

## ROGER WILLIAMS UNIVERSITY & SCHOOL OF LAW

Group ID: 7285

Delta Dental PPO Plus Premier™

**A** Annual Maximum: \$1,200

**E** Employee: \$1,200

**M** Member: Unlimited

**D** Deductible: \$0

**F** Family Deductible: \$0

**D** Dependent children are covered under these benefits up until the end of the month that they turn 26.

**P** Primary Care: 100%; **M** Major Care: 0%; **C** Cosmetic: 0%

**P** Preventive: 100%

**P** Restorative: 50%

**P** Periodontics: 50%

- Single x-rays as required

**P** Primary Care: 50%; **M** Major Care: 50%; **C** Cosmetic: 50%

† Sealants for children under age 14, once every 24 months on unrestored permanent molars

- Extractions and other routine oral surgery when not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy on permanent teeth one procedure per tooth per lifetime.
- P** • Crowns over natural teeth, build ups, posts and cores replacement limited to once every 60 months
- Repairs to existing partial or complete dentures once per policy year
- Recementing crowns or bridges once every 60 months
- Rebasing or relining of partial or complete dentures once every 60 months
- P** • Bridges and crowns over implants replacement limited to once every 60 months
- P** • Partial and complete dentures replacement limited to once every 60 months
- P** • Root planing and scaling once per quadrant every 24 months
- P** • Osseous (bone) surgery once per quadrant every 36 months
- P** • Gingivectomies once per site every 36 months
- P** • Soft tissue grafts once per site every 60 months
- P** • Crown lengthening once per site every 60 months
- P** • Guided tissue regeneration and bone replacement graft once per site every 24 months
- P** • Surgical placement of endosteal implant and abutment once per tooth site per lifetime
- Periodontal maintenance following active therapy two per year

**P** Primary Care: 50%; **M** Major Care: 50%; **C** Cosmetic: 50%

