# National Committee for Quality Assurance

has awarded

## *Delta Dental Insurance Company*

NCQA Certification in

## Credentialing and Recredentialing

for demonstrating compliance with NCQA's requirements

in the area of Credentialing and Recredentialing.

CHAIR, BOARD OF DIRECTORS

PRESIDENT

CHAIR, REVIEW OVERSIGHT COMMITTEE

*March 1, 2017*

DATE GRANTED

*March 1, 2019*

EXPIRATION DATE

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Delta Dental Insurance Company

# Member Handbook

## Employees Retirement System of Texas

deltadentalins.com

**Group No:**

**Effective Date:**

Sample

ENT-DPO-TX-E

#114170

## Table of Contents

TEXAS NOTICE OF COMPLAINT ..... 2
INTRODUCTION ..... 3
DEFINITIONS ..... 4
PREMIUMS ..... 6
ELIGIBILITY AND ENROLLMENT ..... 6
CONDITIONS UNDER WHICH BENEFITS ARE PROVIDED ..... 9
SELECTING YOUR PROVIDER ..... 11
CLAIMS APPEAL ..... 13
GENERAL PROVISIONS ..... 14

## Attachments

TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION
ATTACHMENT A: DEDUCTIBLES, MAXIMUMS AND CONTRACT BENEFIT LEVELS
ATTACHMENT B: SERVICES, LIMITATIONS AND EXCLUSIONS
NOTICE OF PRIVACY PRACTICES AND CONFIDENTIALITY OF YOUR HEALTH CARE INFORMATION

Sample

## TEXAS NOTICE OF COMPLAINT

**IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call Delta Dental Insurance Company's toll-free number for information or to make a complaint at:

**1-800-521-2651**

You may also write to Delta Dental Insurance Company at:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance at:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: www.tdi.texas.gov
Email: ConsumerProtection@tdi.texas.gov

**PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim, you should contact your agent or Delta Dental Insurance Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR POLICY:**

This notice is for information only and does not become a part or condition of the attached document.

**AVISO IMPORTANTE**

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de Delta Dental Insurance Company's para obtener información o para presentar una queja al:

**1-800-521-2651**

Usted también puede escribir a Delta Dental Insurance Company al:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos, o quejas al:

**1-800-252-3439**

Usted puede escribir al Departamento de Seguros de Texas a:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Sitio web: www.tdi.texas.gov
Email: ConsumerProtection@tdi.texas.gov

**DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:**

Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con el agente o Delta Dental Insurance Company primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

**ADJUNTE ESTE AVISO A SU PÓLIZA:**

Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

# INTRODUCTION

We are pleased to welcome you to the group dental plan for **[group name].** Your plan is underwritten and administered by Delta Dental Insurance Company ("Delta Dental"). Our goal is to provide you with the highest quality dental care and to help you maintain good dental health. We encourage you not to wait until you have a problem to see the Provider, but to see him/her on a regular basis.

**Using This Certificate of Coverage**

This Certificate of Coverage booklet, which includes [Attachment A, Deductibles, Maximums and Contract Benefit Levels (Attachment A) and Attachment B, Services, Limitations and Exclusions (Attachment B)], discloses the terms and conditions of your coverage and is designed to help you make the most of your dental plan. It will help you understand how the plan works and how to obtain dental care. Please read this booklet completely and carefully. Keep in mind that "you" and "your" mean the individuals who are covered. "We," "us" and "our" always refer to Delta Dental. In addition, please read the Definitions section, which will explain any words that have special or technical meanings under the Contract.

The benefit explanations contained in this booklet are subject to all provisions of the Contract on file with your employer, trust fund, or other entity ("Contractholder") and do not modify the terms and conditions of the Contract in any way, nor shall you accrue any rights because of any statement in or omission from this booklet. This booklet is *not* a Summary Plan Description to meet the requirements of ERISA.

**Notice:** *This booklet is a summary of your group dental plan and must be in effect at the time covered dental services are provided. This information is not a guarantee of covered benefits, services or payments.]*

## Contact Us

For more information please visit our website at deltadentalins.com or call our Customer Service Center. A Customer Service Representative can answer questions you may have about obtaining dental care, help you locate a Delta Dental Provider, explain benefits, check the status of a claim, and assist you in filing a claim.

You can access our automated information line at 888-858-5252 during regular business hours to obtain information about Enrollee eligibility and benefits, group benefits, or claim status, or to speak to a Customer Service Representative for assistance. If you prefer to write us with your question(s), please mail your inquiry to the following address:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809

Belinda Martinez, President

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

Sample

## DEFINITIONS

Terms when capitalized in your Evidence of Coverage booklet have defined meanings, given in the section below or throughout the booklet sections.

**Accepted Fee:** the amount the attending Provider agrees to accept as payment in full for services rendered.

**Benefits:** covered dental services provided under the terms of the Contract.

**Calendar Year:** the 12 months of the year from January 1 through December 31.

**Claim Form:** the standard form used to file a claim or request Pre-Treatment Estimate.

**Contract:** the agreement between Delta Dental and the Contractholder, including any attachments.

**Contract Benefit Level:** the percentage of the Maximum Contract Allowance that Delta Dental will pay after the Deductible has been satisfied as shown in Attachment A.

**Contractholder:** the employer, union or other organization or group as named herein contracting to obtain Benefits.

**Contract Year:** the 12 months starting on the Effective Date and each subsequent 12 month period thereafter.

**Deductible:** a dollar amount that an Enrollee and/or the Enrollee's family (for family coverage) must pay for certain covered services before Delta Dental begins paying Benefits.

**Delta Dental Premier Contracted Fee:** the fee for a Single Procedure covered under the Contract that a Premier Provider has contractually agreed to accept as payment in full for covered services.

**Delta Dental Premier® Provider (Premier Provider):** a Provider who contracts with Delta Dental or any other member company of the Delta Dental Plans Association and agrees to accept the Delta Dental Premier Contracted Fee as payment in full for covered services provided under a plan. A Premier Provider also agrees to comply with Delta Dental's administrative guidelines.

**Dependent Enrollee:** an Eligible Dependent enrolled to receive Benefits.

**DPO:** a Dental Provider Organization.

**DPO Contracted Fee:** the fee for each Single Procedure covered under the Contract that a DPO Provider has contractually agreed to accept as payment in full for covered services.

**DPO Provider (DPO Provider):** a Provider who contracts with Delta Dental or any other member company of the Delta Dental Plans Association and agrees to accept the DPO Contracted Fee contracted fees as payment in full for covered services provided under a DPO dental plan. A DPO Provider also agrees to comply with Delta Dental's administrative guidelines.

**Effective Date:** the original date the Contract starts. This date is given on this booklet's cover and Attachment A.

**Eligible Dependent:** a dependent of an Eligible Employee eligible for Benefits.

**Eligible Employee:** any employee [or retiree] as eligible for Benefits.

**Enrollee:** an Eligible Employee ("Primary Enrollee") or an Eligible Dependent ("Dependent Enrollee") enrolled to receive Benefits.

**Enrollee Pays:** Enrollee's financial obligation for services calculated as the difference between the amount shown as the Accepted Fee and the portion shown as "Delta Dental Pays" on the claims statement when a claim is processed.

**Enrollee's Effective Date of Coverage:** the date the Contractholder reports coverage will begin for each Primary Enrollee and each Dependent Enrollee.

Sample

**Maximum:** is the maximum dollar amount ("Maximum Amount" or "Maximum") Delta Dental will pay toward the cost of dental care. Enrollees must satisfy costs above this amount. Delta Dental will pay the Maximum Amount(s), if applicable, shown in Attachment A for Benefits under the Contract.

**Maximum Contract Allowance:** the reimbursement under the Enrollee's benefit plan against which Delta Dental calculates its payment and the Enrollee's financial obligation. Subject to adjustment for extreme difficulty or unusual circumstances, the Maximum Contract Allowance for services provided:

**DPO/PRE/PROGRAM ALLOWANCE**

- by a DPO Provider is the lesser of the Provider's Submitted Fee or the DPO Contracted Fee.
- by a Premier Provider is the lesser of the Provider's Submitted Fee or the Delta Dental Premier Contracted Fee.
- by a Non-Delta Dental Provider is the lesser of the Provider's Submitted Fee or the Program Allowance.

**PPO/PRE/PPO**

- by a DPO Provider is the lesser of the Provider's Submitted Fee or the DPO Contracted Fee.
- by a Premier Provider is the lesser of the Provider's Submitted Fee or the Delta Dental Premier Contracted Fee.
- by a Non-Delta Dental Provider is the lesser of the Provider's Submitted Fee or the DPO Contracted Fee for a DPO Provider in the same geographic area.

**DPO/DPO/DPO**

- by a DPO Provider is the lesser of the Provider's Submitted Fee or the DPO Contracted Fee.
- by a Premier Provider is the lesser of the Provider's Submitted Fee or the DPO Contracted Fee for a DPO Provider in the same geographic area.
- by a Non-Delta Dental Provider is the lesser of the Provider's Submitted Fee or the DPO Contracted Fee for a DPO Provider in the same geographic area.

**TABLE OF ALLOWANCE**

- by a DPO Provider is the lesser of the Provider's Submitted Fee or the DPO Contracted Fee or the amount shown on the Table of Allowances.
- by a Premier Provider is the lesser of the Provider's Submitted Fee or the Delta Dental Premier Contracted Fee or the amount shown on the Table of Allowances
- by a Non-Delta Dental Provider is the lesser of the Provider's Submitted Fee or the amount shown on the Table of Allowances.

**Non-Delta Dental Provider:** a Provider who is not a DPO Provider or a Premier Provider and is not contractually bound to abide by Delta Dental's administrative guidelines.

**Open Enrollment Period:** the month of the year during which employees may change coverage for the next Contract Year.

**Pre-Treatment Estimate:** an estimation of the allowable Benefits under the Contract for the services proposed, assuming the person is an eligible Enrollee.

**Primary Enrollee:** an Eligible Employee enrolled in the plan to receive Benefits; may also be referred to as "Enrollee".

**Procedure Code:** the Current Dental Terminology© (CDT) number assigned to a Single Procedure by the American Dental Association.

**Program Allowance:** the maximum amount Delta Dental will reimburse for a covered procedure. Delta Dental sets the Program Allowance for each procedure through a review of proprietary data by geographic area. The Program Allowance may vary by the contracting status of the Provider and/or the Program Allowance selected by the Contractholder.

**Provider:** a person licensed to practice dentistry when and where services are performed. A Provider shall also include a dental partnership, dental professional corporation or dental clinic.

Sample

**Qualifying Status Change:** a change in:

- marital status (marriage, divorce, annulment or death);
- number of dependents (a child's birth, adoption of a child, placement of child for adoption, institution of a suit wherein the insured seeks to adopt a child, addition of a step or foster child or death of a child);
- employment status (change in employment status of Enrollee or Eligible Dependent);
- dependent child ceases to satisfy eligibility requirements;
- residence (Enrollee, dependent Spouse or child moves);
- a court order requiring dependent coverage; or
- any other current or future election changes permitted by Internal Revenue Code Section 125.

**Single Procedure:** a dental procedure that is assigned a separate Procedure Code.

**Spouse:** a person related to or a partner of the Primary Enrollee:

- as defined and as may be required to be treated as a Spouse by the laws of the state where the Contract is issued and delivered;
- as defined and as may be required to be treated as a Spouse by the laws of the state where the Primary Enrollee resides; and
- as may be recognized by the Contractholder.

**Submitted Fee:** the amount that the Provider bills and enters on a claim for a specific procedure.

## PREMIUMS

You are [not] required to contribute towards the cost of your coverage.

You are [not] required to contribute towards the cost of your Dependent Enrollee's coverage.]

We may cancel the Contract 31 days after written notice to the Contractholder if monthly premiums are not paid when due.

## ELIGIBILITY AND ENROLLMENT

### Eligibility Requirements

You will become eligible to receive Benefits on the date stated in the Contract after completing any eligibility periods required by the Contractholder as stated in the Contract.

If your dependents are covered, they will be eligible when you are or as soon as they become dependents.

- Dependents are the Primary Enrollee's Spouse and **[**unmarried**]** dependent children from birth to age 25.

  Dependents are the Primary Enrollee's Spouse and dependent children from birth to the end of the month of their 26th birthday.

- Children include natural children, stepchildren, foster children,] adopted children, children placed for adoption and children of a partner as recognized by the Contractholder, children for which you have been appointed legal guardian, and children for whom you have become party to a suit in which you seek to adopt. Newborn infants are eligible from the moment of birth. Adopted children are eligible from the date of placement for adoption and from the date you become party to a suit in seeking to adopt the child(ren) or final decree of adoption, whichever occurs first. The dependents of Primary Enrollees are eligible to enroll on the same date that the employee, of whom they are a Dependent, becomes a Primary Enrollee. Later-acquired dependents become eligible as soon as they acquire dependent status.

- **[**Unmarried**]** grandchildren who are less than 25 years of age and are a dependent of the Primary Enrollee for federal income tax purposes at the time of application for coverage of the grandchild is made. Coverage for said grandchild(ren) may not be terminated solely because the grandchild(ren) is/are no longer dependent upon the Primary Enrollee for federal income tax purposes.

