

# Intermountain District Church of the Nazarene

## GENERAL BENEFIT PLAN SUMMARY

### Selected Benefits and Percentages

<b>Contract Effective Date:</b> 01/01/2013				<b>PPO</b>	<b>Premier</b>	<b>Non-Par</b>	
<b>Group Number:</b> 4190							
<b>Deductible:</b>	<b>PPO</b>	<b>Premier</b>	<b>Non-Par</b>	<b>Preventive &amp; Diagnostic Services:</b>	100%	100%	80%
Per Person	\$50	\$50	\$50	<i>Examinations, x-rays, teeth cleaning</i>			
Per Family	\$150	\$150	\$150	<b>Basic Services:</b>	80%	60%	40%
<i>Excluding Diagnostic and Preventive services per calendar year.</i>				<i>Fillings, root canals, extractions, minor oral surgery</i>			
<b>Maximum Benefit:</b>	\$1,000	\$750	\$500	<b>Major Services:</b>	50%	0%	0%
<i>Per eligible person per calendar year.</i>				<i>Crowns, onlays, bridges, dentures</i>			
				<b>Implants:</b>	50%	0%	0%
				<b>Value-Added Orthodontic Discount Program</b>			
				<i>Delta Dental of Idaho subscribers and their eligible dependents can receive a discounted fee for adult and child orthodontia treatment if they obtain services from a Delta Dental Discount Program orthodontist in Idaho. Please see your employer for additional information. This value-added service is not insurance.</i>			

### Additional Benefits / Limitations

**Class I 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 19; Sealants once per tooth every 3 years for dependent children under 19; Full mouth series or panoramic x-rays once every 5 years; Bitewing x-rays once every 12 months.*

**Class II Basic Services**

*Periodontal cleanings once every 6 months (restricts against basic cleaning within the same time period); Fillings restricted to same tooth/surface once every 24 months; Root Canals, Extractions, Periodontics; Nitrous oxide is not covered; Posterior fillings are paid as composites; Full mouth debridement (D4355) is a benefit if no cleanings within 12 months of the service date (an additional cleaning is allowed within 60 days of the full mouth debridement).*

**Dependents**

*Eligible children must be under age 26.*

**Class III Major Restorative Services**

*Crowns, stainless steel crowns, onlays, 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. **Late enrollee waiting period is 24 months.***

**Implants**

*Implants are a covered benefit per tooth with a maximum lifetime benefit of \$900 (including crown) applied to the annual individual maximum benefit.*

**Value-Added Orthodontic Discount Program**

*Delta Dental of Idaho subscribers and their eligible dependents can receive a discounted fee for adult and child orthodontia treatment if they obtain services from a Delta Dental Discount Program orthodontist in Idaho. Please see your employer for additional information. This value-added service is not insurance.*

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.