Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 1200-0001, 0002  
School Employees Retirement System of Ohio

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 –

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Delta Dental PPO Dentist Plan Pays</th>
<th>Delta Dental Premier Dentist Plan Pays</th>
<th>Nonparticipating Dentist Plan Pays*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Emergency Palliative Treatment – to temporarily relieve pain</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Sealants – to prevent decay of permanent teeth</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Brush Biopsy – to detect oral cancer</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Radiographs – bitewing and full mouth X-rays</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Basic Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Other Radiographs – other X-rays</td>
<td>80%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Minor Restorative Services – fillings</td>
<td>80%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Endodontic Services – root canals other than molar teeth</td>
<td>80%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Periodontic Services – to treat gum disease other than osseous surgery</td>
<td>80%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Oral Surgery Services – dental surgery</td>
<td>80%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Other Basic Services – misc. services</td>
<td>80%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Major Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crown Repair – to individual crowns</td>
<td>50%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Osseous Surgery</td>
<td>50%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Molar Root Canals – to treat teeth with diseased or damaged nerves</td>
<td>50%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Occlusal Guards/Adjustments – bite guards and occlusal adjustments</td>
<td>50%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Major Restorative Services – crowns</td>
<td>50%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Surgical Extractions – surgical removal of impacted teeth</td>
<td>50%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Relines and Repairs – to bridges, dentures, and implants</td>
<td>50%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Prosthodontic Services – bridges, implants, and dentures</td>
<td>50%</td>
<td>40%</td>
<td>40%</td>
</tr>
</tbody>
</table>

* 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. The Nonparticipating Dentist Fee 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 per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Two additional prophylaxes are payable per calendar year for individuals with a documented history of periodontal disease.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per calendar year for people up to age 16.
- Space maintainers are payable once per area per lifetime with no age limit.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per three-year period for the occlusal surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Crowns, onlays, and substructures are payable once per tooth in any eight-year period. Veneers are payable on incisors, cuspids, and first bicuspids once per tooth per eight-year period when necessary due to fracture or decay.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Localized delivery of chemotherapeutic agents is a Covered Service.
- Biopsy of hard and soft tissue are Covered Services.
- Full and partial dentures are payable once in any eight-year period.
- Bridges are payable once in any eight-year period.
- Implants and implant related services are payable once per tooth in any eight-year period.
- Occlusal guards are payable once in any three-year period. Antibiotic drug injections are Covered Services.

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 Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** – $1,500 per person total per Benefit Year on all services.

**Deductible** – $50 Deductible per person total per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, full mouth and bitewing X-rays, and sealants.

**Waiting Period** – Employees who are eligible for dental benefits are covered on the first day of the month following completion of enrollment form.

**Eligible People** – All eligible School Employees Retirement System of Ohio retirees, surviving spouses or disability recipients enrolled in the dental plan. The Subscriber pays the full cost of this plan. The Subscriber pays the full cost of this plan.

Also eligible are your legal spouse and your children to the end of the calendar year in which they turn 26, 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 must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. 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.

If you and your Spouse are both eligible to enroll in This Plan as Subscribers, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Subscribers under This Plan.
This plan complies with applicable federal civil rights laws and does not discriminate on the basis of
race, color, national origin, age, disability or sex. This plan does not exclude people or treat them
differently because of race, color, national origin, age, disability or sex.

This plan provides free aids and services to people with disabilities to communicate effectively with us,
such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats)

This plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call 1-800-524-0149 (TTY users call 711).

If you believe that this plan has failed to provide these services or discriminated in another way on the
basis of race, color, national origin, age, disability or sex, you can file a grievance with-the civil rights
coordinator at PO Box 9089, Farmington Hills, MI 48333-9089; by phone at 1-800-524-0149 (TTY users
call 711) or fax to 517-706-3513. You can file a grievance by mail, fax or phone. If you need help filing a
grievance, the civil rights coordinator is available to help you. You can also file a civil rights complaint
with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through
the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,
or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue
SW., Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019, 1-800-537-7697 (TDD).


KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbmë të asistencës gjuhësore, pa pagesë.
Telefononi në 1-800-524-0149 (TTY: 711).

الملاحظات: إذا كنت تتحدث اللغة العربية، فتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل على الهاتف رقم 1-800-524-0149 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電
1-800-524-0149 (TTY: 711)。

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argam.
Bibiliita 1-800-524-0149 (TTY: 711).

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruiken van de taalkundige diensten. Bel
1-800-524-0149 (TTY: 711).
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-524-0149 (ATS: 711).


ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएं, आप के लिए निष्कृत्त उपलब्ध हैं। कॉल करें 1-800-524-0149 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-524-0149 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-800-524-0149 (TTY: 711) まで、お電話にてご連絡ください。

주의: 한글로 통화하시는 경우, 탁월한 언어 지원 서비스가 이용하실 수 있습니다.
1-800-524-0149 (TTY: 711)로 전화해 주십시오.


WANN:\r\n\r\nUWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-524-0149 (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-524-0149 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-524-0149 (телетайп: 711).


ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-524-0149 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-524-0149 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-524-0149 (телетайп: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-524-0149 (TTY: 711).