Sample

- **[**Unmarried**]** dependent children, including grandchildren, less than 25 years of age for whom the Primary Enrollee is required to insure under a medical support order issued under Chapter 154 Family Code or enforceable by a court in Texas. Said dependent child(ren) may request to be covered under the Primary Enrollee's coverage.
- Newborn infants are eligible from the moment of birth and coverage continues for a period of 31 days. However, an additional Premium may be required for the initial period of coverage of the newborn. In order for coverage of a newborn to continue beyond the initial 31 day period, you must notify Delta Dental of the birth of the newborn and pay any additional Premium required to maintain coverage.
- An overage [unmarried] dependent child, including grandchild may be eligible if:
  (1) he or she is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness or condition that began prior to reaching the limiting age;
  (2) he or she is chiefly dependent on the eligible employee for support; and
  (3) proof of dependent child's disability is provided within 31 days of request. Such requests will not be made more than once a year following a two year period after this dependent reaches the limiting age. Eligibility will continue as long as the dependent relies on the eligible employee for support because of a physically or mentally disabling injury, illness or condition that began before he or she reached the limiting age.

Dependents serving active military duty are not eligible, as they are typically covered under health and dental insurance provided by the military while they are on active duty.

### Enrollment Requirements

If the Contractholder is paying all premiums for you and your dependents, everyone is automatically enrolled.

If you are paying all or a portion of premiums for yourself or your dependents then:

- You must enroll within 31 days after the date you become eligible or during an Open Enrollment Period.
- All dependents must be enrolled within 31 days after they become eligible or during an Open Enrollment Period.
- If you elect dependent coverage, you must enroll all of your Dependent Enrollees for coverage.
- You must pay Premiums in the manner elected by the Contractholder and approved by us. Coverage cannot be dropped or changed other than during an Open Enrollment Period or because of a Qualifying Status Change.
- If you pay Premiums for your Dependent Enrollees, you must pay the Premiums in the manner elected by the Contractholder and approved by us until your dependents are no longer eligible or until you choose to drop dependent coverage. Coverage may not be changed at any time other than during an Open Enrollment Period or if there is a Qualifying Status Change.
- **[**If both you and your Spouse are eligible persons, one of you may not enroll as a Dependent Enrollee of the other. Dependent children may enroll as Dependent Enrollees of only one Primary Enrollee.**]**
- A child who is eligible as a Primary Enrollee and a dependent can be insured under the Contract as a Primary Enrollee or as a Dependent Enrollee but not both at the same time.

### Loss of Eligibility

[Your coverage ends on the earlier of the last day of the month you stop working for the Contractholder, are no longer an Eligible Employee of the Contractholder or immediately when the Contract ends. Your Spouse loses coverage when your coverage ends or when dependent status is lost. Your dependent children lose coverage when your coverage ends or **[**the last day of the month/the end of the Calendar Year**]** when dependent status is lost.**]**

[Your coverage ends on the earlier of the day you stop working for the Contractholder, are no longer an Eligible Employee of the Contractholder or immediately when the Contract ends. Your Spouse loses coverage when your coverage ends or when dependent status is lost. Your dependent children lose coverage when your coverage ends or **[**the last day of the month/the end of the Calendar Year**]** when dependent status is lost.**]**

Sample

[Your coverage ends on the earlier of the last day of the payment period, are no longer an Eligible Employee of the Contractholder, stop paying the required premiums for coverage or immediately when the Contract ends. Your Spouse loses coverage when your coverage ends or when dependent status is lost. Your dependent children lose coverage when your coverage ends or **[**the last day of the month/the end of the Calendar Year**]** when dependent status is lost.**]**

## Continuation of Benefits

We will not pay for any services/treatment received after your coverage ends. However, we will pay for covered services incurred while you were eligible if the procedures were completed within 31 days of the date your coverage ended.

A dental service is incurred:

- for an appliance (or change to an appliance), at the time the impression is made;
- for a crown, bridge or cast restoration, at the time the tooth or teeth are prepared;
- for root canal therapy, at the time the pulp chamber is opened; and
- for all other dental services, at the time the service is performed or the supply furnished.

## Strike, Lay-off and Leave of Absence

You and your dependents will not be covered for any dental services received while you are on strike, lay-off or leave of absence, other than as required under the Family & Medical Leave Act of 1993 or other applicable state or federal law*. You and your Dependent Enrollees will not be covered for any dental services while the Primary Enrollee stops work because of a labor dispute unless you: (1) make timely payments of the premium for each Enrollee who is covered under the plan on the date the work stoppage begins; (2) continue to pay the premium due from the employee's individual contribution during the work stoppage; and (3) assume and pay the premium due from the employer during the work stoppage.

Benefits for you and your Dependent Enrollees will resume as follows:

- if coverage is reactivated in the same Calendar Year, Deductibles and maximums will resume as if you were never gone; or
- if coverage is reactivated in a different Calendar Year, new Deductibles and maximums will apply.

Coverage will resume provided the Contractholder submits a request to Delta Dental that coverage be reactivated.

*Coverage for you and your dependents is not affected if you take a leave of absence allowed under the Family & Medical Leave Act of 1993 or other applicable state or federal law. If you are currently paying any part of your premium, you may choose to continue coverage. If you do not continue coverage during the leave, you can resume that coverage on your return to active work as if no interruption occurred.

**Important:** The Family & Medical Leave Act of 1993 does not apply to all companies, only those that meet certain size guidelines. See your Human Resources Department for complete information.

If you are rehired within the same [Contract/Calendar] Year, Deductibles and maximums will resume as if you were never gone.

## Continued Coverage under USERRA

As required under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), if you are covered by the Contract on the date your USERRA leave of absence begins, you may continue dental coverage for yourself and any covered dependents. Continuation of coverage under USERRA may not extend beyond the earlier of:

- 24 months, beginning on the date the leave of absence begins, or;
- the date you fail to return to work within the time required by USERRA.

For USERRA leave that extends beyond 31 days, the premium for continuation of coverage will be the same as for COBRA coverage.

Sample

### Continuation of Coverage Under COBRA

COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) provides a way for you and your Dependent Enrollees who lose employer-sponsored group health plan coverage to continue coverage for a period of time. COBRA does not apply to all companies, only those that meet certain size guidelines. See your Human Resources Department for complete information.

We do not assume any of the obligations required by COBRA of the Contractholder or any employer (including the obligation to notify potential beneficiaries of their rights or options under COBRA).

## CONDITIONS UNDER WHICH BENEFITS ARE PROVIDED

We will pay Benefits for the dental services described in Attachment B. We will pay Benefits only for covered services. The Contract covers several categories of dental services when a Provider provides them and when they are necessary and within the standards of generally accepted dental practice standards. Claims will be processed in accordance with our standard processing policies. The processing policies may be revised at the beginning of a Calendar Year to comply with annual CDT changes made by the American Dental Association and to reflect changes in generally accepted dental practice standards. Delta Dental will provide advance notice of such changes to the Contractholder who will then distribute to Primary Enrollees.

We will use the processing policies that are in effect at the time the claim is processed. We may use dentists (dental consultants) to review treatment plans, diagnostic materials and/or prescribed treatments to determine generally accepted dental practices and to determine if treatment has a favorable prognosis. Limitations and Exclusions will be applied for the period the person is an Enrollee under any Delta Dental program or prior dental care program provided by the Contractholder subject to receipt of such information from the Contractholder or at the time a claim is submitted. Additional eligibility periods, if any, are listed in Attachment A. If you receive dental services from a Provider outside the state of Texas, the Provider will be paid according to Delta Dental's network payment provisions for said state according to the terms of the Contract.

If a primary dental procedure includes component procedures that are performed at the same time as the primary procedure, the component procedures are considered to be part of the primary procedure for purposes of determining the Benefit payable under the Contract. Even if the Provider bills separately for the primary procedure and each of its component parts, the total Benefit payable for all related charges will be limited to the maximum Benefit payable for the primary procedure.

### Enrollee Coinsurance

We will pay a percentage of the Maximum Contract Allowance for covered services, as shown in Attachment A and you are responsible for paying the balance. What you pay is called the enrollee coinsurance ("Enrollee Coinsurance") and is part of your out-of-pocket cost. You pay this even after a Deductible has been met.

The amount of your Enrollee Coinsurance will depend on the type of service and the Provider providing the service (see section titled "Selecting Your Provider"). Providers are required to collect Enrollee Coinsurance for covered services. Your group has chosen to require Enrollee Coinsurances under this program as a method of sharing the costs of providing dental Benefits between the Contractholder and Enrollees. If the Provider discounts, waives or rebates any portion of the Enrollee Coinsurance to you, we will be obligated to provide as Benefits only the applicable percentages of the Provider's fees or allowances reduced by the amount of the fees or allowances that are discounted, waived or rebated.

It is to your advantage to select DPO Providers because they have agreed to accept the Maximum Contract Allowance as payment in full for covered services, which typically results in lower out-of-pocket costs for you. Please refer to the sections titled "Selecting Your Provider" and "How Claims Are Paid" for more information.

### Deductible

Your dental plan features a Deductible. This is an amount you must pay out-of-pocket before Benefits are paid. The Deductible amounts are listed in Attachment A. Deductibles apply to all benefits unless otherwise noted. Only the Provider's fees you pay for covered Benefits will count toward the Deductible.

Sample

## Maximum Amount

Most dental plans have a Maximum Amount. A Maximum Amount is the maximum dollar amount we will pay toward the cost of dental care. You are responsible for paying costs above this amount. The Maximum Amount payable is shown in Attachment A. Maximums may apply on a yearly basis, a per services basis, or a lifetime basis.

## Pre-Treatment Estimate

Pre-Treatment Estimate requests are not required; however, your Provider may file a Claim Form before beginning treatment, showing the services to be provided to you. We will estimate the amount of Benefits payable under the Contract for the listed services. By asking your Provider for a Pre-Treatment Estimate from us before you agree to receive any prescribed treatment, you will have an estimate up front of what we will pay and the difference you will need to pay. The Benefits will be processed according to the terms of the Contract when the treatment is actually performed. Pre-Treatment Estimates are valid for 365 days unless other services are received after the date of the Pre-Treatment Estimate, or until an earlier occurrence of any one of the following events:

- the date the Contract terminates;
- the date Benefits under the Contract are amended if the services in the Pre-Treatment Estimate are part of the amendment;
- the date your coverage ends; or
- the date the Provider's agreement with Delta Dental ends.

A Pre-Treatment Estimate does not guarantee payment. It is an estimate of the amount we will pay if you are enrolled and meet all the requirements of the program at the time the treatment you have planned is completed and may not take into account any Deductibles, so please remember to figure in your Deductible if necessary.

## Coordination of Benefits

**STANDARD COB**
We coordinate the Benefits under the Contract with an Enrollee's benefits under any other group or pre-paid plan or insurance policy designed to fully integrate with other policies. If this plan is the "primary" plan, we will not reduce Benefits. If this plan is the "secondary" plan, we may reduce Benefits otherwise payable under the Contract so that the total benefits paid or provided by all plans do not exceed 100 percent of total allowable expense.

**NON DUPLICATION**
We coordinate the Benefits under the Contract with your benefits under any other group or pre-paid plan or insurance policy designed to fully integrate with other policies. Benefits under this plan may be reduced so that combined coverage does not exceed our portion of the Maximum Contract Allowance. If this plan is the "primary" plan, we will not reduce Benefits, but if the other plan is the primary one, Delta Dental will reduce Benefits otherwise payable under the Contract. The reduction will be the amount paid for or provided under the terms of the primary plan for covered services in Attachment A and in Attachment B.

- How do we determine which plan is the "primary" program?
  (1) The plan covering you as an employee is primary over a plan covering you as a dependent.
  (2) The plan covering you as an employee is primary over a plan which covers the insured person as a dependent; except that: if the insured person is also a Medicare beneficiary, and as a result of the rule established by Title XVIII of the Social Security Act and implementing regulations, Medicare is:
    a) secondary to the plan covering the insured person as a dependent and
    b) primary to the plan covering the insured person as other than a dependent (e.g. a retired employee), then the benefits of the plan covering the insured person as a dependent are determined before those of the plan covering that insured person as other than a dependent.

Sample

(3) Except as stated below, when this plan and another plan cover the same child as a dependent of different persons, called parents:

a) The benefits of the plan of the parent whose birthday falls earlier in a year are determined before those of the plan of the parent whose birthday falls later in that year, but

b) If both parents have the same birthday, the benefits of the plan which covered one parent longer are determined before those of the plan which covered the other parent for a shorter period of time.

c) However, if the other plan does not have the birthday rule described above, but instead has a rule based on the gender of the parent, and if, as a result, the plans do not agree on the order of benefits, the rule in the other plan will determine the order of benefits.

(4) In the case of a dependent child of legally separated or divorced parents, the plan covering the Enrollee as a dependent of the parent with legal custody, or as a dependent of the custodial parent's Spouse (i.e. step-parent) will be primary over the plan covering the Enrollee as a dependent of the parent without legal custody. If there is a court decree which would otherwise establish financial responsibility for the health care expenses with respect to the child, the benefits of a plan which covers the child as a dependent of the parent with such financial responsibility will be determined before the benefits of any other policy which covers the child as a dependent child.

(5) If the specific terms of a court decree state that the parents will share joint custody, without stating that one of the parents is responsible for the health care expenses of the child, the plans covering the child will follow the order of benefit determination rules outlined in (3) a) through (3) c).

(6) The Benefits of a plan which covers an insured person as an employee who is neither laid off nor retired are determined before those of a plan which covers that insured person as a laid off or retired employee. The same would hold true if an insured person is a dependent of a person covered as a retiree and an employee. If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this rule is ignored.

(7) If an insured person whose coverage is provided under a right of continuation pursuant to federal or state law also is covered under another plan, the following will be the order of benefit determination:

a) First, the Benefits of a plan covering the insured person as an employee or Primary Enrollee (or as that insured person's dependent);

b) Second, the Benefits under the continuation coverage.

