

## TORAY

Group Number: 7136  
Delta Dental PPO Plus Premier™

**Buy-Up Plan**  
Plan pays:

**Preventive/Diagnostic Services**

|   |      |
|---|------|
| Oral exam - three per policy year   | 100% |
| Cleaning - twice per policy year, more frequent cleanings may be allowed for pregnant women or patients with diabetes or compromised immune systems. Documentation may be required. | 100% |
| Fluoride treatment - twice per policy year for all covered members  | 100% |
| Bitewing x-rays - one set per policy year   | 100% |
| Complete x-ray series or panoramic film once every 36 months.   | 100% |
| Single x-rays as required   | 100% |
| Sealants for children under age 18, once every 24 months on unrestored permanent molars   | 100% |
| Palliative treatment (minor procedures necessary to relieve acute pain) twice per policy year   | 100% |

**Basic/Minor Restorative Services**

|  |      |
|--|------|
| Amalgam (silver) fillings and composite (white) fillings   | 100% |
| Space maintainers unilateral space maintainers once per lifetime for lost deciduous (baby) teeth.        | 100% |
| Bilateral space maintainers once every 60 months for lost deciduous (baby) teeth                         |      |
| Extractions and other routine oral surgery when not covered by a patient's medical plan                  | 100% |
| General anesthesia or intravenous sedation for <i>complex</i> surgical procedures                        | 100% |
| Root canal therapy on permanent teeth one procedure per tooth per lifetime                               | 100% |
| <b>P</b> Crowns over natural teeth, build ups, post & cores; replacement limited to once every 60 months | 100% |
| <b>P</b> Root planing and scaling once per quadrant every 24 months                                      | 100% |
| <b>P</b> Osseous (bone) surgery once per quadrant every 36 months (bone grafts excluded)                 | 100% |
| <b>P</b> Gingivectomies once per site every 36 months  | 100% |
| <b>P</b> Soft tissue grafts once per site every 36 months  | 100% |
| <b>P</b> Crown lengthening once per site every 60 months   | 100% |
| Repairs to existing partial/complete dentures once per policy year                                       | 100% |
| Recementing crowns or bridges once every 36 months   | 100% |
| Rebasing or relining of full or partial dentures once every 36 months                                    | 100% |
| Periodontal maintenance following active therapy - two per policy year                                   | 100% |
| Occlusal adjustments once per policy year  | 100% |

**Major Restorative Services**

|  |     |
|--|-----|
| <b>P</b> Bridges and crowns over implants; replacement limited to once every 60 months | 50% |
| <b>P</b> Partial and complete dentures; replacement limited to once every 60 months    | 50% |
| <b>P</b> Occlusal guards replacement limited to once every 36 months                   | 50% |
| Surgical placement of endosteal implant and abutment once per tooth site per lifetime  | 50% |

**Orthodontic Coverage**

|   |     |
|---|-----|
| <b>P</b> Elective braces and related services for all covered members. Subject to a lifetime maximum. No pre-approval required. | 50% |
|---|-----|

|                               |         |
|-------------------------------|---------|
| Annual Deductible:            | \$0     |
| Policy Year Maximum:          | \$2,500 |
| Orthodontic Lifetime Maximum: | \$2,500 |

**Dependent Coverage-** Dependent children are covered up until the end of the year that they turn age 26.

**P** Pre-treatment Estimate Recommended - For any service over \$300, we encourage you to have the dentist file a pre-treatment estimate. While pre-treatment estimates are not required for these procedures, it is best to find out in advance what amount will be covered by Delta Dental.

N/C - Not Covered

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.