

Plan Benefit Highlights for: Rankin County School District

Group No: 05676

Effective Date: 1/1/2017

DELTA DENTAL PPOSM
BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse and eligible dependent children to age 26
Deductibles	\$100 per person, lifetime deductible
Deductibles waived for D & P?	Yes
Maximums	Low Plan - \$1,000 per person each calendar year High Plan - \$1,500 per person each calendar year
D & P counts toward maximum?	No
Waiting Period(s)	Major Benefits 12 Months – High Plan Only Orthodontics 12 Months – High Plan Only

Benefits and Covered Services**	Low Plan Division 00002		High Plan Division 00001	
	Delta Dental PPO dentists[†]	Non-DeltaDental dentists[†]	Delta Dental PPO dentists[†]	Non-DeltaDental dentists[†]
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, sealants	100 %	100 %	100 %	100 %
Basic Services Fillings, simple tooth extractions	50 %	50 %	80 %	80 %
Oral Surgery Covered Under Basic Services	50 %	50 %	80 %	80 %
Endodontics (root canals) Covered Under Major Services	25 %	25 %	50 %	50 %
Periodontics (gum treatment) Covered Under Major Services	25 %	25 %	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures	25 %	25 %	50 %	50 %
Orthodontic Benefits adults and dependent children	Not A Benefit	Not A Benefit	50 %	50 %
Orthodontic Maximums Lifetime	Not A Benefit	Not A Benefit	\$ 1,000 Lifetime	\$ 1,000 Lifetime
Monthly Rates: Rates valid from 1/1/17 – 12/31/18	Employee \$20.27 EE+Spouse \$40.54 EE+Child(ren) \$44.66 Family \$64.80		Employee \$35.21 EE+Spouse \$71.75 EE+Child(ren) \$78.28 Family \$113.53	

** Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

† Fees are based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 80th percentile for non-Delta Dental dentists.

Delta Dental Insurance Company
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009

Customer Service
800-521-2651

Claims Address
P.O. Box 1809
Alpharetta, GA 30023-1809

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

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