

DENTAL PLAN SUMMARY CHART

Effective Jan. 1 – Dec. 31, 2018

| Covered Services | Delta Dental PPO Network (includes OSU Student Dental Clinic) | Delta Dental Premier Network | Out-of-Network |
|--|--|--|---|
| Annual Deductible | \$0 | \$50 per person | \$100 per person |
| Annual Maximum Benefit | \$1,500 per person ^{1,3} | \$1,200 per person ^{1,3} | \$1,200 per person ^{1,3} |
| | Orthodontics has a separate lifetime maximum of \$1,200 | | |
| Preventive Services (includes: cleanings, sealants, fluoride treatments, and space maintainers; bitewing, full-mouth and panoramic X-rays) | 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, no deductible; no balance billing ² | 75% of allowed amount; after deductible; no balance billing ² | 70% 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; no deductible; subject to balance billing |
| Oral Surgery (includes impacted tooth extraction) | 80% of allowed amount, no deductible; no balance billing ² | 75% of allowed amount; after deductible; no balance billing ² | 70% of allowed amount; after deductible; subject to balance billing |
| Orthodontics | 100% of allowed amount, up to \$1,200; ¹ no deductible | 50% 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 for children 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, no deductible; no balance billing ² | 75% of allowed amount; after deductible; no balance billing ² | 70% of allowed amount; after deductible; subject to balance billing |
| Prosthodontics (includes dentures, fixed bridgework, and implants) | 55% of allowed amount, no deductible; no balance billing ² | 50% of allowed amount; after deductible; no balance billing ² | 50% of allowed amount; after deductible; subject to balance billing |
| Restorative Services – Major (includes cast restorations and crowns) | 55% of allowed amount, no deductible; no balance billing ² | 50% of allowed amount; after 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, no deductible; no balance billing ² | 75% of allowed amount; after deductible; no balance billing ² | 70% 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, All Others (includes all diagnostic) | 80% of allowed amount, no deductible; no balance billing | 75% of allowed amount; after deductible; no balance billing | 70% 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 Dental Plan Summary Chart should be used as a general guide only. Refer to the Dental Plan - Specific Plan Details Document online at hr.osu.edu/benefits/dental for further information. If the information in the summary chart differs from the Specific Plan Details Document, the Specific Plan Details Document will govern.