

# Intermountain District Church of the Nazarene

## BENEFIT PLAN SUMMARY

### Selected Benefits and Percentages

<p><b>Contract Effective Date:</b> 01/01/2007</p> <p><b>Group Number:</b> 4190</p> <p><b>Deductible:</b> <span style="float: right;"><b>Premier</b></span></p> <p>Per Person <span style="float: right;">\$25</span></p> <p>Per Family <span style="float: right;">\$75</span></p> <p><i>Excluding Diagnostic and Preventive services per benefit year.</i></p> <p><b>Maximum Benefit:</b> <span style="float: right;">\$1000</span></p> <p><i>Per eligible person per calendar year.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><b>Preventive &amp; Diagnostic Services:</b></td> <td style="width: 85%;"><i>Examinations, x-rays, teeth cleaning</i></td> <td style="width: 10%; text-align: right;">Premier 100%</td> </tr> <tr> <td><b>Basic Services:</b></td> <td><i>Fillings, root canals, extractions, minor oral surgery</i></td> <td style="text-align: right;">80%</td> </tr> <tr> <td><b>Major Services:</b></td> <td><i>Crowns, onlays, laminate veneers, bridges, dentures</i></td> <td style="text-align: right;">50%</td> </tr> <tr> <td><b>Orthodontic Services:</b></td> <td><i>Orthodontic services are not covered.</i></td> <td style="text-align: right;">0%</td> </tr> </table>	<b>Preventive &amp; Diagnostic Services:</b>	<i>Examinations, x-rays, teeth cleaning</i>	Premier 100%	<b>Basic Services:</b>	<i>Fillings, root canals, extractions, minor oral surgery</i>	80%	<b>Major Services:</b>	<i>Crowns, onlays, laminate veneers, bridges, dentures</i>	50%	<b>Orthodontic Services:</b>	<i>Orthodontic services are not covered.</i>	0%
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### Additional Benefits / Limitations

**Preventive and Diagnostic Services**

*Examinations once every 6 months; Cleanings once every 6 months (restricts against periodontal cleaning within the same time period); Fluoride once every 12 months for dependent children under age 20; Full mouth series or panoramic x-rays once every 5 years; Bitewing x-rays once every 12 months.*

**Basic Service**

*Fillings restricted to same tooth/surface once every 24 months; Root Canals, Extractions, Periodontics, Periodontal cleanings once every 6 months (restricts against basic cleaning within the same time period); Sealants once per tooth every 3 years for dependent children under 16; Nitrous oxide is not covered.*

**Dependents**

*Eligible children must be under age 19. Eligible students must be under age 23.*

**Major Restorative Service**

*Crowns, stainless steel crowns, onlays, laminate veneers, or bridges on same tooth once every 7 years; For dependent children under age 16, benefits are limited to plastic or stainless steel crowns on same tooth once every 24 months; Partials, or dentures 1 time per arch every 7 years, Eligible for partials at age 16; Implants are a covered benefit per tooth with a maximum lifetime benefit of \$900 (including crown) applied to the annual individual maximum benefit; **Waiting Period is 12 months; late enrollee waiting period is an additional 24 months.***

**Orthodontic Services**

*Orthodontic services are not covered.*

This is only a general summary of benefits. It provides a brief description about the important features of this policy and does not constitute a contract or guarantee of payment. Full terms and conditions are set forth in the policy provisions. If you have any questions about your benefit plan's coverage detail and benefits or would like to submit a predetermination before services are performed, please call one of our friendly Delta Dental customer service advisors at (208) 489-3580. You may also log onto our website, [www.deltadentalid.com](http://www.deltadentalid.com), for benefit and eligibility information or up-to-date claim status. Once you have logged onto our website, simply click onto the Subscriber Online Connection. Or, if you have a fax machine, you may access your eligibility and claim information by calling Delta Dental's ProFax number at (208) 489-3545.