Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: Hinds County School District
Group Number: 23112 High Plan

Effective Date: 1/1/2025

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member / per family each calendar year	$0 / $0	$0 / $0	$0 / $0
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
Maximums Per member each calendar year	$2,000	$2,000	$2,000
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Diagnostic and preventive services2 Exams, X-Rays, Prophylaxis, Fluoride, Space Maintainers, Sealants, Palliative Treatment	100%	100%	100%
Basic Services Minor Restorative, Extractions, Surgical Extractions, Other Oral Surgery, IV sedation & Anesthesia, Consultation	80%	80%	80%
Endodontics*** Root Canals	50%	50%	50%
Periodontics*** Surgical and Non-Surgical Periodontics	50%	50%	50%
Oral Surgery	80%	80%	80%
Major Services *** Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
Prosthodontics*** Bridges and Dentures	50%	50%	50%
Implants*** Implant Services	50%	50%	50%
Orthodontic Services*** Adults and Dependent Children	50%	50%	50%
Orthodontic Maximums	$1,000 Lifetime	$1,000 Lifetime	$1,000 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

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

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

Rates 12 Month High Plan

EE Only	$37.78
EE+Sp	$75.57
EE+Child(ren)	$83.15
Family	$120.78

Rates 10 Month High Plan

EE Only	$45.34
EE+Sp	$90.68
EE+Child(ren)	$99.78
Family	$144.94

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

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.

Revised 9/13/2024

Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: Hinds County School District
Group Number: 23112 Low Plan

Effective Date: 1/1/2025

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member / per family each calendar year	$0 / $0	$0 / $0	$0 / $0
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Maximums Per member each calendar year	$1,000	$1,000	$1,000
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, X-Rays, Prophylaxis, Fluoride, Space Maintainers, Sealants	100%	100%	100%
Basic Services Minor Restorative, Extractions, Surgical Extractions, Other Oral Surgery, Palliative Treatment, IV sedation & Anesthesia, Consultation	80%	80%	80%
Endodontics*** Root Canals	Not Covered	Not Covered	Not Covered
Periodontics*** Surgical and Non-Surgical Periodontics	Not Covered	Not Covered	Not Covered
Oral Surgery	Not Covered	Not Covered	Not Covered
Major Services *** Crowns, Inlays, Onlays and Cast Restorations	Not Covered	Not Covered	Not Covered
Prosthodontics*** Bridges and Dentures	Not Covered	Not Covered	Not Covered
Implants*** Implant Services	Not Covered	Not Covered	Not Covered
Orthodontic Services*** Adults and Dependent Children	Not Covered	Not Covered	Not Covered
Orthodontic Maximums	Not Covered	Not Covered	Not Covered

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

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

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

Rates 12 Month Low Plan		Rates 10 Month Low Plan	
EE Only	$20.82	EE Only	$24.98
EE+Sp	$41.62	EE+Sp	$49.94
EE+Child(ren)	$45.77	EE+Child(ren	$54.92
Family	$67.63	Family	$81.16

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Alpharetta, GA 30009

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Revised 9/13/2024

SuperiorVision®

Vision plan benefits for Hinds County School District

Copays

Exam	$10
Materials[1]	$10
Contact lens fitting (standard & specialty)	$25

Premiums

	12 month	10 month
Emp. only	$8.04	$9.65
Emp. + spouse	$16.32	$19.58
Emp. + chil(ren)	$14.40	$17.28
Emp. + family	$22.35	$26.82

Services/frequency

Exam	1 per calendar year
Frame	1 per calendar year
Contact lens fitting	1 per calendar year
Lenses	1 pair per calendar year
Contact lenses	1 allowance per calendar year

Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to $34 retail
Exam (optometrist)	Covered in full	Up to $26 retail
Frames	$130 retail allowance	Up to $61 retail
Contact lens fitting (standard[2])	Covered in full	Not covered
Contact lens fitting (specialty[2])	$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to $26 retail
Bifocal	Covered in full	Up to $39 retail
Trifocal	Covered in full	Up to $49 retail
Progressives lens upgrade	Covered in full	Up to $39 retail
Lenticular	Covered in full	Up to $78 retail
Contact lenses[4]	$130 retail allowance	Up to $100 retail

Co-pays apply to in-network benefits: co-pays for out-of-network visits are deducted from reimbursements

[1] *Materials co-pay applies to lenses and frames only, not contact lenses*

[2] *Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.*

[3] *Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay*

[4] *Contact lenses are in lieu of eyeglass lenses and frames benefit*

Discount features

Discounts on covered materials[5]

These discounts apply to the glasses and contacts that are covered under the vision benefits.

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	10% off amount over allowance

Lens type*	Member out-of-pocket[5]
Scratch coat	$15
Ultraviolet coat	$12
Tints, solid	$15
Tints, gradient	$18
Polycarbonate	$40
Blue light filtering	$15
Digital single vision	$30
Progressive lenses	
Standard/Premium/Ultra/Ultimate	$55 / $110 / $150 / $225
Anti-reflective coating	
Standard/Premium/Ultra/Ultimate	$50 / $70 / $85 / $120
Polarized lenses	$75
Plastic photochromic lenses	$80
High Index (1.67 / 1.74)	$80 / $120

* The above table highlights some of the most popular lens type and is not a complete listing. This table outlines member out-of-pocket costs[5] and are not available for premium/upgraded options unless otherwise noted

superiorvision.com

(800) 507-3800

Discounts on non-covered exam, services and materials[5]

Exams, frames, and prescription lenses:	30% off retail
Contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	$39 maximum out-of-pocket

Laser vision correction (LASIK)[5]

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

Hearing discounts[5]

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

All allowances are retail: the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

[5] *Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.*

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions

Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 (800) 507-3800 superiorvision.com
The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life
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