

Riverside Medical Center Plan Design Summary Plan B

Annual Deductible	\$50/person; \$150/family		
Deductible applies to Basic and Major services			
Annual Maximum	\$1000/ person		
To GoSM Carryover Feature	Not Included		
Enhanced Benefits Program	Your plan provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to your annual maximum.		
	Delta Dental PPO Network Dentist*	Delta Dental Premier Network Dentist**	Non-Network Dentist***
<u>PREVENTIVE/DIAGNOSTIC SERVICES (no waiting period)</u>			
• Routine exams (two per benefit year)	100%	100%	100%
• Cleanings (two per benefit year)	100%	100%	100%
• X-rays (bitewings -2 per benefit year; full mouth-1 per benefit year)	100%	100%	100%
• Fluoride treatments (once per benefit year to age 19)	100%	100%	100%
<u>BASIC SERVICES (no waiting period)</u>			
• Sealants (to age 16)	80%	80%	80%
• Space maintainers (to age 14)	80%	80%	80%
• Emergency exams and palliative (pain relief) treatment	80%	80%	80%
• Fillings (silver (amalgam) and tooth colored (composite) on front teeth)	80%	80%	80%
• Posterior composites (tooth colored fillings on back teeth)	80%	80%	80%
• Non-surgical Periodontic (gum) maintenance	80%	80%	80%
• Surgical Periodontic (gum) maintenance	80%	80%	80%
• Oral surgery (simple extractions)	80%	80%	80%
• Oral surgery (surgical extractions including general anesthesia, IV sedation)	80%	80%	80%
• Oral surgery (all other)	80%	80%	80%
• Endodontics (root canals and pulpal therapy)	80%	80%	80%
• Pin retention	80%	80%	80%
• Stainless steel crowns	80%	80%	80%
<u>MAJOR RESTORATIVE SERVICES (no waiting period)</u>			
• Crowns, onlays, and other ceramic restorations to permanent teeth	50%	50%	50%
• Partial/full dentures	50%	50%	50%
• Denture (repair, relines, rebase and adjustments)	50%	50%	50%
• Fixed/removable bridges	50%	50%	50%
• Bridge and crown repairs	50%	50%	50%
<u>ORTHODONTICS (no waiting period)</u>	Not Included	Not Included	Not Included

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*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 – 40% discount off of average billed charges nationally.

**Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers a 5 – 15% discount off of average billed charges nationally.

***Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 85th MDR.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge.