

Dental Plan Summary Chart

Effective January 1 – December 31, 2012

Covered Services	Network (DeltaPremier Dentist)	Network (OSU Student Dental Clinic)	Non-Network
Annual Deductible	\$40 per person	\$0	\$40 per person
Annual Maximum Benefit	\$1,200 per person ^{1,3} (Orthodontics has a separate lifetime maximum of \$1,200)		
Diagnostic and Preventive Services (includes cleanings, fluoride treatments, and space maintainers)	100% of allowed amount; no deductible; no balance billing ²	100% of allowed amount; no deductible; no balance billing ²	100% of allowed amount; no deductible; subject to balance billing
Emergency Palliative Treatments	100% of allowed amount; no deductible; no balance billing ²	100% of allowed amount; no deductible; no balance billing ²	100% of allowed amount; no deductible; subject to balance billing
Endodontics (root canals)	80% of allowed amount, after deductible; no balance billing ²	90% of allowed amount; no deductible; no balance billing ²	80% of allowed amount, after deductible; subject to balance billing
Oral Examinations	100% of allowed amount; no deductible; no balance billing ²	100% of allowed amount; no deductible; no balance billing ²	100% of allowed amount, after deductible; subject to balance billing
Oral Surgery (includes impacted tooth extraction)	80% of allowed amount, after deductible; no balance billing ²	90% of allowed amount; no deductible; no balance billing ²	80% of allowed amount, after deductible; subject to balance billing
Orthodontics	50% of allowed amount, up to \$1,200 ¹ ; no deductible	100% of allowed amount, up to \$1,200 ¹ ; no deductible	50% of allowed amount, up to \$1,200 ¹ ; no deductible
	Coverage is only available up to age 19; \$1,200 ¹ lifetime maximum benefit. Benefits are pro-rated and paid over the course of the treatment.		
Periodontics (gum disease)	80% of allowed amount, after deductible; no balance billing ²	90% of allowed amount; no deductible; no balance billing ²	80% of allowed amount, after deductible; subject to balance billing
Prosthetics (includes dentures, fixed bridgework, and implants)	50% of allowed amount, after deductible; no balance billing ²	60% of allowed amount; no deductible; no balance billing ²	50% of allowed amount, after deductible; subject to balance billing
Restorative Services – Major (includes cast restorations and crowns)	50% of allowed amount, after deductible; no balance billing ²	60% of allowed amount; no deductible; no balance billing ²	50% of allowed amount, after deductible; subject to balance billing
Restorative Services – Minor (includes fillings, and repair of bridgework crowns, dentures, and onlays)	80% of allowed amount, after deductible; no balance billing ²	100% of allowed amount; no deductible; no balance billing ²	80% of allowed amount, after deductible; subject to balance billing
Sealants	80% of allowed amount, after deductible; no balance billing ²	90% of allowed amount; no deductible; no balance billing ²	80% of allowed amount, after deductible; subject to balance billing
Temporomandibular Disorder (TMD)	No coverage under the Dental Plan. Limited coverage is available under the Ohio State medical plans.		
X-rays, Bitewings	100% of allowed amount; no deductible; no balance billing	100% of allowed amount; no deductible; no balance billing	100% of allowed amount, no deductible; subject to balance billing
X-rays, All Others (includes full mouth)	100% of allowed amount, after deductible; no balance billing	100% of allowed amount; no deductible; no balance billing	100% of allowed amount, after deductible; subject to balance billing

¹ You are responsible for all costs over the maximums.

² For any optional treatment (defined as a service that is more expensive than what is customarily provided or for which Delta Dental does not determine that a valid dental need is shown), you are responsible for the costs over the allowed amount, regardless of whether or not the service is provided in-network.

³ Some services are excluded from the annual maximum. A list of these services can be found in the Dental Plan – Specific Plan Details document.

Note: This document is intended to be a short summary of program provisions. Plan limitations and exclusions are not included. For details of the Dental Plan, refer to the Dental Plan – Specific Plan Details document, available online at hr.osu.edu/hrpubs/ben/dentalspd.pdf. If the information provided in this summary differs from the online information, the online information will govern.