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DELTA DENTAL

Delta Dental of Rhode Island
P.O. Box 1517
Providence, RI 02901-1517

Group Name: INTERNATIONAL UNION OF OPERATI **Group ID:** 6057-0001
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. Coverage for benefits with time limitations (e.g. 6, 12, 24, 36 or 60 months) is calculated to the exact day. Benefits will then be available the following day. For example, when a procedure is covered once every 12 months, if the procedure was performed on July 1, 2009, it will not be covered again until July 2, 2010.

Maximums

Below is a summary of all maximums associated with your group and policy.

Annual Maximum	$2,000.00
Orthodontic Lifetime Maximum	$2,000.00
Implant Lifetime Maximum	$3,500.00
Maximum Lifetime Cap	Unlimited

Benefits Summary

Below is a summary of your group's benefit coverage for services received within the Delta Dental network. To maximize your dental benefits, we encourage you and your employees to visit a participating dentist. Your out-of-pocket costs will be higher when you visit a non-participating dentist.

Individual Deductible: $0.00 **Family Deductible:** $0.00

(P) Indicates Pre-Treatment Estimate recommended for this procedure.

Procedure	Covered At	Deductible Applies	Waiting Period	Frequency/Limitations
Diagnostic				
Oral exam	100%	No	None	Once per calendar year performed by a general dentist
Bitewing x-rays	100%	No	None	One set per calendar year
Complete x-ray series or panoramic film	100%	No	None	Once every 36 months
Single x-rays	100%	No	None	As required
Preventive				
Cleaning	100%	No	None	Twice per calendar year
Fluoride treatment	100%	No	None	For children under age 19 once per calendar year
Sealants	100%	No	None	For children under age 18, once every 24 months on unrestored permanent molars
Space maintainers	100%	No	None	Once every 60 months for lost deciduous (baby) teeth
Restorative				
Amalgam (silver) fillings	100%	No	None	Composite (white) fillings on front teeth only. For composite fillings on back teeth, the plan pays up to

					what would have been paid for an amalgam filling. Patient is responsible for the balance up to the dentist's charge.
	Recementing crowns or bridges	100%	No	None	Once every 60 months
Ⓟ	Crowns over natural teeth, build ups, posts and cores	100%	No	None	Replacement limited to once every 60 months
	Endodontics				
	Root canal therapy	100%	No	None	
	Periodontics				
	Periodontal maintenance following active therapy	50%	No	None	Two per year
Ⓟ	Root planing and scaling	50%	No	None	Once per quadrant every 24 months
Ⓟ	Osseous (bone) surgery	50%	No	None	Once per quadrant every 24 months (bone grafts are not covered)
Ⓟ	Gingivectomies	50%	No	None	Once per site every 24 months
Ⓟ	Soft tissue grafts	50%	No	None	Once per site every 60 months
Ⓟ	Crown lengthening	50%	No	None	Once per site every 60 months
	Prosthodontics				
	Repairs to existing partial or complete dentures	100%	No	None	Once per calendar year
	Rebasing or relining of partial or complete dentures	100%	No	None	Once every 60 months
Ⓟ	Bridges, build ups, posts and cores, crowns over implants	50%	No	None	Replacement limited to once every 60 months
Ⓟ	Partial and complete dentures	50%	No	None	Replacement limited to once every 60 months
	Implant Services				
	Implants and related services	50%	No	None	Subject to a separate $3500 lifetime maximum
	Extractions and Oral Surgery				
	Extractions and other routine oral surgery when not covered by a patient's medical plan	100%	No	None	
	Orthodontics - Subject to applicable lifetime maximum				
	Braces and related services	50%	No	None	For dependent children under the age of 19.
	Other Services				
	Palliative treatment (minor procedures necessary to relieve acute pain)	100%	No	None	Twice per calendar year
	General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures	100%	No	None	

Dependent children are covered up until the end of the year that they turn 26.

Exclusions & Limitations *All claims must be filed within one year of the date of service.*
Unless specifically covered by your dental plan, the following are not covered:

- Services that do not qualify for payment according to our dental treatment guidelines. (These guidelines assist Delta Dental in making determinations as to whether services are covered and whether a particular service is the least costly, clinically acceptable method of prevention, diagnosis or treatment. A service may not qualify for coverage under these guidelines even though it was performed or recommended by a dentist.)
- Any services that are not specifically covered in your group's Certificate of Coverage.
- Services received from a dental or medicaldepartment maintained by or on behalf of an employer, mutual benefit association, labor union, trustee or similar person or group.
- An illness or injury that Delta Dental determines is employment related.
- Services you would not be required to pay for if you did not have this Delta Dental coverage.
- Services provided by a dentist who is a member of your immediate family.
- An illness, injury or dental condition for which benefits are, or would have been available, through a government program if you did not have this Delta Dental coverage.
- Services rendered by someone other than a licensed dentist or a licensed hygienist operating as authorized by applicable law.
- Specialty exams.
- Consultations.
- Disorders related to the temporomandibular joint (TMJ) including night guards and surgery.
- Services to increase the height of teeth or restore occlusion.
- Restorations required because of erosion, abrasion or attrition.
- Services meant primarily to change or improve your appearance.
- Occlusal guards.
- Implants.
- Bone grafts.
- Splinting and other services to stabilize teeth.
- Prescription drugs, lab exams or reports.
- Guided tissue regeneration.
- Temporary bridges or crowns.
- Services related to congenital abnormalities.
- General anesthesia/intravenous sedation for non-surgical extractions, diagnostic, preventive or any restorative services.
- General anesthesia/intravenous sedation administered by anyone other than a dentist.
- Delta Dental also reserves the right to adopt and to apply, from time to time, such administrative policies as it deems reasonable in approving the eligibility of subscribers and the appropriateness of treatment plans and related charges.