If the other plan does not have the rule described above, and if, as a result, the plans do not agree on the order of benefits, this rule is ignored.

(8) If none of the above rules determine the order of benefits, the benefits of the plan which covered you longer are determined before those of the plan which covered you for the shorter term.

## SELECTING YOUR PROVIDER

### Free Choice of Provider

You may see any Provider for your covered treatment whether the Provider is a DPO Provider, Premier Provider or a Non-Delta Dental Provider. **This plan is a DPO plan and the greatest benefits – including out-of-pocket savings – occur when you choose a DPO Provider.** To take full advantage of your Benefits, we highly recommend you verify a Provider's participation status within a Delta Dental network with your dental office before each appointment. Review this section for an explanation of Delta Dental payment procedures to understand the method of payments applicable to your Provider selection and how that may impact your out-of-pocket costs.

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## Locating a DPO Provider

You may access information through our website at deltadentalins.com. You may also call our Customer Service Center and one of our representatives will assist you. We can provide you with information regarding a Provider's network participation, specialty and office location.

## Choosing a DPO Provider

A DPO Provider potentially allows the greatest reduction in Enrollees' out-of-pocket expenses since this select group of Providers will provide dental Benefits at a charge that has been contractually agreed upon. Payment for covered services performed by a DPO Provider is based on the Maximum Contract Allowance.

## Choosing a Premier Provider

[A Premier Provider is a Delta Dental Provider; however, the Premier Provider has not agreed to the features of the DPO plan. The amount charged may be above that accepted by DPO Providers, and Enrollees will be responsible for balance billed amounts. Payment for covered services performed by a Premier Provider is based on the Maximum Contract Allowance, and the Enrollee may be balance billed up to the Premier Provider's Contracted Fee.]

[A Premier Provider is a Delta Dental Provider who has not agreed to the features of the DPO plan. Payment for covered services performed by a Premier Provider is based on the Maximum Contract Allowance. The amount charged by a Premier Provider may be above that accepted by DPO Providers but no more than the Delta Dental Premier Contracted Fee.]

### Choosing a Non-Delta Dental Provider

If a Provider is a Non-Delta Dental Provider, the amount charged to Enrollees may be above that accepted by DPO or Premier Providers, and Enrollees will be responsible for balance billed amounts. Payment for covered services performed by a Non-Delta Dental Provider is based on the Maximum Contract Allowance, and the Enrollee may be balance billed up to the Provider's Submitted Fee.

### Additional Obligations of DPO and Premier Providers

- The DPO Provider or Premier Provider must accept assignment of Benefits, meaning these Providers will be paid directly by Delta Dental after satisfaction of the Deductible and Enrollee Coinsurance. The Enrollee does not have to pay all the dental charges while at the dental office and then submit the claim for reimbursement.
- The DPO Provider or Premier Provider will complete the dental Claim Form and submit it to Delta Dental for reimbursement.
- [The DPO Provider will accept contracted fees as payment in full for covered services and will not balance bill if there is a difference between Submitted Fees and Delta Dental DPO Contracted Fees.]
- [DPO and Premier Providers accept contracted fees as payment in full for covered services and will not balance bill if there is a difference between Submitted Fees and contracted fees.]

## How to Submit a Claim

Claims for Benefits must be filed on a standard Claim Form that is available in most dental offices. DPO and Premier Providers will fill out and submit your claims paperwork for you. Some Non-Delta Dental Providers may also provide this service upon your request. If you receive services from a Non-Delta Dental Provider who does not provide this service, you can submit your own claim directly to us. Please refer to the section titled "Notice of Claim Form" for more information.

Your dental office should be able to assist you in filling out the Claim Form. Fill out the Claim Form completely and send it to:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, Georgia 30023-1809

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### Payment Guidelines

We do not pay DPO or Premier Providers any incentive as an inducement to deny, reduce, limit or delay any appropriate service.

If you or your Provider files a claim for services more than 12 months after the date you received the services, payment may be denied. Failure to provide notice within the time prescribed does not invalidate or reduce the claim any claim if it is shown it was not reasonably possible to give the notice within that time and notice was given as soon as reasonably possible. If the services were received from a Non-Delta Dental Provider, you are still responsible for the full cost. If the payment is denied because your DPO Provider failed to submit the claim on time, you may not be responsible for that payment. However, if you did not tell your DPO Provider that you were covered under a Delta Dental Policy at the time you received the service, you may be responsible for the cost of that service.

If you have any questions about any dental charges, processing policies and/or how your claim is paid, please contact us.

#### Provider Relationships

Enrollees and Delta Dental agree to permit and encourage the professional relationship between Provider and Enrollee to be maintained without interference. Any DPO, Premier or Non-Delta Dental Provider, including any Provider or employee associated with or employed by them, who provides dental services to an Enrollee does so as an independent contractor and shall be solely responsible for dental advice and for performance of dental services, or lack thereof, to the Enrollee.

## CLAIMS APPEAL

We will notify you and your Provider if Benefits are denied for services submitted on a Claim Form, in whole or in part, stating the reason(s) for denial. You have at least 180 days after receiving a notice of denial to request an appeal or grievance by writing to us or by calling Customer Service at 800-521-2651 giving reasons why you believe the denial was wrong. You and your Provider may also ask Delta Dental to examine any additional information provided that may support the appeal or grievance.

Send your appeal or grievance to us at the address shown below:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809

We will send you a written acknowledgment within 5 days upon receipt of the appeal or grievance. We will make a full and fair review and may ask for more documents during this review if needed. The review will take into account all comments, documents, records or other information, regardless of whether such information was submitted or considered initially. If the review is of a denial based in whole or in part on lack of dental necessity, experimental treatment or clinical judgment in applying the terms of the Contract, we shall consult with a dentist who has appropriate training and experience. The review will be conducted for us by a person who is neither the individual who made the claim denial that is subject to the review, nor the subordinate of such individual. We will send the Enrollee a decision within 30 days after receipt of the Enrollee's appeal or grievance.

If the Enrollee believes he/she needs further review of their appeal or grievance, he/she may contact his/her state regulatory agency if applicable. If the group health plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the Enrollee may contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of the claim or if the Enrollee has questions about the rights under ERISA. The Enrollee may also bring a civil action under section 502(a) of ERISA. The address of the U.S. Department of Labor is: U.S. Department of Labor, Employee Benefits Security Administration (EBSA), 200 Constitution Avenue, N.W. Washington, D.C. 20210.

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# GENERAL PROVISIONS

## Non-Discrimination

Delta Dental is committed to ensuring that no person is excluded from, or denied the benefits of our services, or otherwise discriminated against on the basis of race, color, national origin, disability, age, genetic testing, sexual orientation or gender identity. Any person who believes that he or she has individually, or as a member of any specific class of persons, been subjected to discrimination may file a complaint in writing to:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, Georgia 30023-1809

## Clinical Examination

Before approving a claim, we will be entitled to receive, to such extent as may be lawful, from any attending or examining Provider, or from hospitals in which a Provider's care is provided, such information and records relating to attendance to or examination of, or treatment provided to, you as may be required to administer the claim, or have you be examined by a dental consultant retained by us at our expense, in or near your community or residence. We will in every case hold such information and records confidential.

## Notice of Claim Form

We will give you or your Provider, on request, a Claim Form to make claim for Benefits. To make a claim, the form should be completed and signed by the Provider who performed the services and by the patient (or the parent or guardian if the patient is a minor) and submitted to us at the address above.

If the form is not furnished by us within 15 days after requested by you or your Provider, the requirements for proof of loss set forth in the next paragraph will be deemed to have been complied with upon the submission to us, within the time established in said paragraph for filing proofs of loss, of written proof covering the occurrence, the character and the extent of the loss for which claim is made. You or your Provider may download a Claim Form from our website.

## Written Notice of Claim/Proof of Loss

We must be given written proof of loss within 12 months after the date of the loss. If it is not reasonably possible to give written proof in the time required, the claim will not be reduced or denied solely for this reason, provided proof is filed as soon as reasonably possible. In any event, proof of loss must be given no later than one year from such time (unless the claimant was legally incapacitated).

All written proof of loss must be given to us within 12 months of the termination of the Contract.

## Time of Payment

Claims payable under the Contract for any loss other than loss for which the Contract provides any periodic payment will be processed no later than 15 days after written proof of loss is received. We will notify you and your Provider of any additional information needed to process the claim within this 15 day period.

## To Whom Benefits Are Paid

It is not required that the service be provided by a specific dentist. Payment for services provided by a DPO or Premier Provider will be made directly to the dentist. Any other payments provided by the Contract will be made to you, unless you request when filing a proof of claim that the payment be made directly to the dentist providing the services. All Benefits not paid to the Provider will be payable to you, the Primary Enrollee, or Dependent Enrollee, or to your estate, or to an alternate recipient as directed by court order, except that if the person is a minor or otherwise not competent to give a valid release, Benefits may be payable to his or her parent, guardian or other person actually supporting him or her.

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## Misstatements on Application: Effect

In the absence of fraud or intentional misrepresentation of material fact in applying for or procuring coverage under the Contract, all statements made by you or the Contractholder will be deemed representations and not warranties. No such statement will be used in defense to a claim under the Contract, unless it is contained in a written application.

Any misrepresentation, omission, concealment of fact or incorrect statement which is material to the acceptance of risk may prevent recovery if, had the true facts been known to us, we would not in good faith have issued the contract at the same premium rate. If any misstatement would materially affect the rates, we reserve the right to adjust the premium to reflect your actual circumstances at enrollment.

## Legal Actions

No action at law or in equity will be brought to recover on the Contract prior to expiration of 60 days after proof of loss has been filed in accordance with requirements of the Contract, nor will an action be brought at all unless brought within three (3) years from expiration of the time within which proof of loss is required by the Contract.

### Conformity With Prevailing Laws

All legal questions about the Contract will be governed by the state of Texas where the Contract was entered into and is to be performed. Any part of the Contract which conflicts with the laws of Texas or federal law is hereby amended to conform to the minimum requirements of such laws.

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*IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE*
*TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION*
*(For Insurers declared insolvent or impaired on or after September 1, 2011)*

Texas law establishes a system to protect Texas policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association ("the Association") administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the *Texas Insurance Code,* Chapter 463.)

It is possible that the Association may not protect all or part of your policy because of statutory limitations.

**Eligibility for Protection by the Association**

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (regardless of where the policyholder lived when the policy was issued)
- Residents of other states, ONLY if the following conditions are met:
  1. The policyholder has a policy with a company domiciled in Texas;
  2. The policyholder's state of residence has a similar guaranty association; and
  3. The policyholder is *not* eligible for coverage by the guaranty association of the policyholder's state of residence.

**Limits of Protection by the Association**

**Accident, Accident and Health, or Health Insurance:**

- For each individual covered under one or more policies: up to a total of $500,000 for basic hospital, medical-surgical, and major medical insurance, $300,000 for disability or long term care insurance, or $200,000 for other types of health insurance.

**Life Insurance:**

- Net cash surrender value or net cash withdrawal value up to a total of $100,000 under one or more policies on a single life; or
- Death benefits up to a total of $300,000 under one or more policies on a single life; or
- Total benefits up to a total of $5,000,000 to any owner of multiple non-group life policies.

**Individual Annuities:**

- Present value of benefits up to a total of $250,000 under one or more contracts on any one life.

**Group Annuities:**

- Present value of allocated benefits up to a total of $250,000 on any one life; or
- Present value of unallocated benefits up to a total of $5,000,000 for one contractholder regardless of the number of contracts.

**Aggregate Limit:**

- $300,000 on any one life with the exception of the $500,000 health insurance limit, the $5,000,000 multiple owner life insurance limit, and the $5,000,000 unallocated group annuity limit.

**These limits are applied for each insolvent insurance company.**

Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.

Texas Life and Health Insurance
Guaranty Association
515 Congress Avenue, Suite 1875
Austin, TX 78701
800-982-6362 or www.txlifega.org

Texas Department of Insurance
P.O. Box 149104
Austin, Texas 78714-9104
800-252-3439 or www.tdi.state.tx.us

Sample

## Attachment A
## Deductibles, Maximums and Contract Benefit Levels

**Contractholder:** [Group's Name]

**Group Number:** [Group #] **Effective Date:** [month date, year]

| Deductibles & Maximums | |
|---|---|
| **Annual Deductible** | $50 per Enrollee each Calendar Year<br>$150 per family each Calendar Year |
| Deductibles waived for | [Diagnostic & Preventive and Orthodontic Services] |
| [Deductible Takeover | Any annual Deductible amount satisfied by the Enrollees under the Contractholder's previous dental care plan from January 1st to the Effective Date will be credited towards the annual Deductible under the Contract.] |
| **[Annual Maximum** | $1,000 per Enrollee per Calendar Year |
| **Lifetime Orthodontic Maximum** | $1,000 per dependent child Enrollee to age [25] |
| [Maximum Takeover Credit] | [Delta Dental will receive credit for any amount paid under the Contractholder's previous dental care plan from January 1st to the Effective Date. These amounts will be credited towards the Annual Maximum.<br><br>Delta Dental will receive credit for any amount paid under the Contractholder's previous dental care plan, if applicable, for Orthodontic Services. These amounts will be credited towards the lifetime maximum amounts payable for Orthodontic Services.] |

| Contract Benefit Levels | | |
|---|---|---|
| **Dental Service Category** | **Delta Dental DPO Providers**† | **Delta Dental Premier and Non-Delta Dental Providers**† |
| Delta Dental will pay or otherwise discharge the Contract Benefit Level shown below for the following services: | | |
| **Diagnostic and Preventive Services** | 100% | 100% |
| **Basic Services** | 80% | 80% |
| **Major Services** | 50% | 50% |
| **Orthodontic Services** | 50% | 50% |

**DPO/MCA**

† Reimbursement is based on DPO Contracted Fees for DPO Providers, Premier Contracted Fees for Premier Providers and Program Allowance for Non-Delta Dental Providers.

