



**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits**

**For Group# 1212-3101, 3102, 3103, 3104, 3105, 3106, 3107, 3108, 3110, 3111, 3112,
3113, 3114, 3115, 3116, 3117, 3118, 3119, 3121, 3122, 3123, 3124, 3125, 3126, 3127,
3128, 3129, 3130, 3131, 3132, 3133, 3134, 3135**

Northern Buckeye Health Plan – Premium Dental Plan

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 –

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Endodontic Services – root canals	80%	80%	80%
Periodontic Services – to treat gum disease	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Relines and Repairs – to bridges, implants, and dentures	80%	80%	80%
Major Services			
Major Restorative Services – crowns	60%	60%	60%
Prosthodontic Services – bridges, implants, and dentures	60%	60%	60%
Orthodontic Services			
Orthodontic Services – braces	60%	60%	60%
Orthodontic Age Limit –	No Age Limit	No Age Limit	No Age Limit

* 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 your 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.
- Fluoride treatments are payable once per calendar year with no age limit.
- 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.

NwOESC INSURANCE BENEFIT RECAP – 2018

NwOESC is part of a multi school district insurance consortium known as NBHP-*Northern Buckeye Health Plan, NW Division of Optimal Health Initiative*. Employees must work at least 25 hours per week in a nine month per year assignment to be eligible for insurance benefits.

Health, Dental & Vision insurance elections must be completed through an on-line portal called BENELOGIC.
<https://nbhp.benelogic.com/>

Life insurance elections need to be completed on the enclosed paper form

All insurance elections need to be completed within 30 days from **date of hire**.

HEALTH/PRESCRIPTION INSURANCE

- Company: Allied Benefit Systems
- Access+ (Traditional PPO) or HDHP with an HSA (High Deductible with Health Savings Account)
- Employee Cost for health/prescription coverage

HEALTH	Access+(PPO)/month cost	OR	HDHP with HSA*/month cost
Single	\$ 83.44		\$ 59.64
Family	\$314.60		\$224.00

*Board contributes to your HSA, \$500 per year for a Single plan and \$1,500 per year for a Family plan. Deposits are made on a monthly basis.

*An account will need to be set up with American Fidelity or Farmers & Merchants Bank to designate where your funds need to be deposited. (paper form enclosed)

- Working spouse limitation with dependent limiting age of 26

DENTAL INSURANCE

- Company: Delta Dental of Ohio
- Employee Cost for Dental coverage

DENTAL	Cost Per Month
Single	\$11.70
Family	\$32.70

VISION INSURANCE

- Company: Vision Care for Life (VSP)
- Employee Cost for Vision Coverage-100% paid by the employee.

VISION	Option I	Option II	Option III	Option IV
Cost Per Month				
Single	\$ 9.22	\$ 10.09	\$10.82	\$14.34
Family	\$19.88	\$27.83	\$23.33	\$39.58

LIFE INSURANCE

- Company: AUL (One America Life Insurance)
- \$20,000 Group term life insurance (100% paid for by NWOESC)
- Election needs to be completed on enclosed paper form

SUPPLEMENTAL LIFE INSURANCE

- Employee Contribution
- Dependent limitation at age 26
- Guaranteed Issue Limit can equal up to 5 times salary
- Annual Option to increase coverage by 10% or \$10K whichever is greater – No medical questions required

Eligibility Date: Date of hire/First day of work Effective Date: First of the month following eligibility date
Deductions are split over two pays in each month.

Please visit our website at www.nwoesc.org/benefits for more information on our insurance options.