DELTA DENTAL®

State of Rhode Island
Delta Dental PPO Plus Premier™
Benefits Summary

Administered by Delta Dental of Rhode Island

Procedure	Anchor Dental	Anchor Dental Plus	Anchor Dental Platinum	Frequency / Limitations
Plan Maximums				
Annual Maximums	$1,500	$2,000	$2,500	
Orthodontic lifetime maximum	$1,500	$2,000	$2,500	
Implant lifetime maximum	N/A	N/A	$3,500	
Diagnostic				
Oral Exam	100%	100%	100%	Anchor Dental Plan: Once per calendar year Anchor Dental Plus and Platinum Plans: Twice per calendar year
Bitewing x-rays	100%	100%	100%	One set per plan year
Complete x-ray series or panoramic film	100%	100%	100%	Once every 36 months. A panoramic film is a benefit for individuals ages 6 and older.
Single x-rays	100%	100%	100%	As required
Consultation by a specialist	N/A	N/A	80%	Covered twice per calendar year
Preventive				
Cleaning	100%	100%	100%	Twice per calendar year.
Fluoride treatment – for children under age 19	100%	100%	100%	Anchor Dental Plan: Once per calendar year Anchor Dental Plus and Platinum Plans: Twice per calendar year
Sealants – for children under age 14	100%	100%	100%	Once every 24 months on unrestored permanent molars
Space Maintainers	100%	100%	100%	Once per lifetime for lost deciduous (baby) teeth
Minor Restorative				
Fillings	100%	100%	100%	Amalgam (silver) fillings; composite (white) fillings
Repairs to existing partial or complete dentures	100%	100%	100%	Once per plan year
Recementing crowns or bridges	100%	100%	100%	Once every 60 months
Rebasing or relining of partial or complete dentures	100%	100%	100%	Once every 60 months
Major Restorative				
(P) Crowns over natural teeth, build ups, posts & cores	80%	80%	80%	Replacement limited to once every 60 months
Endodontics				
Root canal therapy	100%	100%	100%	One procedure per tooth per lifetime.
Periodontics				
Periodontal maintenance following active therapy	50%	80%	100%	Twice per plan year
(P) Root planing and scaling	50%	80%	100%	Once per quadrant every 24 months
(P) Osseous (bone) surgery	50%	80%	100%	Once per quadrant every 36 months
(P) Gingivectomies	50%	80%	100%	Once per site every 36 months
(P) Soft tissue grafts	50%	80%	100%	Once per site every 60 months
(P) Crown lengthening	50%	80%	100%	Once per site every 60 months
(P) Guided tissue regeneration & bone replacement graft	50%	80%	100%	Once per site every 24 months
Prosthodontics				
(P) Bridges and crowns over implants	N/A	50%	50%	Replacement limited to once every 60 months
(P) Partial and complete dentures	N/A	50%	50%	Replacement limited to once every 60 months
(P) Implants and related services	N/A	N/A	50%	Once per tooth site per lifetime. Separate $3,500 lifetime maximum
Extractions and Oral Surgery				
Extractions and other routine oral surgery	100%	100%	100%	When not covered by the patient's medical plan. Certain oral surgery procedures do not count toward annual maximum.
Orthodontics				
Elective braces and related services	50%	50%	50%	Subject to a lifetime maximum. No pre-approval required. Anchor Dental and Plus Plans: *Covered only for dependents to age 19*. Platinum Plan: *Covered for all members, no age limit.*
Other Services				
Palliative treatment (minor procedures necessary to relieve acute pain)	100%	100%	100%	Twice per plan year
General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures	100%	100%	100%	
Occlusal guards for bruxism (grinding) only	N/A	100%	100%	Once every 36 months
Occlusal adjustments	N/A	100%	100%	Twice per plan year

(P) Pre-treatment estimate recommended

Dependent coverage: Dependent children are covered up until the end of the month that they turn age 26.

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Delta Dental Exclusions & Limitations

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Unless specifically covered by your dental plan, the following are not covered:

- Services that are not dentally necessary and appropriate according to our review guidelines. Services subject to these guidelines include, but are not limited to, root canals; crowns and related services; bridges; periodontal services; orthodontics; and oral surgery. We will make a decision whether a service is dentally necessary based on these guidelines. A service may not be covered under these guidelines even if it was recommended by a dentist. Our guidelines can be found on our website at **www.deltadentalri.com**. You can have your dentist send us a request for a pre-treatment estimate in advance of the service to see if the service meets our guidelines.
- Services greater than the annual maximum.
- Services received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trustee or similar person or group.
- An illness or injury that Delta Dental decides is employment-related.
- Services you would not have to pay for if you did not have this Delta Dental coverage.
- Services or supplies that are experimental in terms of generally accepted dental standards.
- Services done 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 done by someone who is not a licensed dentist or a licensed hygienist working as authorized by applicable law.
- Disorders related to the temporomandibular joints (TMJ), including occlusal orthotic device and surgery.
- Services to increase the height of teeth or restore occlusion.
- Restorations needed because of teeth grinding or due to erosion, abrasion or attrition.
- Services done mainly to change or to improve your appearance.
- Splinting and other services to stabilize teeth.
- Laboratory or bacteriological tests or reports.
- Temporary, complete dentures or temporary, fixed bridges or crowns.
- Prescription drugs.
- General anesthesia or intravenous sedation for non-surgical extractions, diagnostic, preventive, or minor restorative services.
- General anesthesia or intravenous sedation given by anyone other than a dentist.

Delta Dental can adopt and apply policies that we deem reasonable when we approve the eligibility of subscribers and the appropriateness of treatment plans and related charges.

All claims must be filed within one year of the date of service.

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, encontramse disponíveis serviços linguísticos, grátis. Ligue para 1-800-843-3582.

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