



**Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 9888-0001, 0099
State Teachers Retirement System of Ohio**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan - Delta Dental of Ohio

Benefit Year - January 1 through December 31

Covered Services -

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	80%	80%
Sealants - to prevent decay of permanent teeth	100%	80%	80%
Brush Biopsy - to detect oral cancer	100%	80%	80%
Radiographs - X-rays	100%	80%	80%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	60%	50%	50%
Minor Restorative Services - fillings and crown repair	60%	50%	50%
Endodontic Services - root canals	60%	50%	50%
Periodontic Services - to treat gum disease	60%	50%	50%
Oral Surgery Services - extractions and dental surgery	60%	50%	50%
Other Basic Services - misc. services	60%	50%	50%
Relines and Repairs - to prosthetic appliances	60%	50%	50%
TMD Treatment - treatment of the disorder of the temporomandibular joint, including related films	60%	50%	50%
Major Services			
Major Restorative Services - crowns	35%	25%	25%
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	35%	25%	25%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Three prophylaxes (cleanings) are payable in any calendar year. Two additional periodontal maintenance procedures are payable per calendar year for Enrollees who have had periodontal surgery.
- Enrollees with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per calendar year for Enrollees age 18 and under.
- Space maintainers are payable once per area per lifetime for Enrollees age 18 and under.
- Bitewing X-rays are payable twice per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable once per tooth per three-year period for permanent molars for Enrollees age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Metallic inlays are Covered Services.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- All oral surgery services performed by a dentist are Covered Services.

- Benefits for Temporomandibular Disorders (TMD) are limited to those services normally provided by a dentist to relieve oral symptoms associated with malfunctioning of the temporomandibular joint. This does not include services that would normally be provided under medical care.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Enrollees with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and silver diamine fluoride treatment. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment - \$1,500 per Member total per Benefit Year on all services.

Deductible - \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$100 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, and sealants.

Waiting Period - You may enroll yourself or an eligible dependent upon initial eligibility and enrollment in Medicare Parts A & B or Part B-only. If you do not request enrollment within 31 days of enrolling in Medicare, you will need to wait until open enrollment to enroll.

Eligible People - All benefit recipients that meet STRS Ohio eligibility requirements who choose the dental plan (0001) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099).

You must contact STRS Ohio to enroll in the dental plan.

Once enrolled, you and your eligible dependents must remain enrolled until the end of the contract period. Each contract period is two calendar years. This means you are required to pay the monthly premiums for the contract period even if you no longer use the services under the plan. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you.

Enrollees and dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on Enrollees applications, but not both. Your Dependent Children may be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the last day of the month in which the enrollee is terminated.