**DPO/DPO**



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† Reimbursement is based on DPO Contracted Fees for DPO Providers, DPO Contracted Fees for Premier Providers and DPO Contracted Fees for Non-Delta Dental Providers.]

**DPO/PRE/DPO**

† Reimbursement is based on DPO Contracted Fees for DPO Providers, Premier Contracted Fees for Premier Providers and DPO Contracted Fees for Non-Delta Dental Providers.

**[Waiting Periods:**

- [Basic, Major, and Prosthodontics] are limited to Enrollees who have been enrolled in the Contract for [12] consecutive months. [Waiting periods are calculated for each Primary Enrollee and/or Dependent Enrollee from the Effective Date of Coverage reported by the Contractholder for said Primary Enrollee and/or Dependent Enrollee.] [Waiting periods for Dependent Enrollees are determined by the Primary Enrollee's length of coverage [and are calculated for a Primary Enrollee and his/her Dependent Enrollee from the Primary Enrollee's Effective Date of Coverage as reported by the Contractholder].]]

- [Orthodontic Services are limited to [dependent children of Primary Enrollees] [Primary Enrollees and their Dependent Enrollees] who have been enrolled in the Contract for [12] consecutive months. Waiting periods are calculated for each Primary Enrollee and/or Dependent Enrollee from the Effective Date of Coverage reported by the Contractholder for said Primary Enrollee and/or Dependent Enrollee.] [Waiting periods for Dependent Enrollees are determined by the Primary Enrollee's length of coverage [and are calculated for a [Primary Enrollee and his/her Dependent Enrollee from the Primary Enrollee's Effective Date of Coverage as reported by the Contractholder].]]

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# Attachment B
# Services, Limitations and Exclusions

**Contractholder:** [Group's Name]

**Group Number:** [Group #] **Effective Date:** [month date, year]

### *Description of Dental Services*

Delta Dental will pay or otherwise discharge the Contract Benefit Level shown in Attachment A for the following services:

- **Diagnostic and Preventive Services**

| | | |
|---|---|---|
| (1) | Diagnostic: | procedures to aid the Provider in determining required dental treatment. |
| (2) | Preventive: | cleaning (including scaling in the presence of generalized moderate or severe gingival inflammation-full mouth, which is considered to be a Diagnostic and Preventive Benefit, and periodontal maintenance, which is considered to be a Basic Benefit for payment purposes), topical application of fluoride solutions, space maintainers. |

- **Basic Services**

| | | |
|---|---|---|
| (1) | Oral Surgery: | extractions and other surgical procedures (including pre- and post-operative care). |
| (2) | General Anesthesia or IV Sedation: | when administered by a Provider for covered Oral Surgery or selected endodontic and periodontal surgical procedures. |
| (3) | Endodontics: | treatment of diseases and injuries of the tooth pulp. |
| (4) | Periodontics: | treatment of gums and bones supporting teeth. |
| (5) | Palliative: | emergency treatment to relieve pain. |
| (6) | Sealants: | topically applied acrylic, plastic or composite materials used to seal developmental grooves and pits in permanent molars for the purpose of preventing decay. |
| (7) | Restorative: | amalgam and resin-based composite restorations (fillings) and prefabricated crowns for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of decay). |
| (8) | Denture Repairs: | repair to partial or complete dentures, including rebase procedures and relining. |
| (9) | Specialist Consultations: | opinion or advice requested by a general dentist. |

- **Major Services**

| | | |
|---|---|---|
| (1) | Crowns and Inlays/Onlays: | treatment of carious lesions (visible decay of the hard tooth structure) when teeth cannot be restored with amalgam or resin-based composites. |
| (2) | Prosthodontics: | procedures for construction of fixed bridges, partial or complete dentures and the repair of fixed bridges; implant surgical placement and removal; and for implant supported prosthetics, including implant repair and recementation. |

- **Orthodontic Services**
  Procedures performed by a Provider using appliances to treat malocclusion of teeth and/or jaws which significantly interferes with their function.

- ***Note on additional Benefits during pregnancy***
  When an Enrollee is pregnant, Delta Dental will pay for additional services to help improve the oral health of the Enrollee during the pregnancy. The additional services each Calendar Year while the Enrollee is covered under the Contract include one (1) additional oral exam and either one (1) additional routine

Sample

cleaning; one (1) additional periodontal scaling and root planing per quadrant; or one (1) additional periodontal maintenance procedure. Written confirmation of the pregnancy must be provided by the Enrollee or her Provider when the claim is submitted.**]**

***Limitations***

(1) Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services". Optional Services also include the use of specialized techniques instead of standard procedures.

Examples of Optional Services:
a) a composite restoration instead of an amalgam restoration on posterior teeth;
b) a crown where a filling would restore the tooth;
c) an inlay/onlay instead of an amalgam restoration;
d) porcelain, resin or similar materials for crowns placed on a maxillary second or third molar, or on any mandibular molar (an allowance will be made for a porcelain fused to high noble metal crown); or
e) an overdenture instead of denture.

If an Enrollee receives Optional Services, an alternate Benefit will be allowed, which means Delta Dental will base Benefits on the lower cost of the customary service or standard practice instead of on the higher cost of the Optional Service. The Enrollee will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

(2) Exam and cleaning limitations
a) Delta Dental will pay for oral examinations (except after-hours exams and exams for observation) and cleanings (including scaling in presence of generalized moderate or severe gingival inflammation-full mouth, periodontal maintenance in the presence of inflamed gums or any combination thereof) no more than twice in a Calendar Year.
b) A full mouth debridement is allowed once in a lifetime when the Enrollee has no history of prophylaxis, scaling and root planing, periodontal surgery or periodontal maintenance procedures within three (3) years. When allowed a full mouth debridement counts toward the maintenance frequency in the year provided.
c) Note that periodontal maintenance, Procedure Codes that include periodontal maintenance and full mouth debridement are covered as a Basic Benefit and that routine cleanings (including scaling in the presence of generalized moderate or severe gingival inflammation-full mouth) are covered as a Diagnostic and Preventive Benefit. See note on additional Benefits during pregnancy.
d) Caries risk assessments are allowed once in 36 months.

(3) X-ray limitations:
a) Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for a complete intraoral series when the fees for any combination of intraoral x-rays in a single treatment series meet or exceed the Accepted Fee for a complete intraoral series.
b) When a panoramic film is submitted with supplemental film(s), Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for a complete intraoral series.
c) If a panoramic film is taken in conjunction with an intraoral complete series, Delta Dental considers the panoramic film to be included in the complete series.
d) A complete intraoral series and panoramic film are each limited to once every [60 months].
e) Bitewing x-rays are limited to two (2) times in a Calendar Year when provided to Enrollees under age 18 and one (1) time each Calendar Year for Enrollees age 18 and over. Bitewings of any type are disallowed within 12 months of a full mouth series unless warranted by special circumstances.

(4) Topical application of fluoride solutions is limited to Enrollees to age 19 and no more than twice in a Calendar Year.

(5) Space maintainer limitations:
a) Space maintainers are limited to the initial appliance and are a Benefit for an Enrollee to age 14. However, a distal shoe space maintainer-fixed-unilateral is limited to children eight (8) and younger. A separate/additional space maintainer can be allowed after the removal of a unilateral distal shoe.
b) Recementation of space maintainer is limited to once per lifetime.
c) The removal of a fixed space maintainer is considered to be included in the fee for the space maintainer; however, an exception is made if the removal is performed by a different Provider/Provider's office.

(6) Pulp vitality tests are allowed once per day when definitive treatment is not performed.

(7) Cephalometric x-rays, oral/facial photographic images and diagnostic casts are covered once per lifetime in conjunction with Orthodontic Services only when Orthodontic Services are a covered benefit. If Orthodontic Services are covered, see Limitations as age limits may apply. However, 3D x-rays are not a covered benefit.

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(8) Sealants are limited as follows:
   a) to permanent first molars through age eight (8) and to permanent second molars through age 15 if they are without caries (decay) or restorations on the occlusal surface.
   b) repair or replacement of a Sealant on any tooth within 24 months of its application is included in the fee for the original placement.

(9) Specialist Consultations, screenings of patients, and assessments of patients are limited to once per lifetime per Provider and count toward the oral exam frequency.

(10) Delta Dental will not cover replacement of an amalgam or resin-based composite restorations (fillings) or prefabricated crowns within 24 months of treatment if the service is provided by the same Provider/Provider office. Replacement restorations within 24 months are included in the fee for the original restoration.

(11) Protective restorations (sedative fillings) are allowed once per tooth per lifetime when definitive treatment is not performed on the same date of service.

(12) Prefabricated crowns are allowed on baby (deciduous) teeth and permanent teeth up to age 16. Replacement restorations within 24 months are included in the fee for the original restoration.

(13) Therapeutic pulpotomy is limited to once per lifetime for baby (deciduous) teeth only and is considered palliative treatment for permanent teeth.

(14) Pulpal therapy (resorbable filling) is limited to once in a lifetime. Retreatment of root canal therapy by the same Provider/Provider office within 24 months is considered part of the original procedure.

(15) Apexification is only benefited on permanent teeth with incomplete root canal development or for the repair of a perforation. Apexification visits have a lifetime limit per tooth of one (1) initial visit, four (4) interim visits and one (1) final visit to age 19.

(16) Retreatment of apical surgery by the same Provider/Provider office within 24 months is considered part of the original procedure.

(17) Palliative treatment is covered per visit, not per tooth, and the fee includes all treatment provided other than required x-rays or select Diagnostic procedures.

(18) Periodontal limitations:
   a) Benefits for periodontal scaling and root planing in the same quadrant are limited to once in every 24-month period. See note on additional Benefits during pregnancy. No more than two quadrants of scaling and root planing will be covered on the same date of service.
   b) Periodontal surgery in the same quadrant is limited to once in every 36-month period and includes any surgical re-entry or scaling and root planing performed within 36-months by the same Provider/Provider office.
   c) Periodontal services, including bone replacement grafts, guided tissue regeneration, graft procedures and biological materials to aid in soft and osseous tissue regeneration are only covered for the treatment of natural teeth and are not covered when submitted in conjunction with extractions, periradicular surgery, ridge augmentation or implants. Guided tissue regenerations and/or bone grafts are not benefited in conjunction with soft tissue grafts in the same surgical area.
   d) Periodontal surgery is subject to a 30 day wait following periodontal scaling and root planing in the same quadrant.
   e) Cleanings (regular and periodontal) and full mouth debridement are subject to a 30 day wait following periodontal scaling and root planing if performed by the same Provider office.
   **[**f) When implant procedures are a covered benefit, scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure is covered as a [Basic Service] and are limited to once in a 24-month period.**]**

(19) Oral Surgery services are covered once in a lifetime except removal of cysts and lesions and incision and drainage procedures, which are covered once in the same day.

(20) The following Oral Surgery procedure is limited to age 19 or orthodontic limiting age: transseptal fiberotomy/supra crestal fiberotomy, by report.

(21) The following Oral Surgery procedures are limited to age 19 (or orthodontic limiting age) provided Orthodontic Services are covered: surgical access of an unerupted tooth, placement of device to facilitate eruption of impacted tooth, and surgical repositioning of teeth.

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(22) Crowns and Inlays/Onlays are limited to Enrollees age 12 and older and are covered not more often than once in any 60 month period except when Delta Dental determines the existing Crown or Inlay/Onlay is not satisfactory and cannot be made satisfactory because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues.

(23) Core buildup, including any pins, are covered not more than once in any 60 month period.

(24) Post and core services are covered not more than once in any 60 month period.

(25) Crown repairs are covered not more than twice in any 60 month period. Crowns, inlays/onlays and fixed bridges include repairs for 24 months following installation.

(26) Denture Repairs are covered not more than once in any six (6) month period except for fixed Denture Repairs which are covered not more than twice in any 60 month period.

(27) Prosthodontic appliances, implants and/or implant supported prosthetics that were provided under any Delta Dental program will be replaced only after 60 months have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Fixed prosthodontic appliances are limited to Enrollees age 16 and older. Replacement of a prosthodontic appliance and/or implant supported prosthesis**]** not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory. Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment. Delta Dental's payment for implant removal is limited to one (1) for each implant during the Enrollee's lifetime whether provided under Delta Dental or any other dental care plan.

(28) When a posterior fixed bridge and a removable partial denture are placed in the same arch in the same treatment episode, only the partial denture will be a Benefit.

(29) Recementation of Crowns, Inlays/Onlays or bridges is included in the fee for the Crown, Inlay/Onlay or bridge when performed by the same Provider/Provider office within six (6) months of the initial placement. After six (6) months, payment will be limited to one (1) recementation in a lifetime by the same Provider/Provider office.

(30) Delta Dental limits payment for dentures to a standard partial or complete denture (Enrollee Coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means and includes routine post delivery care including any adjustments and relines for the first six (6) months after placement.
   a) Denture rebase is limited to one (1) per arch in a 24-month period] and includes any relining and adjustments for six (6) months following placement.
   b) Dentures, removable partial dentures and relines include adjustments for six (6) months following installation. After the initial six (6) months of an adjustment or reline, adjustments are limited to two (2) per arch in a Calendar Year and relining is limited to one (1) per arch in a six (6) month period.
   c) Tissue conditioning is limited to two (2) per arch in a 12-month period. However, tissue conditioning is not allowed as a separate Benefit when performed on the same day as a denture, reline or rebase service.
   d) Recementation of fixed partial dentures is limited to once in a lifetime.

