



# Diversified Dental Services, Inc.

## A Dental PPO for Douglas County School District Employee Healthcare Plan Participants

For Provider directories visit [www.ddsppo.com](http://www.ddsppo.com)

OR

[www.hometownhealth.com](http://www.hometownhealth.com)

### Schedule of Dental Benefits

**CALENDAR YEAR MAXIMUM BENEFIT**

\$2,000

Plan benefits for each Covered Person will not exceed the maximums shown above. A covered person is permitted to roll-over unused benefits for only one year (from one Calendar year to the next Calendar year)

**CALENDAR YEAR DEDUCTIBLE**

\$25 (Major Services Only)

The Calendar Year Deductible is an amount that a Covered Person must contribute toward payment of Major Services before the Plan begins to provide benefits.

**Preventive Services** (Deductible does not apply)

Plan pays 100%

Limits applicable to certain Preventive Services:

- routine oral examinations and cleanings are limited to 2 exams/cleanings per Calendar Year;
- fluoride treatment is limited to children under age 19 and to 1 application per Calendar Year;
- sealants are limited to children under age 16 who have not been treated with sealants for at least 4 years;
- space maintainers are limited to children under age 19;
- a routine full-mouth X-ray series or a panoramic X-ray is limited to once every 3 Calendar Years;
- routine bitewing X-rays are limited to 2 series every Calendar Year.
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**Basic Services** (Deductible does not apply)

Plan pays 80%

**Major Services**

Plan pays 80%