

State of Rhode Island Delta Dental PPO Benefits Summary

Administered by Delta Dental of Rhode Island



Procedure	Anchor Dental	Anchor Dental Plus	Anchor Dental Platinum	Frequency / Limitations
Plan Maximums				
Annual Maximums	\$1,500	\$2,000	\$2,500	
Orthodontic lifetime maximum	\$1,500	\$2,000	\$2,500	
Implant lifetime maximum	N/A	N/A	\$3,500	
Diagnostic				
Oral Exam	100%	100%	100%	Anchor Dental Plan: Once per calendar year Anchor Dental Plus and Platinum Plans: Twice per calendar year
Bitewing x-rays	100%	100%	100%	One set per plan year
Complete x-ray series or panoramic film	100%	100%	100%	Once every 36 months
Single x-rays	100%	100%	100%	As required
Consultation by a specialist	N/A	N/A	80%	Covered twice per calendar year
Preventive				
Cleaning	100%	100%	100%	Twice per calendar year.
Fluoride treatment - for children under age 19	100%	100%	100%	Anchor Dental Plan: Once per calendar year Anchor Dental Plus and Platinum Plans: Twice per calendar year
Sealants - for children under age 14	100%	100%	100%	Once every 24 months on unrestored permanent molars
Space Maintainers	100%	100%	100%	Once every 60 months for lost deciduous (baby) teeth
Minor Restorative				
Fillings	100%	100%	100%	Amalgam (silver) fillings; composite (white) fillings
Repairs to existing partial or complete dentures	100%	100%	100%	Once per plan year
Recementing crowns or bridges	100%	100%	100%	Once every 60 months
Rebasing or relining of partial or complete dentures	100%	100%	100%	Once every 60 months
Major Restorative				
P Crowns over natural teeth, build ups, posts and cores	80%	80%	80%	Replacement limited to once every 60 months
Endodontics				
Root canal therapy	100%	100%	100%	One procedure per tooth per lifetime. Vital pulpotomy and apicoectomies also covered once per tooth per lifetime
Periodontics				
Periodontal maintenance following active therapy	50%	80%	100%	Twice per plan year
P Root planing and scaling	50%	80%	100%	Once per quadrant every 24 months
P Osseous (bone) surgery	50%	80%	100%	Once per quadrant every 36 months
P Gingivectomies	50%	80%	100%	Once per site every 36 months
P Soft tissue grafts	50%	80%	100%	Once per site every 60 months
P Crown lengthening	50%	80%	100%	Once per site every 60 months
P Guided tissue regeneration and bone replacement graft	50%	80%	100%	Once per site every 24 months
Prosthetics				
P Bridges and crowns over implants	N/A	50%	50%	Replacement limited to once every 60 months
P Partial and complete dentures	N/A	50%	50%	Replacement limited to once every 60 months
P Implants and related services	N/A	N/A	50%	Once per tooth site per lifetime. Separate \$3,500 lifetime maximum
Extractions and Oral Surgery				
Extractions and other routine oral surgery	100%	100%	100%	When not covered by the patient's medical plan. Certain oral surgery procedures do not count toward annual maximum.
Orthodontics				
Elective braces and related services	50%	50%	50%	Subject to a lifetime maximum. No pre-approval required. Anchor Dental and Plus Plans: Covered only for dependents to age 19 Platinum Plan: Covered for all members, no age limit.
Other Services				
Palliative treatment (minor procedures necessary to relieve acute pain)	100%	100%	100%	Twice per plan year
General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures	100%	100%	100%	
Occlusal guards for bruxism (grinding) only	N/A	100%	100%	Once every 36 months
Occlusal adjustments	N/A	100%	100%	Twice per plan year

P Pre-treatment estimate recommended

Dependent coverage: Dependent children are covered up until the end of the month that they turn age 26.



Unless specifically covered by your dental plan, the following are not covered:

- Services that are not dentally necessary and appropriate according to our review guidelines. Services subject to these guidelines include, but are not limited to, root canals; crowns and related services; bridges; periodontal services; orthodontics; and oral surgery. We will make a decision whether a service is dentally necessary based on these guidelines. A service may not be covered under these guidelines even if it was recommended by a dentist. Our guidelines can be found on our website at www.deltadentalri.com. You can have your dentist send us a request for a pre-treatment estimate in advance of the service to see if the service meets our guidelines.
- Services greater than the annual maximum.
- Services received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trustee or similar person or group.
- An illness or injury that Delta Dental decides is employment-related.
- Services you would not have to pay for if you did not have this Delta Dental coverage.
- Services or supplies that are experimental in terms of generally accepted dental standards.
- Services done by a dentist who is a member of your immediate family.
- An illness, injury or dental condition for which benefits are, or would have been available, through a government program if you did not have this Delta Dental coverage.
- Services done by someone who is not a licensed dentist or a licensed hygienist working as authorized by applicable law.
- Disorders related to the temporomandibular joints (TMJ), including occlusal orthotic device and surgery.
- Services to increase the height of teeth or restore occlusion.
- Restorations needed because of teeth grinding or due to erosion, abrasion or attrition.
- Services done mainly to change or to improve your appearance.
- Splinting and other services to stabilize teeth.
- Laboratory or bacteriological tests or reports.
- Temporary, complete dentures or temporary, fixed bridges or crowns.
- Prescription drugs.
- General anesthesia or intravenous sedation for non-surgical extractions, diagnostic, preventive, or minor restorative services.
- General anesthesia or intravenous sedation given by anyone other than a dentist.

Delta Dental can adopt; and, apply, policies that we deem reasonable when we approve the eligibility of subscribers; and, the appropriateness of treatment plans and related charges.

All claims must be filed within one year of the date of service.