**[**(31)Limitations on Orthodontic Services
   a) The maximum amount payable for each Enrollee is shown in Attachment A.
   b) Benefits for Orthodontic Services will be provided in periodic payments based on the Enrollee's continuing eligibility.
   c) Benefits are not paid to repair or replace any orthodontic appliance received under this plan.
   d) Benefits are not paid for orthodontic retreatment procedures.
   e) Benefits for Orthodontic Services are limited to dependent child Enrollees under age 25.

***Exclusions***

**Delta Dental does not pay Benefits for:**

(1) treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, except for services covered by the Medical Assistance Act of 1967, as amended (Article 695j, Vernon's Texas Civil Statutes). Delta Dental will reimburse the Texas Department of Human Services for the cost of services paid by the Department under said Act to the extent such costs are for services which are Benefits under this Contract.

Sample

If the Texas Department of Human Services is paying benefits pursuant to Chapters 31 and 32 of the Human Services Code (financial and medical assistance programs administered pursuant to the Human Services code) and a parent who is covered by the group policy has possession or access to a child pursuant to a court order, or is entitled to access or possession of a child and is required by the court to pay child support, then all benefits paid on behalf of the child or children must be paid to the Texas Department of Human Services.

(2) cosmetic surgery or procedures for purely cosmetic reasons.

(3) maxillofacial prosthetics.

(4) provisional and/or temporary restorations (except an interim removable partial denture to replace extracted anterior permanent teeth during the healing period for children 16 years of age or under). Provisional and/or temporary restorations are not separately payable procedures and are included in the fee for completed service.

(5) services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn children for medically diagnosed congenital defects or birth abnormalities.

(6) treatment to stabilize teeth, treatment to restore tooth structure lost from wear, erosion, or abrasion or treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion. Examples include but are not limited to: equilibration, periodontal splinting, complete occlusal adjustments or Night Guards/Occlusal guards and abfraction.

(7) any Single Procedure provided prior to the date the Enrollee became eligible for services under this plan.

(8) prescribed drugs, medication, pain killers, antimicrobial agents, or experimental/investigational procedures.

(9) charges for anesthesia, other than General Anesthesia and IV Sedation administered by a Provider in connection with covered Oral Surgery or selected Endodontic and Periodontal surgical procedures. Local anesthesia and regional/or trigeminal bloc anesthesia are not separately payable procedures.

(10) extraoral grafts (grafting of tissues from outside the mouth to oral tissues).

(11) laboratory processed crowns for Enrollees under age 12.

(12) fixed bridges and removable partials for Enrollees under age 16.

(13) interim implants and endodontic endosseous implant.

(14) indirectly fabricated resin-based Inlays/Onlays.

(15) charges by any hospital or other surgical or treatment facility and any additional fees charged by the Provider for treatment in any such facility.

(16) treatment by someone other than a Provider or a person who by law may work under a Provider's direct supervision.

(17) charges incurred for oral hygiene instruction, a plaque control program, preventive control programs including home care times, dietary instruction, x-ray duplications, cancer screening or tobacco counseling.

(18) dental practice administrative services including, but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks or relaxation techniques such as music.

(19) procedures having a questionable prognosis based on a dental consultant's professional review of the submitted documentation.

Sample

(20) any tax imposed (or incurred) by a government, state or other entity, in connection with any fees charged for Benefits provided under the Contract, will be the responsibility of the Enrollee and not a covered Benefit.

(21) Deductibles, amounts over plan maximums and/or any service not covered under the dental plan.

(22) services covered under the dental plan but exceed Benefit limitations or are not in accordance with processing policies in effect at the time the claim is processed.

(23) services for Orthodontic treatment (treatment of malocclusion of teeth and/or jaws) except as provided under the Orthodontic Services section, if applicable.

(24) services for any disturbance of the Temporomandibular (jaw) Joints (TMJ) or associated musculature, nerves and other tissues) except as provided under the TMJ Benefit section, if applicable.

(25) missed and/or cancelled appointments.

(26) actions taken to schedule and assure compliance with patient appointments are inclusive with office operations and are not a separately payable service.

(27) the fees for care coordination are considered inclusive in overall patient management and are not a separately payable service.

(28) dental case management motivational interviewing and patient education to improve oral health literacy.

(29) non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum.

(30) extra-oral – 2D projection radiographic image and extra-oral posterior dental radiographic image.

Sample

Delta Dental is a registered mark of Delta Dental Plans Association.

DELTA DENTAL

**Can we help?**
Visit our website at
deltadentalins.com/enrollees

**Send claims to**
Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809

,

1-99900000

,

Your plan
**Delta Dental PPO℠**

03/09/2018

## Welcome! We're glad to have you as a customer.

Learn how to make the most of your plan at **deltadentalins.com/welcome.**

**Ready to get started?**

**Manage your account online**

Once you've registered for an online account at **deltadentalins.com**, you can review plan information, check benefit details, view claims and access your ID card.

**Go paperless**

For faster, convenient access to your documents, click the "My Profile" tab and select "Online" for your document delivery preference.

**Find a dentist**

Keep your dental expenses as low as possible by visiting a Delta Dental PPO℠ dentist, although you may visit any licensed dentist.

**Visit your dentist**

You don't need a paper ID card, but we've provided these for your reference. Just give the dentist your name, date of birth and Social Security or Enrollee ID Number.

## Plan Highlights

Primary Enrollee

Enrollee ID Number

Group Number
**##### - #####**

Effective Date of Coverage
**2017-07-01**

Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA - Delta Dental of California; PA, MD - Delta Dental of Pennsylvania; NY - Delta Dental of New York, Inc.; DE - Delta Dental of Delaware, Inc.; WV - Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a Dental Provider Organization (DPO) plan.

**Questions?**

Contact us:

**Phone:** 1 (800) 521-2651
7:15 a.m. - 7:30 p.m.

**TTY/TTD:** 7-1-1
Available 24/7

**Email:** customerservice@delta.org

**Write:** Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023

We are committed to protecting your privacy. View our privacy notices at: **deltadentalins.com/about/privacy**.

Enclosures: Language Assistance Statement, Plan Booklet, Notice of Privacy Practices, Non-Discrimination Disclosure and Enrollee Notices.

Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 1-800-521-2651 (TTY: 711).

¿Puede leer este documento? Si no, podemos hacer que alguien lo lea por usted. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 1-800-521-2651 (servicio de retransmisión TTY deben llamar al 711). (Spanish)

您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 1-800-521-2651 (TTY: 711)。(Chinese)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 1-800-521-2651 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 그렇지 않다면, 다른 사람이 대신 읽어드리도록 도와드릴 수 있습니다. 또한 이 문서를 귀하의 모국어로 번역해드릴 수 있습니다. 무료 지원을 요청하시려면, 1-800-521-2651 (TTY: 711)번으로 연락하십시오. (Korean)

Mababasa mo ba ang dokumentong ito? Kung hindi, mayroong makatutulong sa iyo na basahin ito. Maaaring makuha mo rin ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 1-800-521-2651 (TTY: 711). (Tagalog)

Вы можете прочитать этот документ? Если нет, то вы можете попросить кого-нибудь в нашей компании помочь вам прочитать этот документ. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 1-800-521-2651 (телетайп: 711). (Russian)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع, يمكننا أن نُوفّر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك. للمساعدة المجانية اتصل بـ 1-800-521-2651 (TTY: 711). (Arabic)

Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posiblite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 1-800-521-2651 (TTY: 711). (Haitian Creole)

Pouvez-vous lire ce document ? Si ce n’est pas le cas, nous pouvons faire en sorte que quelqu’un vous aide à le lire. Vous pouvez également obtenir ce document écrit dans votre langue. Pour obtenir de l’assistance gratuitement, veuillez appeler le 1-800-521-2651 (TTY : 711). (French)

Możesz przeczytać ten dokument? Jeśli nie, możemy Ci w tym pomóc. Możesz także otrzymać ten dokument w swoim języku ojczystym. Po bezpłatną pomoc zadzwoń pod numer 1-800-521-2651 (TTY: 711). (Polish)

Você consegue ler este documento? Se não, podemos pedir para alguém ajudá-lo a ler. Você também pode receber este documento escrito em seu idioma. Para obter ajuda gratuita, ligue 1-800-521-2651 (TTS: 711). (Portuguese)

Non riesci a leggere questo documento? In tal caso, possiamo chiedere a qualcuno di aiutarti a farlo. Potresti anche essere in grado di ricevere questo documento scritto nella tua lingua. Per assistenza gratuita, chiama il numero 1-800-521-2651 (TTY: 711). (Italian)

この文書をお読みになれますか？お読みになれない場合には、読むためのお手伝いをさせていただけます。この文書をご希望の言語に訳したものをお送りできる場合もあります。無料のサポートについては、1-800-521-2651（TTY: 711）までご連絡ください。(Japanese)

Können Sie dieses Dokument lesen? Falls nicht, können wir Ihnen einen Mitarbeiter zur Verfügung stellen, der Sie dabei unterstützen wird. Möglicherweise können Sie dieses Dokument auch in Ihrer Sprache erhalten. Rufen Sie für kostenlose Hilfe bitte folgende Nummer an: 1-800-521-2651 (Schreibtelefon: 711). (German)

آیا می توانید این متن را بخوانید؟ در صورتی که نمی توانید، ما قادریم از شخصی بخواهیم تا در خواندن این متن به شما کمک کند. همچنین ممکن است بتوانید این متن را به زبان خود دریافت کنید. برای کمک رایگان با این شماره تماس بگیرید: 1-800-521-2651 (TTY: 711).
(Persian Farsi)

קענט איר לייענען דעם דאָזיקן דאָקומענט? אויב ניט, עמעצער דו קען אייך העלפן לייענען. איר קענט מעגליך אויך באקומען דעם דאָזיקן דאָקומענט אין אייער שפראך. פאר אומזיסטע הילף, ביטע קלינגט: 1-800-521-2651 (טעלעפאָן פאר מענטשן וואָס הערן ניט: 711). (Yiddish)

Díísh yíníłta’go bííníghah? Doo bííníghahgóó éí nich’į’ yídóołtahígíí nihee hólǫ. Díí naaltsoos t’áá Diné bizaad k’ehjí ályaago ałdó’ nich’į’ ádoolnííłgo bíighah. T’áá jíík’e shíká i’doolwoł nínízingo kojį’ béésh holdííłnih 1-800-521-2651 (TTY: 711) (Navajo)

# By the numbers

Why Delta Dental[1]? Let us count the ways.

**73M+** enrollees in 129,000 groups nationwide[2]

**100%** client satisfaction[5]

**95%** enrollee satisfaction[5]

**98%** enrollee retention[5]

Nearly **42%** of Fortune 1000 companies offer Delta Dental benefits[2]

**2 great products**

Almost infinite combination of plan options and features

Delta Dental PPO[SM3]

DeltaCare® USA[4]

About **88¢** of every benefit dollar directly paid dental claims[5]

**$4.4B+** saved from network fee agreements and cost protections[5]

**98%+** of phone inquiries resolved on first call[5]

**44M+** claims processed[5]

Nearly **98%** accuracy rate[5]

**10 years** rated best dental coverage in *Benefits Selling Magazine* Readers' Choice Awards[6]

1 Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and our affiliated companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies.
2 Delta Dental Plans Association Fact Sheet, Sept. 2016
3 Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA — Delta Dental of California; PA, MD — Delta Dental of Pennsylvania; NY — Delta Dental of New York, Inc.; DE — Delta Dental of Delaware, Inc.; WV — Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a Dental Provider Organization (DPO) plan.
4 DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; CA — Delta Dental of California; DC, DE, FL, GA, LA, MS, MT, WV — Delta Dental Insurance Company; MD, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.
5 Delta Dental Annual Report, 2015, for enterprise companies
6 Benefits Selling Magazine Readers' Choice Awards, 2005-15

deltadentalins.com

DELTA DENTAL®

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PF6 #101783 (rev. 10/16)

DELTA DENTAL

# Keep Smiling

## Delta Dental PPO℠

### Stay in network to save

Visit a dentist in the PPO[1] network to maximize your savings.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a PPO dentist at **deltadentalins.com**.

If you can't find a PPO dentist, Delta Dental Premier® dentists offer the next best opportunity to save. Unlike non–Delta Dental dentists, they have agreed to set fees, and you won't get charged more than your expected share of the bill.

### Set up an online account

Get information about your plan anytime, anywhere by signing up for an Online Services account at **deltadentalins.com**. Available once your coverage kicks in, this free service lets you check benefits and eligibility information, find a network dentist and more.

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your plan, they will need to provide your information. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

### Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.[4] You can find this date by logging in to Online Services.

### Newly covered?

Visit **deltadentalins.com/welcome**.

