

**Delta Dental PPO™ (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group #5866-6001, 6004, 9001, 9004  
City of Columbus - AFSCME**

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*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, and fluoride	100%	100%	100%
<b>Brush Biopsy</b> – to detect oral cancer	100%	100%	100%
<b>Basic Services</b>			
<b>Space Maintainers</b> – appliances to prevent tooth movement	75%	75%	75%
<b>Palliative Treatment</b> – to temporarily relieve pain	75%	75%	75%
<b>Sealants</b> – to prevent decay of permanent teeth	75%	75%	75%
<b>Radiographs</b> – X-rays	75%	75%	75%
<b>Minor Restorative Services</b> – fillings and crown repair	75%	75%	75%
<b>Endodontic Services</b> – root canals	75%	75%	75%
<b>Periodontic Services</b> – to treat gum disease	75%	75%	75%
<b>Oral Surgery Services</b> – extractions and dental surgery	75%	75%	75%
<b>Other Basic Services</b> – misc. services	75%	75%	75%
<b>Relines and Repairs</b> – to prosthetic appliances	75%	75%	75%
<b>Major Services</b>			
<b>Major Restorative Services</b> – crowns	50%	50%	50%
<b>Prosthodontic Services</b> – bridges, implants, dentures, and crowns over implants	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	Banding must begin prior to age 19. Coverage will continue to the end of treatment or until the maximum has been reached	Banding must begin prior to age 19. Coverage will continue to the end of treatment or until the maximum has been reached	Banding must begin prior to age 19. Coverage will continue to the end of treatment or until the maximum has been reached

\* 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 and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months. Benefits for periodontal maintenance procedures are unlimited.
- Fluoride treatments are payable twice in any period of 12 consecutive months with no age limit.

- Space maintainers are payable once per area per lifetime for people age 18 and under.
- Bitewing X-rays are payable twice in any period of 12 consecutive months. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable for first and second permanent molars and bicuspids for people age 18 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on all teeth, including posterior teeth.
- Metallic inlays are Covered Services.
- Stainless steel or prefabricated crowns only are payable for people under age 17.
- Pulp capping is not a Covered Service.
- Surgical periodontic services are payable first by the medical carrier, then will be Covered Services under this plan secondary to medical.
- Most oral surgical services are payable first by the medical carrier, then will be Covered Services under this plan, secondary to medical.
- 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.
- Limited and complete occlusal adjustments are not Covered Services. Antibiotic drug injections are Covered Services.
- X-rays taken for the purpose of Orthodontic evaluation will be payable at the Orthodontic benefit level.
- Diagnostic casts and photographs taken for the purpose of Orthodontic evaluation will be payable at the Orthodontic benefit level.

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 website 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 except orthodontic services. \$1,850 per Member total per lifetime on orthodontic services.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

**Deductible** – None.

Also eligible are your Spouse and Children age 25 and under, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

You and your eligible Dependents may only enroll during an Open Enrollment Period or when the enrollment is the result of a qualifying event as defined under Internal Revenue Code Section 125. Your Dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during Open Enrollment Periods, except that 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 as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate Benefits between your coverage and your Spouse's coverage.

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

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)

<https://www.DeltaDentalOH.com>

Document Creation Date: April 14, 2026