

Benefit Summary

GENERAL BENEFIT PLAN SUMMARY

Twin Falls County

Group Number: 1299

Contract Effective Date: 10/01/2023

Benefit Overview	PPO	Premier	Non-Participating
Per Person Deductible Excluding Diagnostic and Preventive services per benefit year	\$50	\$50	\$50
Family Deductible Excluding Diagnostic and Preventive services per benefit year	\$150	\$150	\$150
Maximum Benefit Per eligible person per benefit year	\$1,250	\$1,000	\$1,000
Maximum Benefit Rollover	\$3,050*	\$2,500*	\$0

Services

You pay the % below

Preventive & Diagnostic Services Examinations, X-rays, teeth cleaning	0%	20%	20%
Basic Services Fillings, root canals, extractions, oral surgery	20%	30%	30%
Major Services Crowns, implants, onlays, bridges, dentures Late enrollee waiting period is 12 months	50%	60%	60%

PARTICIPATING AND NON-PARTICIPATING DENTISTS

If the dentist is a network participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee. Delta Dental will send payment to the participating dentist and the subscriber will be responsible for any co-payment and/or any non-covered services.

If the dentist is a non-participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or Delta Dental's non-participating dentist Fee. It is the subscriber's responsibility to make full payment to the non-participating Dentist. For dental services rendered by an out-of-state dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee in that area, if the out-of-state dentist is a participating dentist with a Delta Dental plan in the state in which the service is rendered.

* See back page for benefits and limitations

Benefits and Limitations

Class I Preventive and Diagnostic Services
Periodic exam is allowed 2 times every calendar year.
Bitewing x-rays are allowed 1 time every 12 months .
Full mouth series or panoramic x-rays are allowed 1 time every 5 years from last date of service .
Adult and child cleanings are allowed 2 times every 1 year (restricts against periodontal maintenance within the same time period).
Fluoride treatment is allowed 2 times every 1 year from last date of service through age 18.
Class II Basic Services
Fillings restricted to same tooth/surface are allowed 1 time every 24 months .
Periodontal surgeries per quadrant are allowed 1 time every 3 years from last date of service .
Periodontal scaling and root planing-per quadrant is allowed 1 time every 24 months from last date of service.
Periodontal maintenance procedure is allowed 4 times every Calendar year (if patient has had previously treated periodontal disease).
Class III Major Restorative Services
Porcelain, porcelain substrate, and cast restorations are not payable for children less than 12 years of age.
Crowns, stainless steel crowns, onlays, or bridges on same tooth are allowed 1 time every 7 years from last date of service .
Partials or dentures per arch are allowed 1 time every 7 years from last date of service for ages 16 and older.
Implants
Implants are a covered benefit per tooth with a maximum lifetime benefit of \$1,200 or the plan's annual maximum, whichever is less. Ages 19 and over.
Dependents
Eligible children must be under age 26.

GENERAL PLAN INFORMATION

1. Optional treatment: If the subscriber or eligible dependent selects a more expensive service than is customarily provided. For example, if teeth can be restored satisfactorily with amalgam or composite material, the cost of inlays, onlays and crowns are not covered and the cost difference between the covered and the non-covered procedure is to be borne by the patient.
2. Payment provisions: The following guidelines will be used to determine the date on which a service shall be paid:
 - a. Full dentures or partial dentures: On the date the final impression is taken.

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Customer Service
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