



**Delta Dental PPO™ (Point-of-Service)  
Summary of Dental Plan Benefits**

**For Group# 1013-00AS, 00KZ, 00OWS, 00OWSC, 00TC, 00TCC, 02QC, 02QJ,  
02QJC, 02QM, 0ASC, 0TCC, 0TMC, 1001, 1099, 2001, 2002, 2003, 2004, 2005, 2006,  
2007, 2008, 2009, 2010, 2011, 2012  
Thor Industries**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.\*

**Control Plan** - Delta Dental of Indiana

**Benefit Year** - January 1 through December 31

**Covered Services -**

	<b>Delta Dental PPO™ Dentist Plan Pays</b>	<b>Delta Dental Premier® Dentist Plan Pays</b>	<b>Nonparticipating Dentist Plan Pays*</b>
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	100%	100%	100%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> - fillings and crown repair	80%	80%	80%
<b>Endodontic Services</b> - root canals	80%	80%	80%
<b>Periodontic Services</b> - to treat gum disease	80%	80%	80%
<b>Oral Surgery Services</b> - extractions and dental surgery	80%	80%	80%
<b>Other Basic Services</b> - misc. services	80%	80%	80%
<b>Major Services</b>			
<b>Major Restorative Services</b> - crowns	50%	50%	50%
<b>Relines and Repairs</b> - to prosthetic appliances	50%	50%	50%
<b>Prosthodontic Services</b> - bridges, implants, dentures, and crowns over implants	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	through age 25 and under		

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.

- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are Covered Services on posterior teeth.
- Biopsy of hard and soft tissue are Covered Services.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** - \$1,500 per Member total per Benefit Year on all services, except diagnostic and preventive, X-rays, sealants, periodontal maintenance, emergency palliative, cephalometric films, photos, diagnostic casts and orthodontic services. \$1,500 per Member total per lifetime on cephalometric films, diagnostic casts, photos, and orthodontic services.

**Payment for Orthodontic Service** - When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

**Deductible** - \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, brush biopsy, sealants, periodontal maintenance, cephalometric films, photos, diagnostic casts, and orthodontic services.

**Waiting Period** - Enrollees who are eligible for Benefits are covered on the day that is defined by the client.

**Eligible People** - All participants as defined by the client who choose the dental plan are eligible for coverage: K-Z, Inc. (00KZ), Outpost Wholesale Supply (00OWS), Thor Corporation (00TC), Keystone RV Company - Oregon (02QJ), Keystone RV Company - Production (02QM), Thor Motor Coach (0TMC), Jayco, Inc. Middlebury IN (1001), Heartland Recreational Vehicles LLC-Production (2001), Heartland Recreational Vehicles LLC-Administration (2002), Heartland Recreational Vehicles LLC-Sales (2003), Heartland Recreational Vehicles LLC-DRV (2005), Heartland Recreational Vehicles LLC-Cruiser RV (2006), Heartland Recreational Vehicles LLC-Idaho (2007), Heartland Recreational Vehicles LLC-Bison (2008), Heartland Recreational Vehicles LLC-Breckenridge (2009), Heartland Recreational Vehicles LLC-Middlebury (2010), Heartland Recreational Vehicles LLC-LaGrange (2011), Heartland Recreational Vehicles LLC - Plant 5050 (2012) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees: Thor Corporation (00TCC), Keystone RV Company (02QC), Keystone RV Company - Oregon (02QJC), Airstream, Inc. (0ASC), Thor Motor Coach (0TCC), Jayco, Inc. (1099), Heartland Recreational Vehicles LLC (2004), Outpost Wholesale Supply (00OWSC).

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled.

Enrollees and dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

Benefits will cease on the termination date.

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)  
<https://www.DeltaDentalIN.com>  
Contract Start Date: January 1, 2023  
Document Creation Date: May 9, 2023