## Save with a PPO dentist

PPO

PREMIER

NON–DELTA DENTAL

[1] In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

[2] You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

[3] You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

[4] Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

**LEGAL NOTICES:** Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html.

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HL_PPO-PRE #104383H (rev. 7/17)

**Plan Benefit Highlights for:** Sample Group

**Group No:** 12345

DELTA DENTAL PPO℠

BENEFIT HIGHLIGHTS

| Eligibility | Primary enrollee, spouse and eligible dependent children to age 26 | | | |
|---|---|---|---|---|
| **Deductibles** | $25 per person / $75 per family each calendar year | | | |
| Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics? | Yes | | | |
| **Maximums** | $1,500 per person each calendar year | | | |
| D & P counts toward maximum? | Yes | | | |
| **Waiting Period(s)** | Basic Benefits None | Major Benefits None | Prosthodontics None | Orthodontics None |

| Benefits and Covered Services* | Delta Dental PPO dentists** | Delta Dental Premier dentists** | Non-Delta Dental dentists** |
|---|---|---|---|
| **Diagnostic & Preventive Services (D & P)** Exams, cleanings and x-rays | 100 % | 100 % | 100 % |
| **Basic Services** Fillings and sealants | 80 % | 70 % | 60 % |
| **Endodontics (root canals)** Covered Under Basic Services | 80 % | 70 % | 60 % |
| **Periodontics (gum treatment)** Covered Under Basic Services | 80 % | 70 % | 60 % |
| **Oral Surgery** Covered Under Basic Services | 80 % | 70 % | 60 % |
| **Major Services** Crowns, inlays, onlays and cast restorations | 50 % | 50 % | 40 % |
| **Prosthodontics** Bridges and dentures | 50 % | 50 % | 40 % |
| **Orthodontic Benefits** Dependent children | 50 % | 50 % | 50 % |
| **Orthodontic Maximums** | $1,500 Lifetime | $1,500 Lifetime | $1,500 Lifetime |

* 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, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental PPO 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_3COL_DDIC (Rev. 11/08/2017)

SAMPLE

DELTA DENTAL

Delta Dental PPO℠

# Elevate Your Smile

## 8 ways to make the most of your dental plan

### 1 Save with PPO.

Visit a dentist in the PPO[1] network to maximize your savings.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a PPO dentist at **deltadentalins.com**.

If you can't find a PPO dentist, Delta Dental Premier® dentists offer the next best opportunity to save. Unlike non–Delta Dental dentists, they have agreed to set fees, and you won't get charged more than your expected share of the bill. What's more, they're part of the largest dentist network in the country.[4]

### 2 Seek preventive care.

Regular exams and cleanings are available at low or no cost. These services help catch problems before they require costly and extensive treatment.

### 3 Set up an online account.

Get information about your plan anytime, anywhere by signing up for an Online Services account. Available once your coverage kicks in, this free service lets you find a network dentist, view or print your ID card and more. The one-time registration process takes only a minute.

### 4 Go paperless.

Receive an email when a new dental benefits statement is available online. Save time, reduce clutter and preserve environmental resources! To enroll, log in to Online Services and update your settings.

## Newly covered?

Visit **deltadentalins.com/welcome**

[1] In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

[2] You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. PPO dentists won't bill you for any amount over their PPO fees.

[3] You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

[4] NetMinder Dental Network Trend Report, September 2016. Delta Dental Premier is the largest dentist network nationwide, based on total unique dentists.

We keep you smiling®

deltadentalins.com/enrollees

## 5 Try mobile.

Visit **deltadentalins.com** on your smartphone to access mobile-optimized Online Services on the go — including a helpful dentist locator tool. Or, download the Delta Dental app, available through the App Store or Google Play, to access your plan information and try out the handy toothbrush timer.

## 6 Coordinate benefits.

Are you covered under a second dental plan? Ask your dentist to include information about both plans with your claim, and we'll handle the rest.[5]

## 7 Talk to your dentist.

From pregnancy to diabetes, overall health can affect your dental health. Start each visit with a quick chat about any issues.

## 8 Stay informed.

Get oral health tools and tips at our SmileWay® Wellness site (**mysmileway.com**). Don't forget to subscribe to *Grin!*, our free dental wellness e-magazine.

[5] Group- and state-specific exceptions may apply. Please review your plan booklet for details about coordination of benefits, including rules for determining primary and secondary coverage.

# Contact us

**Online assistance:**

For quick and easy online assistance, go to **deltadentalins.com** > **Contact Us**, select the Delta Dental company and choose the applicable customer service form.

**Telephone assistance:**

Delta Dental of California: **800-765-6003**

California School District Employees: **866-499-3001**

Delta Dental of Delaware; Delta Dental of the District of Columbia; Delta Dental of New York; Delta Dental of Pennsylvania (and Maryland); Delta Dental of West Virginia: **800-932-0783**

Delta Dental Insurance Company (Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas, Utah): **800-521-2651**

**Got a simple question?** Use our automated phone system, available 24/7. You can check your coverage levels, remaining maximum and more. Just call one of the customer service numbers listed above and follow the prompts.

Delta Dental Premier® and Delta Dental PPO℠ are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

**LEGAL NOTICES:** Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html.

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EF17_PPO-PRE #104066C (rev. 3/17)

DELTA DENTAL®

# Smiles All Around

## 6 essential steps for your dental routine

1 **Gather your tools.**
Make sure you have fluoride toothpaste, dental floss and a toothbrush with soft, rounded bristles.

2 **Set a schedule.**
Dentists recommend brushing at least twice a day and flossing at least once. When possible, brush immediately after eating sweet or starchy foods, but wait half an hour after eating acidic foods to avoid damaging your softened enamel.

3 **Be thorough.**
Brush for at least two minutes each session, angling your toothbrush at 45 degrees and using short, circular strokes. Apply just enough pressure to feel the bristles without squishing them. When you're done, brush your tongue to remove bacteria.

4 **Don't forget to floss.**
Floss removes plaque from between teeth and below the gumline. Don't worry if your gums feel tender or bleed at first. By flossing, you're fighting the source of the problem: the bacteria causing your sensitive gums.

5 **Rinse to refresh.**
After brushing and flossing, vigorously rinse your mouth with mouthwash or water to remove any loosened plaque and food particles.

6 **Go pro.**
Twice-a-year dental cleanings are an important part of maintaining your oral and overall health. Call your dentist for an appointment today.

Oral health is essential at every stage of life. Find out more.

We keep you smiling®
deltadentalinscom/enrollees

# Help your teeth last a lifetime

## Protect your teeth

- **Eat wisely.** Consider your teeth when choosing meals and snacks. Eat a balanced diet including enamel-strengthening calcium and vitamins A and C. Avoid sugary treats and drinks — but if you do indulge, remember to brush afterwards.
- **Flourish with fluoride.** Fluoride is a cost-effective cavity fighter. Always choose fluoride toothpaste, and if your tap water isn't fluoridated (or if you drink bottled or filtered water), ask your dentist about supplemental tablets, drops, lozenges or professionally applied treatments.
- **Say 'no' to tobacco.** Tobacco breaks down gum tissue, causing infection and tooth loss. If you're a heavy smoker, you're over twice as likely to lose teeth, and whether you chew or smoke tobacco, you're at higher risk for oral, pharyngeal, head and neck cancers.[1]

## Tips for kids

- **Keep baby teeth clean.** Clean children's teeth and gums with a soft, damp cloth as soon as the first tooth is visible (around 6 months). If your baby sleeps with a bottle, it should only contain water.
- **Build strong bones early.** Swap candy and sugary treats for calcium-rich snacks like yogurt and cheese.
- **Defend the mouth.** If your child plays sports, invest in a mouthguard from your sports store or dentist.[2]
- **Stay safe with sealants.** Ask your dentist to apply sealants to your child's molars. These plastic coatings seal off teeth from decay and are covered under most Delta Dental plans.[2]

## Tips for seniors

- **Visit the dentist regularly.** Preventive care is a must at any age, and seniors are especially at risk for untreated dental problems. Family members should help you schedule regular dental visits if you are homebound or live in a nursing home.
- **Know your medications.** Some drugs adversely interact with dental anesthesia. Keep your dentist informed about any health changes, especially new medications.
- **Keep dentures clean.** Plaque sticks to dentures as well as natural teeth. Talk to your dentist about the best way to keep your dentures clean to avoid discomfort, infection and bone loss.

SmileWay®
Your smile. Your health. Your way.

Visit **mysmileway.com** — a one-stop-shop for oral health-related tools and tips, including interactive quizzes, a risk assessment tool and a subscription to *Grin!*, our free oral wellness e-magazine.

[1] Warnakulasuriya S, Dietrich T, Bornstein MM, et al. Oral health risks of tobacco use and effects of cessation. Int Dent J. 2010;60(1):7-30.
[2] Please refer to your plan details for more information about your coverage.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

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EF2 #104739A (rev. 4/17)

DELTA DENTAL®

# Take the Challenge

deltadentalins.com/challenge

**Assess your risk.** Our risk assessment tool gives you an oral health score that you can share with your dentist at your next visit.

**Test your habits.** Are you at risk for cavities or gum disease? Take our interactive quizzes to find out.

**Expand your knowledge.** Read articles or view short videos on dental health–related topics, from acid reflux to x-rays. Get tips for preventive care, tooth-friendly recipes and more!

**Stay connected.** Keep in touch with us for dental health articles and fun facts:

- Sign up for *Grin!*, our dental wellness e-magazine
- Follow us on Facebook, Twitter and Google Plus

## The SmileWay® Challenge: 6 easy steps.

Empower yourself with oral health tips and tricks! By taking the SmileWay Challenge, you'll learn about everything from braces to gum disease in six easy steps.

1. Assess your risk using our dentist-approved tool
2. Take the cavity and gum disease quizzes
3. Read at least three dental health articles
4. Watch at least three dental health videos
5. Follow Delta Dental on social media
6. Subscribe to the wellness e-magazine *Grin!*

SmileWay®
Your smile. Your health. Your way.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of the District of Columbia — DC, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, FL, GA, LA, MS, MT, NV, TX and UT.

Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and our affiliated companies form one of the nation's largest dental benefits delivery systems, covering 34.5 million enrollees. All of our companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 73 million people in the U.S.

We keep you smiling®
deltadentalins.com/enrollees

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EF53 #97352 (rev. 6/16)

DELTA DENTAL

# Stay Connected

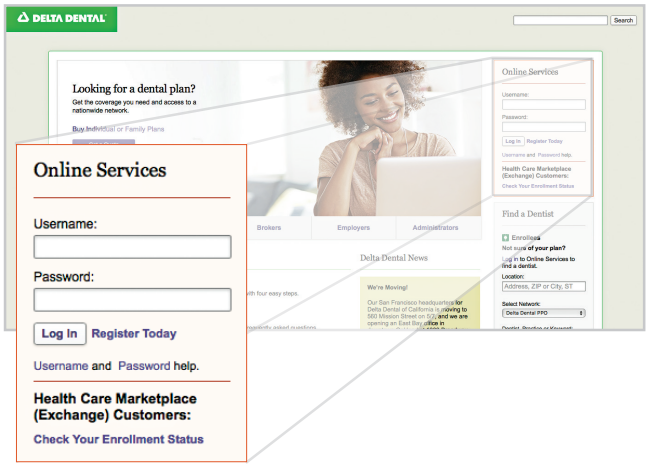
At **deltadentalins.com**, all the information you need is at your fingertips. You can check your plan details, find an in-network dentist and more.

## Create an account

1. Go to **deltadentalins.com**.
2. Click on **Register Today** in the **Online Services** section.

With an online account, you can:

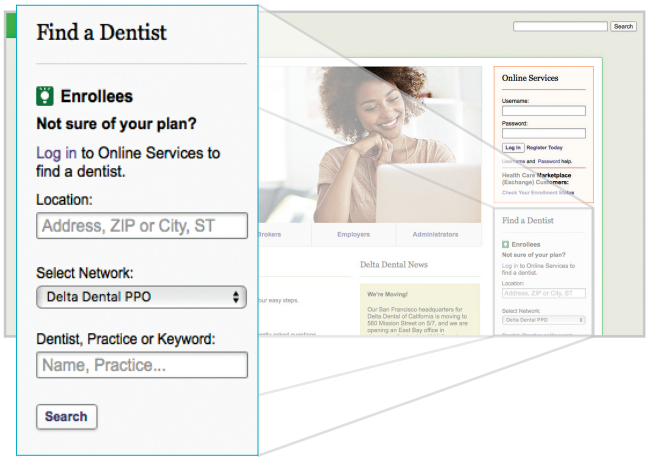
- Check your plan details and eligibility
- Review claim statements and plan documents
- View or print your ID card




## Find a dentist

1. Go to **deltadentalins.com**.
2. In the **Find the Dentist** section, enter your address and select your network from the drop-down menu.
3. Click **Search**.

Browse Yelp reviews, check office hours and see the address on a map.



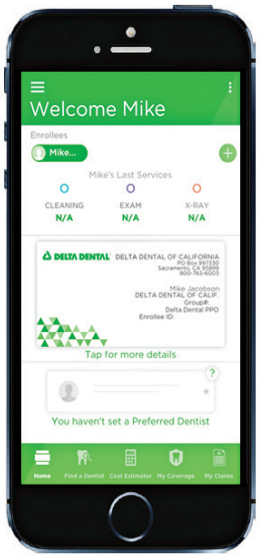

For more online resources, turn the page.

We keep you smiling®
deltadentalins.com/enrollees

## Download the app

1. Open the **App Store** or **Google Play**.
2. Search for "**Delta Dental**."
3. Download the free app titled **Delta Dental** by Delta Dental Plans Association.

Review your plan details, pull up your ID card and try out the musical toothbrush timer.




## Get answers

Got a question? We've got answers.

