includes composite resin restorations on posterior teeth.

Customer Service toll-free number (800) 524-0149
www.deltadental.com

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for policy exclusions and limitations.