

Plan Benefit Highlights for: Jackson State University

Group No: 16037

Effective Date: 1/1/2024

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	Low Plan: \$25 per person / \$75 per family each calendar year High Plan: \$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics, if applicable?	Yes			
Maximums	Low Plan: \$1,000 per person each calendar year High Plan: \$1,500 per person each calendar year			
D & P counts toward maximum?	No			
Waiting Period(s)	Basic Services None	Major Services 12 Months	Prosthodontics 12 Months	Orthodontics Low – N/A High - 12 Months

Benefits and Covered Services*	Low Plan		High Plan	
	Delta Dental PPO dentists†	Non-Delta Dental PPO dentists†	Delta Dental PPO dentists†	Non-Delta Dental PPO dentists†
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
Basic Services Fillings and simple extractions	80 %	80 %	90 %	90 %
Endodontics (root canals)	50 %	50 %	60 %	60 %
Non-Surgical Periodontics (gum treatment)	80 %	80 %	90 %	90 %
Surgical Periodontics (gum treatment)	50 %	50 %	60 %	60 %
Oral Surgery Covered Under Major Services	50 %	50 %	60 %	60 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %	60 %	60 %
Prosthodontics Bridges and dentures	50 %	50 %	60 %	60 %
Orthodontic Benefits Dependent children to age 19	0 %	0 %	50 %	50 %
Orthodontic Maximums	N/A	N/A	\$1,000 Lifetime	\$1,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

† Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
--	---	---

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

HLT_PPO_2COL_HILO_DDIC (Rev. 8/29/2023)

	LOW PLAN	HIGH PLAN
EMPLOYEE	\$21.39	\$31.79
EMP + 1	\$40.52	\$64.51
FAMILY	\$68.29	\$92.43

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS