Northwest Nazarene University
GENERAL BENEFIT PLAN SUMMARY
Selected Benefits and Percentages

Contract Effective Date: 08/01/2015
Group Number: 3115

Preventive & Diagnostic Services:  
Examinations, x-rays, teeth cleaning

Basic Services:  
Fillings, root canals, extractions, minor oral surgery

Major Services:  
Crowns, onlays, bridges, dentures

Maximum Benefit: $1,000 $1,000
Per eligible person per benefit year.

Additional Benefits / Limitations

Class I Preventive and Diagnostic Services
Examinations once every 6 months; Cleanings once every 6 months (restricts against periodontal maintenance within the same time period); Fluoride once every 12 months for dependent children under age 19; Sealants once per tooth every 3 years for dependent children under 19; Full mouth series or panoramic x-rays once every 5 years; Bite-wing x-rays once every 12 months; Space maintainers under age 14 once a lifetime per permanent tooth.

Class II Basic Services
Periodontal maintenance once every 6 months (restricts against basic cleaning within the same time period); Full mouth debridement (4355) is a benefit if no cleanings within 12 months of the service date (an additional cleaning is allowed within 60 days of the full mouth debridement); Scaling and root planning (4341, 4342) covered once every 24 months per quadrant (no limit as to the number of quadrants per visit); Root Canals, Extractions, Periodontics; Fillings restricted to same tooth/surface once every 24 months; Posterior fillings are paid as composites; Composite fillings are not downgraded to amalgam; Nitrous oxide is not covered.

Class III Major Restorative Services
Crowns, Build-ups, stainless steel crowns, onlays, or bridges on same tooth once every 7 years; For dependent children under age 16, benefits are limited to plastic or stainless steel crowns on same tooth; Prosthetic services pay on the prep date; Occlusal guards are covered for bruxism only once in 24 months; Missing tooth clause does not apply; TMJ is not a covered benefit; Partial, or dentures 1 time per arch every 7 years, eligible for partials at age 16. Late enrollee waiting period is 24 months.

Implants
Implants are a covered benefit per tooth with a maximum lifetime benefit of $900 (including crown) applied to the annual individual maximum benefit.

Value-Added Orthodontic Discount Program
Delta Dental of Idaho subscribers and their eligible dependents can receive a discounted fee for adult and child orthodontia treatment if they obtain services from a Delta Dental Discount Program orthodontist in Idaho. Please see your employer for additional information. This value-added service is not insurance.

This is only a general summary of benefits. It provides a brief description about the important features of this policy and does not constitute a contract or guarantee of payment. Full terms and conditions are set forth in the policy provisions. If you have any questions about your benefit plan's coverage detail and benefits or would like to submit a predetermination before services are performed, please call one of our friendly Delta Dental customer service advisors at (208) 489-3580. You may also log onto our website, www.deltadentalid.com, for benefit and eligibility information or up-to-date claim status. Once you have logged onto our website, simply click onto the Subscriber Online Connection. Or, if you have a fax machine, you may access your eligibility and claim information by calling Delta Dental's ProFax number at (208) 489-3545.