### Learn how your dental plan works:

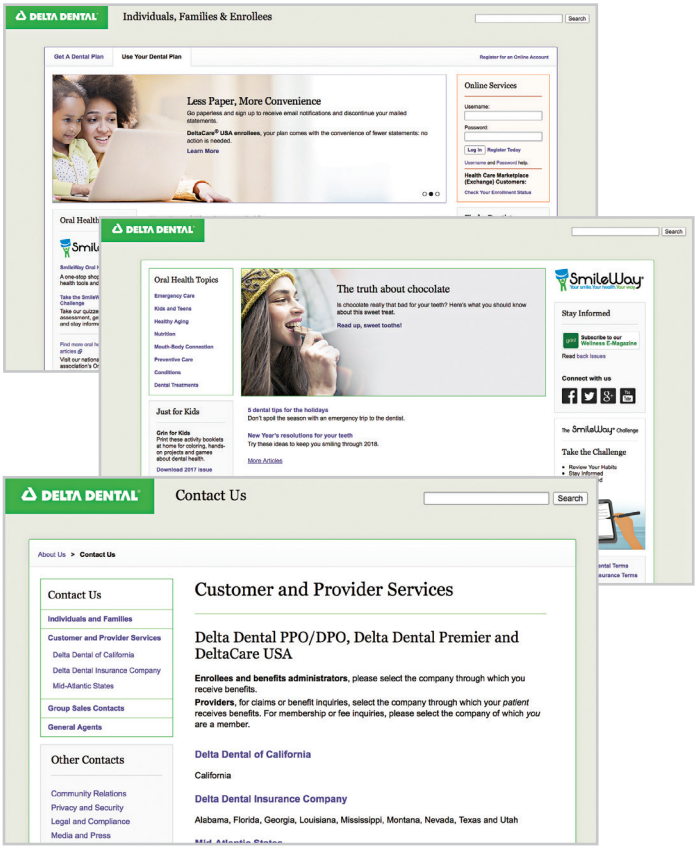
Visit **deltadentalins.com/enrollees** for the 101 on dental benefits.

### Improve your dental health:

Check out **mysmileway.com** for the latest recipes, articles and videos.

### Contact Customer Service:

Submit an online question at **deltadentalins.com/contact**.




Website available on desktop, mobile and tablet

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT. These enterprise companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 75 million people in the U.S. The website deltadentalins.com is the home of the Delta Dental companies listed above. For other Delta Dental companies, visit the Delta Dental Plans Association website at deltadental.com.

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EF30 112725U (rev. 5/18)

DELTA DENTAL

Delta Dental PPO™
Delta Dental Premier®
DeltaCare® USA

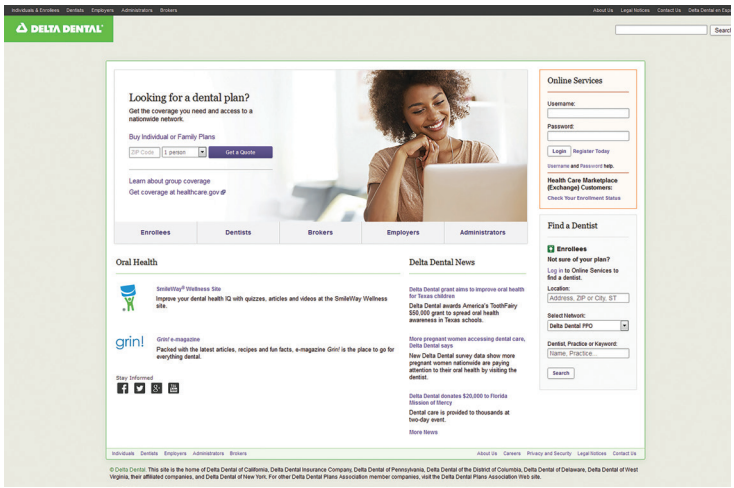
# Find a Network Dentist

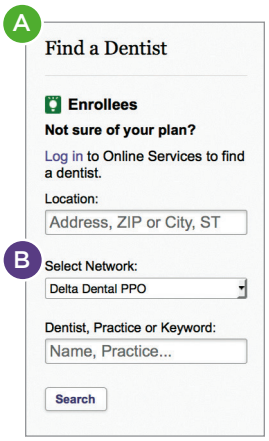
It's easy to look for a Delta Dental dentist in your area. Whether you're on a laptop, desktop computer, tablet or smartphone, we've got you covered.

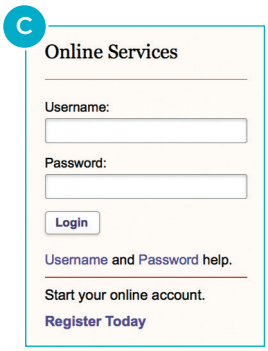
## How to search

1. Go to **deltadentalins.com**.
2. Look for the **Find a Dentist** tool on the right. Enter a location (address, ZIP code or city and state).
3. Select your network from the drop-down menu. For a more targeted search, you can enter the name of your dentist or dental office below.
4. Click **Search**.

Don't know your network? Log in to your online account before searching.



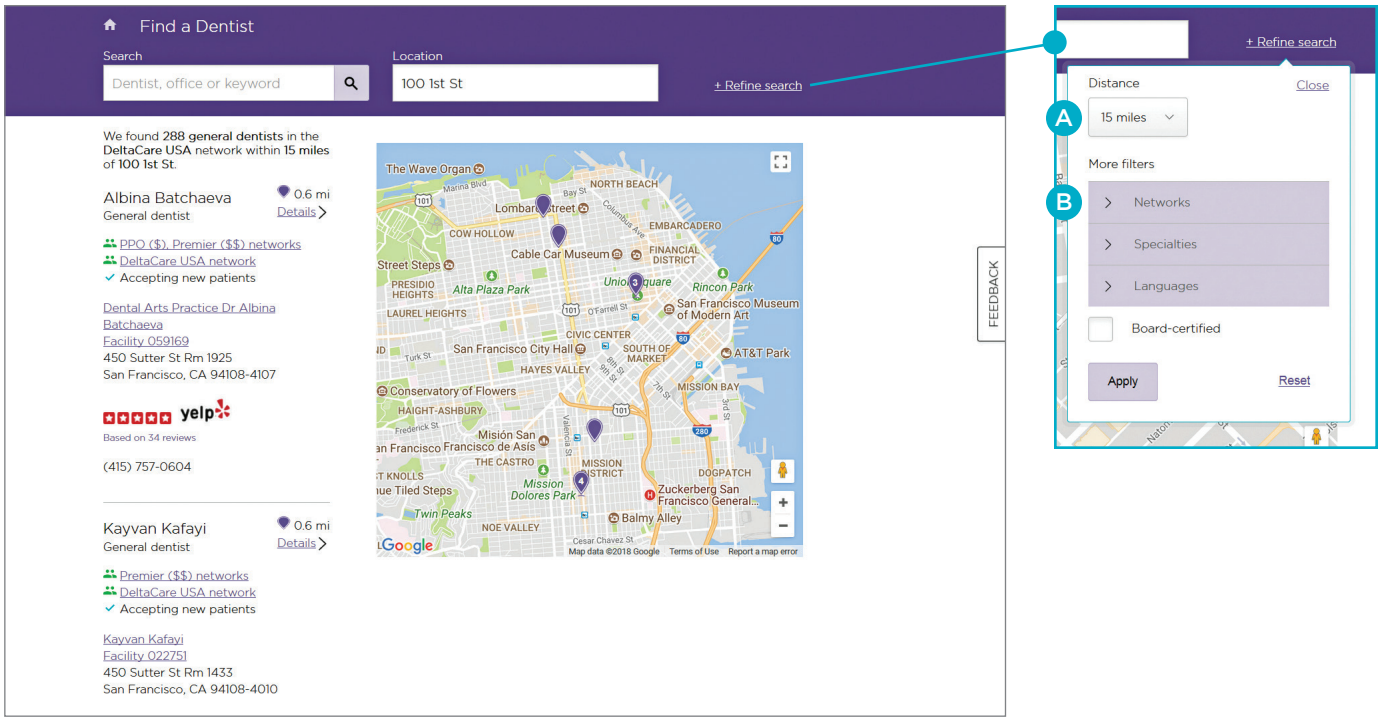




We keep you smiling®
deltadentalins.com/enrollees

## How to refine your search results

**A** **Change the radius of your search.** By default the search will show dentists within 15 miles of a given location, but you can adjust this distance by clicking on “Refine search” and selecting any distance from “5 miles” to “60 miles” from the drop-down menu.

**B** **Filter your results.** Refine your search results by categories such as specialty and network.




See Yelp ratings in your search results.

Delta Dental Premier and Delta Dental PPO are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental PPO is underwritten as a dental provider organization (DPO) plan.

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EF59 #112725R (rev. 5/18)

# HIPAA Notice of Privacy Practices

## CONFIDENTIALITY OF YOUR HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is required by law to inform you of how Delta Dental and its affiliates ("Delta Dental") protect the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as individually identifiable information regarding a patient's health care history, mental or physical condition or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Delta Dental receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

We follow the privacy practices described in this notice and federal and state privacy requirements that apply to our administration of your benefits. Delta Dental reserves the right to change our privacy practice effective for all PHI maintained. We will update this notice if there are material changes and redistribute it to you within 60 days of the change to our practices. We will also promptly post a revised notice on our website. A copy may be requested anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of enrollment in a Delta Dental program and will be informed on how to obtain a copy at least every three years.

## PERMITTED USES AND DISCLOSURES OF YOUR PHI

**Uses and disclosures of your PHI for treatment, payment or health care operations**
Your explicit authorization is not required to disclose information about yourself for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or plan sponsor to administer your benefits. As permitted by law, we may disclose PHI to third-party affiliates that perform services for Delta Dental to administer your benefits, and who have signed a contract agreeing to protect the confidentiality of your PHI, and have implemented privacy policies and procedures that comply with applicable federal and state law.

Some examples of disclosure and use for treatment, payment or operations include: processing your claims, collecting enrollment information and premiums, reviewing the quality of health

care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Some other examples are:

- Uses and/or disclosures of PHI in facilitating treatment. *For example, Delta Dental may use or disclose your PHI to determine eligibility for services requested by your provider.*
- Uses and/or disclosures of PHI for payment. *For example, Delta Dental may use and disclose your PHI to bill you or your plan sponsor.*
- Uses and/or disclosures of PHI for health care operations. *For example, Delta Dental may use and disclose your PHI to review the quality of care provided by our network of providers.*

**Other permitted uses and disclosures without an authorization**

We are permitted to disclose your PHI upon your request, or to your authorized personal representative (with certain exceptions), when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with the law, and when otherwise required by law. Delta Dental may disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations.

Some other examples include: to notify or assist in notifying a family member, another person, or a personal representative of your condition; to assist in disaster relief efforts; to report victims of abuse, neglect or domestic violence to appropriate authorities; for organ donation purposes; to avert a serious threat to health or safety; for specialized government functions such as military and veterans activities; for workers' compensation purposes; and, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting, provided it does not contain genetic information. Information can also be de-identified or summarized so it cannot be traced to you and, in selected instances, for research purposes with the proper oversight.

**Disclosures Delta Dental makes with your authorization**

Delta Dental will not use or disclose your PHI without your prior written authorization unless permitted by law. If you grant an authorization, you can later revoke that authorization, in writing, to stop the future use and disclosure. The authorization will be obtained from you by Delta Dental or by a person requesting your PHI from Delta Dental.

## YOUR RIGHTS REGARDING PHI

**You have the right to request an inspection of and obtain a copy of your PHI.**
You may access your PHI by contacting Delta Dental at the address at the bottom of this notice. You must include (1) your name, address, telephone number and identification number, and (2) the PHI you are requesting. Delta Dental may charge a reasonable fee for providing you copies of your PHI. Delta Dental will only maintain that PHI that we obtain or utilize in providing your health care benefits. Most PHI, such as treatment records or x-rays, is returned by Delta Dental to the dentist after we have completed our review of that information. You may need to contact your health care provider to obtain PHI that Delta Dental does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact Delta Dental as noted below if you have questions about access to your PHI.

**You have the right to request a restriction of your PHI.**
You have the right to ask that we limit how we use and disclose your PHI, however, you may not restrict our legal or permitted uses and disclosures of PHI. While we will consider your request, we are not legally required to accept those requests that we cannot reasonably implement or comply with during an emergency. If we accept your request, we will put our understanding in writing.

**You have the right to correct or update your PHI.**
You may request to make an amendment of PHI we maintain about you. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. For example, we may refer you to your dentist to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact the privacy office as noted below if you have questions about amending your PHI.

**You have rights related to the use and disclosure of your PHI for marketing.**
Delta Dental agrees to obtain your authorization for the use or disclosure of PHI for marketing when required by law. You have the opportunity to opt-out of marketing that is permitted by law without an authorization. Delta Dental does not use your PHI for fundraising purposes.

**You have the right to request or receive confidential communications from us by alternative means or at a different address.**
Alternate or confidential communication is available if disclosure of your PHI to the address on file could endanger you. You may be required to provide us with a statement of possible danger,

as well as specify a different address or another method of contact. Please make this request in writing to the address noted at the end of this notice.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.**
You have a right to an accounting of disclosures with some restrictions. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons, certain law enforcement purposes or disclosures made as part of a limited data set. Please contact us at the number at the end of this notice if you would like to receive an accounting of disclosures or if you have questions about this right.

**You have the right to get this notice by email.**
A copy of this notice is posted on the Delta Dental website. You may also request an email copy or paper copy of this notice by calling our Customer Service number listed at the bottom of this notice.

**You have the right to be notified following a breach of unsecured protected health information.**

Delta Dental will notify you in writing, at the address on file, if we discover we compromised the privacy of your PHI.

