

## TORAY

Group Number: 7136  
Delta Dental PPO Plus Premier™

	<u>Buy-Up Plan</u> Plan pays:	<u>Basic Plan</u> Plan pays:
<b><u>Preventive/Diagnostic Services</u></b>		
Oral exam - three per policy year	100%	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%	100%
Fluoride treatment - twice per policy year for all covered members	100%	100%
Bitewing x-rays - one set per policy year	100%	100%
Complete x-ray series or panoramic film once every 36 months.	100%	100%
Single x-rays as required	100%	100%
Sealants for children under age 18, once every 24 months on unrestored permanent molars	100%	100%
Palliative treatment (minor procedures necessary to relieve acute pain) twice per policy year	100%	100%
<b><u>Basic/Minor Restorative Services</u></b>		
Amalgam (silver) fillings and composite (white) fillings	100%	100%
Space maintainers unilateral space maintainers once per lifetime for lost deciduous (baby) teeth.	100%	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%	100%
General anesthesia or intravenous sedation for <i>complex</i> surgical procedures	100%	100%
Root canal therapy on permanent teeth one procedure per tooth per lifetime	100%	80%
<b>P</b> Crowns over natural teeth, build ups, post & cores; replacement limited to once every 60 months	100%	N/C
<b>P</b> Root planing and scaling once per quadrant every 24 months	100%	80%
<b>P</b> Osseous (bone) surgery once per quadrant every 36 months (bone grafts excluded)	100%	80%
<b>P</b> Gingivectomies once per site every 36 months	100%	80%
<b>P</b> Soft tissue grafts once per site every 36 months	100%	80%
<b>P</b> Crown lengthening once per site every 60 months	100%	80%
Repairs to existing partial/complete dentures once per policy year	100%	100%
Recementing crowns or bridges once every 36 months	100%	100%
Rebasing or relining of full or partial dentures once every 36 months	100%	100%
Periodontal maintenance following active therapy - two per policy year	100%	100%
Occlusal adjustments once per policy year	100%	80%
<b><u>Major Restorative Services</u></b>		
<b>P</b> Bridges and crowns over implants; replacement limited to once every 60 months	50%	N/C
<b>P</b> Partial and complete dentures; replacement limited to once every 60 months	50%	N/C
<b>P</b> Occlusal guards replacement limited to once every 36 months	50%	N/C
Surgical placement of endosteal implant and abutment once per tooth site per lifetime	50%	N/C
<b><u>Orthodontic Coverage</u></b>		
<b>P</b> Elective braces and related services for all covered members. Subject to a lifetime maximum. No pre-approval required.	50%	N/C
	\$0	\$0
<b>Annual Deductible:</b>	\$2,500	\$1,500
<b>Policy Year Maximum:</b>	\$2,500	N/C

**Orthodontic Lifetime Maximum:**  
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.