

WILLIAM PENN SCHOOL DISTRICT

Attachment A Deductibles, Maximums and Contract Benefit Levels

Deductibles & Maximums	
Annual Deductible	\$0 per Enrollee each Contract Year
Annual Maximum	Unlimited per Enrollee per Contract Year
Orthodontic Maximum	\$800 per dependent child Enrollee to age 19 per lifetime
Maximum Takeover Credit	Delta Dental will receive credit for any amount paid under the Contractholder's previous dental care plan, if applicable, for Orthodontic Services. These amounts will be credited towards the lifetime maximum amounts payable for Orthodontic Services.

DENTAL COVERAGE

Dental insurance is offered as an optional non-contributory benefit.



The plan allows members and their dependents the flexibility to choose any dentist. The plan uses the Delta Dental provider network for choosing an in-network provider. Participating Delta Dental Dentists must accept the allowance as full payment for covered services. Payments for covered services performed by a non-participating dentist paid directly to you based on a percentage of the UCR allowance (as specified) or the amount charged, whichever is less.

DELTA DENTAL - PPO		Program A Plan 1	
Basis for member cost sharing	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Delta Dental Dentist
Benefits	PPO Contracted Fees	Premier Contracted Fees	Non-Delta Dental Dentist
Diagnostic & Preventive	100%	100%	100%
Sealants	100%	100%	100%
Space Maintainers	100%	100%	100%
Basic Restorative	100%	100%	100%
Oral Surgery	100%	100%	100%
Simple Extractions	100%	100%	100%
Endodontics	100%	100%	100%
Surgical Periodontics	50%	50%	50%
Non-Surgical Periodontics	50%	50%	50%
Major Restorative	50%	50%	50%
Prosthodontics-Fixed & removable	50%	50%	50%
Denture Repair, Reline, Rebase	50%	50%	50%
Implants	50%	50%	50%
Orthodontics – Child	50%	50%	50%
Orthodontics – Adult	Not Covered	Not Covered	Not Covered
TMJ	Not Covered	Not Covered	Not Covered

Attachment C Wellness Benefits

Wellness Benefits are available to help improve the oral health of Enrollees with certain Qualifying Medical Conditions.

Qualifying Medical Conditions

Enrollees with one or more of the following Qualifying Medical Conditions will receive Wellness Benefits: cardiovascular (heart) disease; diabetes; cerebrovascular disease (stroke); HIV/AIDS; rheumatoid arthritis; chronic kidney disease; Sjogren's syndrome; lupus; Parkinson's disease; amyotrophic lateral sclerosis; Huntington's disease; opioid misuse and addiction; joint replacement; and cancer.

Wellness Benefits

The information in the table below replaces the coverage for routine cleanings, periodontal maintenance and periodontal scaling and root planing described in Attachments A and B.

Service	PPO Providers' Contract Benefit Level	Premier and Non-Delta Dental Providers' Contract Benefit Level	Limitations
Routine Cleaning & Periodontal Maintenance ¹	100%	100%	any combination of four (4) each Contract Year
Periodontal Scaling & Root Planing	100%	100%	once every Contract Year per quadrant with no more than two (2) quadrants covered on the same date of service.

¹If an Enrollee is eligible for a pregnancy benefit and is also eligible for the Wellness Benefit, then Wellness Benefits replace the additional pregnancy benefits described in Attachment B, except such Enrollees will be entitled to one additional oral exam each Contract Year while pregnant provided that written confirmation of the pregnancy is submitted.

All other Benefits, Limitations and Exclusions remain unchanged. Wellness Benefits are subject to applicable Deductibles and Maximums.

Signing up for Wellness Benefits

1. Go to deltadentalins.com.
2. Log in to your Online Services account. (If you don't have one, click Register.)
3. Click on the Optional Benefits tab in the left column.
4. Click on Opt In next to the name of the person you want to enroll. You can enroll yourself or a dependent child.
5. Complete and submit the form.