

# Individual dental plans for Notre Dame

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[www.mysmilecoverage.com/ND](http://www.mysmilecoverage.com/ND)  
(800) 971-4108

## Keep your smile healthy with dental benefits from Delta Dental

Delta Dental is one of America's largest, most experienced dental benefits companies. Four out of five dentists nationwide participate in at least one of our two networks—Delta Dental Premier® and Delta Dental PPO<sup>SM</sup>. As the marketplace leader, we deliver unmatched quality and value in our plans and services and provide millions of Americans with affordable access to oral health care.<sup>1</sup>

## Manage your health better with regular dental check-ups

Your oral health can be a good indicator of your overall health. Did you know that your dentist can detect up to 120 different signs and symptoms of non-dental diseases during a routine examination, including diabetes and heart disease? In addition, regular preventive dental care can lower your blood sugar levels actually helping you manage your overall health, as well as health care costs.<sup>2</sup>

## Easy access to dentists, easy to use benefits

Delta Dental provides access to two of the largest dental networks in the country. And when visiting a participating dentist you won't have to wait to get reimbursed. Participating dental offices will complete and file claims for you, making your dental benefits easy to use.

## Great coverage at a great price

Delta Dental benefits are affordably priced. For more information about costs and details of coverage, including exclusions and limitations, visit [www.mysmilecoverage.com/ND](http://www.mysmilecoverage.com/ND) or call (800) 971-4108.

### PLAN III

*Great balance of coverage and cost*

- 100% coverage for diagnostic and preventive services when you see a Delta Dental PPO dentist
- No waiting periods on preventive care
- \$50 deductible
- \$1,000 annual maximum

### PLAN II

*Affordable, basic coverage helps pay for services necessary to maintain a healthy smile*

- No waiting periods on preventive care
- \$50 deductible
- \$1,000 annual maximum

### PPO BASIC

*Great coverage and higher annual maximum provide peace of mind for your dental needs*

- No waiting periods
- No deductible
- \$1,000 annual maximum

*Each plan offers the freedom to go to any licensed dentist, however, you may save on out-of-pocket costs by going to a Delta Dental PPO dentist.*

1 Delta Dental Plans Association, [www.deltadental.com](http://www.deltadental.com), accessed August 2015. 2 J Am Dent Assoc, Vol 134, No suppl\_1, 41S-48S. 2003 American Dental Association and Dental Management of The Medically Compromised Patient, 8th Edition, 2013, Mosby Elsevier, St. Louis, MO.

## BENEFIT HIGHLIGHTS

### Covered services

Plan III <sup>3</sup>		Plan II <sup>4</sup>	PPO Basic <sup>3</sup>		Waiting Periods	
Delta Dental PPO dentist	Delta Dental Premier or non-par dentist	Delta Dental PPO, Delta Dental Premier or non-par dentist	Delta Dental PPO dentist	Delta Dental Premier or non-par dentist	Plans III & II	PPO Basic

### CLASS I BENEFITS

<b>Diagnostic and preventive services*</b> —Includes exams and cleanings twice per year, bitewing X-rays, and fluoride treatments to age 14	100%	80%	50%	100%	100%	None	None
<b>Emergency palliative treatment*</b>	100%	80%	50%	100%	100%	None	None
<b>Radiographs/diagnostic imaging*</b> —X-rays	80%	60%	50%	0%	0%	6 months	None

### CLASS II BENEFITS

<b>Periodontal cleaning</b> —Following active periodontal therapy	80%	60%	50%	0%	0%	6 months	None
<b>Denture and bridge repairs and relines</b>	80%	60%	50%	0%	0%	6 months	None
<b>Minor restorative services</b> —Silver and white fillings	80%	60%	50%	50%	50%	6 months	None

### CLASS III BENEFITS

<b>Oral surgery services</b> —Extractions and dental surgery, including local anesthesia, suturing, and post-operative care	50%	50%	50%	0%	0%	12 months	None
<b>Endodontic services</b> —Root canals	50%	50%	50%	0%	0%	12 months	None
<b>Periodontic services</b> —Treatment for diseases of the gums and supporting structures of the teeth	50%	50%	50%	0%	0%	12 months	None
<b>Prosthodontic services</b> —Bridges and dentures	50%	50%	50%	0%	0%	12 months	None
<b>Crown and cast restorations</b> —Metal and porcelain crowns	50%	50%	50%	0%	0%	12 months	None
<b>TMD treatment</b> —Treatment for jaw and facial joint disorders	50%	50%	50%	0%	0%	12 months	None

### MAXIMUMS AND DEDUCTIBLE

<b>Contract year maximum</b>	\$1,000 per member	\$1,000 per member	\$1,000 per member
<b>TMD lifetime maximum</b>	\$300 per member	\$300 per member	None
<b>Deductible (per contract year)</b> <i>*Deductible waived for these services</i>	\$50 per member	\$50 per member	None

3: Plan III & PPO Basic—The payment is based on the participating status of the dentist: Delta Dental PPO—based on dentist’s submitted fee or the Delta Dental PPO dentist fee schedule, whichever is less; Delta Dental Premier—based on dentist’s submitted fee or the maximum approved fee, whichever is less; and non-par—based on dentist’s submitted fee or Delta Dental’s nonparticipating dentist fee, whichever is less. 4: Plan II—Payment is always based on dentist’s submitted fee or the Delta Dental PPO dentist fee schedule, whichever is less.

**NOTES:** The above summary is a sample of benefits. Policies have exclusions and limitations that may limit coverage. For complete coverage details, please refer to your policy (INVD-100A-(state abbreviation)-Delta).

**EXCLUSIONS:** Charges or treatment for correction of congenital or developmental malformations or dentistry for aesthetic reasons; general anesthesia and/or intravenous sedation; cosmetic surgery (including repairs to facings posterior to second bicuspid); treatment by anyone other than a licensed dentist or dental hygienist; veneers, sealants, prosthodontics (implants), prefabricated crowns as final restoration on permanent teeth and paste-type root canal fillings on permanent teeth; appliances, procedures and restorations for increasing vertical dimension, occlusion, tooth structure loss due to attrition, abrasion or erosion, or for periodontal splinting; orthodontic services; space maintainers; lost, missing or stolen appliances; services not in the Policy and/or Summary of Dental Plan Benefits.

**LIMITATIONS:** Coverage for services may be limited based on the age of the person receiving services; coverage for certain services may be limited to a maximum number of occurrences during a specified time period (such as two times per year or one time every three years); coverage for temporomandibular disorders (TMD) is limited.

The premium rate will vary between plans. The policy has a term of one year and will automatically renew (upon payment of required premium) unless terminated in accordance with the policy provisions. Coverage may be terminated for reasons stated in the policy. Coverage ceases upon termination of the policy. Products and services referred to in this brochure may not be available in all states or jurisdictions.