## COMPLAINTS
You may file a complaint with Delta Dental and/or with the U. S. Secretary of Health and Human Services if you believe Delta Dental has violated your privacy rights. Complaints to Delta Dental may be filed by notifying the contact below. We will not retaliate against you for filing a complaint.

## CONTACTS
You may contact Delta Dental at 866-530-9675, or you may write to the address listed below for further information about the complaint process or any of the information contained in this notice.
Delta Dental
P.O. Box 997330
Sacramento, CA 95899-7330

This notice is effective on and after January 1, 2016.

***Note: Delta Dental's privacy practices reflect applicable federal law as well as known state law and regulations. If applicable state law is more protective of information than the federal privacy laws, Delta Dental protects information in accordance with the state law.***

**LANGUAGE ASSISTANCE**

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at the Member/Customer Service telephone number on the back of your Delta Dental ID card, or 1-866-530-9675.

IMPORTANTE**:** ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda gratuita, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Delta Dental o al 1-866-530-9675. (Spanish)

重要通知：您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。
這封信也可以用您所講的語言書寫。如需幫助，請立即撥打登列在您的Delta Dental ID卡背面上的會員/客戶服務部的電話，或者撥打電話 1-866-530-9675。
(Chinese)

**Last Significant Changes to this notice:**

- Clarified that Delta Dental does not use your PHI for fundraising purposes. Effective January 1, 2016
- Clarified that Delta Dental's privacy policy reflect federal and state requirements. – effective January 1, 2015
- Updated contact information (mailing address and phone number) – effective July 1, 2013
- Updated Delta Dental's duty to notify affected individuals if a breach of their unsecured PHI occurs – effective July 1, 2013
- Clarified that Delta Dental does not and will not sell your information without your express written authorization – effective July 1, 2013
- Clarified several instances where the law requires individual authorization to use and disclose information (e.g., fundraising and marketing as noted above) – effective July 1, 2013

**DELTA DENTAL AND ITS AFFILIATES**

Delta Dental of California offers and administers fee-for-service dental programs for groups headquartered in the state of California.

Delta Dental of New York offers and administers fee-for-service programs in New York.

Delta Dental of Pennsylvania and its affiliates offer and administer fee for-service dental programs in Delaware, Maryland, Pennsylvania, West Virginia and the District of Columbia.

Delta Dental of Pennsylvania's affiliates are Delta Dental of Delaware; Delta Dental of the District of Columbia and Delta Dental of West Virginia.

Delta Dental Insurance Company offers and administers fee-for-service dental programs to groups headquartered or located in Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas and Utah and vision programs to groups headquartered in West Virginia.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, ME, MI, NC, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN and WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.
Dentegra Insurance Company.

DELTA DENTAL

# Your dental benefits statement

January 5, 2015

010515DPGASEOBTA - 234

DONALD FITZPATRICK
123 MAIN STREET
ANY TOWN GA 30023-1809

**Plan underwritten and administered by:**
Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809

**CAN WE HELP?**
Visit our website
**deltadentalins.com**

Call Customer Service **800-521-2651**
TDD/TTY **888-373-3582**
Mon to Fri 7:15 a.m. to 8:00 p.m. Eastern Time

**DONALD FITZPATRICK**

**Your ID number:** 12345678910
**Group name:** ACME BENEFIT TRUST
**Group number:** 12345-00123

## Summary of your claim

| | |
|---|---|
| Total amount of claims | $155.00 |
| Amount paid by Delta Dental | $140.00 |
| Amount paid by another plan | $0.00 |
| Amount you owe your dental provider | $0.00 |

**Important Notice**
These services were performed by a contracting/participating provider who agrees to Delta Dental's determination of the accepted fee.

Go paperless to reduce waste and clutter! You will be able to view all your claims online. When new documents are ready, you will receive email alerts. To sign up, log in to your Online Services account. Learn more at deltadentalins.com/paperless.

### About your dental benefits statement

This statement explains how we have processed the claims listed in this document. The amounts shown as payable by you and by Delta Dental are in accordance with the terms of your dental plan and the terms of our agreement with your dental provider. Your portion is to be paid directly to your dental provider. **Please do not send any money to Delta Dental.**

DELTA DENTAL

# Claim for SARA FITZPATRICK

Relationship: Spouse

## #1 Claim number: 12345678910123456789

| PROCEDURE NUMBER AND TYPE OF SERVICE | SUBMITTED FEE ($) | ACCEPTED FEE ($) | MAXIMUM CONTRACT ALLOWANCE ($) | AMOUNT APPLIED TO DEDUCTIBLE ($) | PAID BY ANOTHER PLAN ($) | CONTRACT BENEFIT LEVEL | DELTA DENTAL PAYS ($) | PATIENT PAYS ($) |
|---|---|---|---|---|---|---|---|---|
| Date of service: December 10, 2014<br>Treatment type: Diagnostic<br>(D01520) PERIODIC ORAL EVALUATION | 70.00 | 60.00 | 60.00 | 0.00 | -- | 100% | 60.00 | 0.00 |
| | | | | | Treating provider: MELVILLE BROWNLEE DDS | | | |
| Date of service: December 10, 2014<br>Treatment type: Preventative<br>(D1120) CLEANING - CHILD | 85.00 | 80.00 | 80.00 | 0.00 | -- | 100% | 80.00 | 0.00 |
| | | | | | Treating provider: MELVILLE BROWNLEE DDS | | | |
| **Claim total for SARA FITZPATRICK** | **155.00** | **140.00** | **140.00** | **0.00** | **0.00** | | **140.00** | **0.00** |

**ATTN**: If your calculations differ from the amount indicated by Delta Dental, carefully read your Evidence of Coverage or Summary Plan Description and review the conditions which can affect the calculation of payment, such as deductibles, maximums, optional services and services provided by non-Delta Dental providers. If an adjustment has been made by Delta Dental, it will be indicated in the detail section of this notice. The adjustment notice outlines the specific reason(s) and the specific plan provision(s) on which the determination was based. Any questions of ineligibility should be handled directly between you and your group.

If you need additional clarification, you may contact your dental provider or call Delta Dental using the telephone number(s) on page 1 of this notice. If your claim has been denied or an adjustment or disallowance has been made, you or your dental provider may make written request for review of your case to Delta Dental within 180 days after the receipt of this notice, by mailing such request to Delta Dental at the address indicated on page 1. If you do not request a review within this 180 days period, you will lose your right to further review of the claim determination.

You should state the reasons for your request and include the ENROLLEE ID NUMBER and the CLAIM NUMBER found on this notice. You should include any additional information you have that would support your claim for benefits. You or your dental provider may also request, free of charge, copies of any pertinent documents that are relevant to the claim. Upon request and free of charge, Delta Dental will provide to you a copy of any internal rule, guideline or protocol, and/or an explanation of the scientific or clinical judgement if relied upon in denying your claim. Certain cases may be referred to one of Delta Dental's regional consultants, to a review committee of the dental society in your area or to the state dental association for evaluation. You will receive a written decision on your request for review within 60 days.

The review will take into account all the comments, documents, records or other information, regardless of whether such information was submitted or considered initially. The review shall be conducted by Delta Dental by a person who is neither the individual who made the claim denial that is the subject of the review, nor the subordinate of such individual. If the review of a claim denial is based in whole or in part on a lack of dental necessity, experimental treatment, or a clinical judgment in applying the terms of the contract terms, Delta Dental shall consult with a dental provider who has appropriate training and experience. The identity of such dental consultant is available upon request whether or not the advice was relied upon. In making the review, Delta Dental will not afford deference to the initial decision.

*continued next page*

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If you believe that you need further review of your claim, you may contact your state insurance regulatory agency if applicable or bring a civil action under section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA) if your group health plan is subject to ERISA.

**Delta Dental takes fraud seriously.**
Learn how you can protect yourself from fraud at deltadentalins.com/individuals.

To access important privacy and legal notices that describe your rights as a health plan subscriber, please visit our website at deltadentalins.com or call our Customer Service number at 866-530-9675.

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clarity

# DESIGN PREVIEW

Updated By **DFerguson**
Last Modified **12/13/2017 01:59 PM**

Design Name **A00102_ANY_ANY**

Description **A00102_ANY_ANY**

Card Front

X18950984900001

DELTA DENTAL

ERS
Employees Retirement System of Texas

**Enrollee** John
Member

**Enrollee ID:**
DIVISION NAME

**Group ID:** #####

Administered by
Delta Dental Insurance Company

Card Back

X18950984900001

Additional information:
call 1 (800) 521-2651
or visit deltadentalins.com/enrollees

This card is for informational purposes and
not a guarantee of coverage.

Send Claims to:
Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809

# DeltaCare® USA

## Dental Health Care Program for Employee Retirement System of Texas Eligible Employees, Retirees and Dependents

## Member Handbook

*Provided by:*

Alpha Dental Programs, Inc.
1701 Shoal Creek
Suite 240
Highland Village, TX 75077

*Administered by:*

Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023
800-422-4234

deltadentalins.com

ADP-EOC-5(2005) V18

# EVIDENCE OF COVERAGE
# DISCLOSURE FORM

This booklet is a Combined Evidence of Coverage and Disclosure Form ("EOC") for your Dental HMO Program ("Program") provided by:

Alpha Dental Programs, Inc. ("ALPHA") dba DeltaCare USA

A Single Service Health Maintenance Organization ("HMO")

1701 Shoal Creek
Suite 240
Highland Village, TX 75077
800-422-4234

The Program has been established and is administered in accordance with the provisions of a Group Dental Service Contract ("Contract") issued by ALPHA.

Administrative functions described throughout this booklet may be performed by Delta Dental Insurance Company ("Delta Dental"), a Third Party Administrator, as designated by ALPHA.

This EOC describes the provisions of the Contract between your Group and ALPHA. THE EOC CONSTITUTES ONLY A SUMMARY OF THE PROGRAM. THE CONTRACT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF COVERAGE. A COPY OF THE CONTRACT WILL BE FURNISHED UPON REQUEST. ANY DIRECT CONFLICT BETWEEN THE CONTRACT AND THE EOC WILL BE RESOLVED ACCORDING TO THE TERMS WHICH ARE MOST FAVORABLE TO YOU. PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW HOW TO OBTAIN DENTAL BENEFITS.

The telephone number where you may obtain information about benefits is 800-422-4234. These calls will be answered by ALPHA's Administrator, Deltal Dental.

# TEXAS NOTICE OF COMPLAINT

## IMPORTANT NOTICE

To obtain information or make a complaint, you may call ALPHA's toll-free telephone number at:

**1-800-422-4234**

You may also write to ALPHA at:
P.O. Box 1860
Alpharetta, GA 90023
You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance at:

P.O. Box 149104
Austin, TX 78714-9104
Fax (512) 475-1771
Web: http//www.tdi.state.tx.us
E-mail:
ConsumerProtection@tdi.state.tx.us

**PREMIUM OR CLAIM DISPUTES**: Should you have a dispute concerning your premium or about a claim you should contact the agent or the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR POLICY**: This notice is for information only and does not become a part or condition of the attached document.

## AVISO IMPORTANTE

Para obtener informacion o para someter una queja, usted pueda llamar al numero de telefono gratis de ALPHA al:

**1-800-422-4234**

Usted tambien puede escribir a ALPHA:
P.O. Box 1860
Alpharetta, GA 90023
Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

**1-800-252-3439**

Puede escribir al Departamento de Seguros de Texas:
P.O. Box 149104
Austin, TX 78714-9104
Fax (512) 475-1771
Web: http//www.tdi.state.tx.us
E-mail:
ConsumerProtection@tdi.state.tx.us

**DISPUTAS SOBRE PRIMAS O RECLAMOS**: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente o la compania primero. Si no se resuelve la disputa, puede entonces communicarse con el departamento (TDI).

**UNA ESTE AVISO A SU POLIZA:** Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

## Table of Contents


| | |
|---|---|
| Definitions | 1 |
| Eligibility of Benefits | 3 |
| Premiums | 6 |
| How to use the Program | |
| – Choice of Contract Dentist | 6 |
| Benefits, Limitations and Exclusions | 7 |
| Copayments and Other Charges | 8 |
| Emergency Dental Services | 8 |
| Specialized Services | 8 |
| Claims for Reimbursement | 9 |
| Coordination of Benefits | 10 |
| Enrollee Complaint Procedure | 12 |
| Renewal and Termination of Benefits | 18 |
| Cancellation of Enrollment | 18 |
| Optional Continuation of Coverage | 20 |
| Entire Contract | 27 |
| Incontestability | 27 |
| Conformity with State Law | 27 |
| Description of Benefits and Copayments | 29 |
| Limitations of Benefits | 57 |
| Exclusion of Benefits | 59 |
| Glossary | 62 |

## Definitions

As used in this booklet:

**Administrator** means Delta Dental Insurance Company ("Delta Dental"), licensed as a Third Party Administrator in the State of Texas. Administrative functions described in the Contract and in this booklet may be performed by Delta Dental, as designated by Alpha. The mailing address for Delta Dental is P.O. Box 1803, Alpharetta, GA 30023. Delta Dental will answer calls directed to 800-422-4234.

**Benefits** mean those dental services available under the terms of the Group Dental Service Contract and described in this booklet.

**Client** means the applicant (employer or other organization) contracting to obtain Benefits for Eligible Employees.

**Contract Dentist** means a Dentist who provides services in general dentistry, and who has agreed to provide Benefits to Enrollees under this Program.

**Contract Orthodontist** means a Dentist who specializes in orthodontics, and who has agreed to provide Benefits to Enrollees under this Program.

**Contract Specialty Care Dentist** means a Dentist who provides Specialized Services, and has agreed to provide Benefits to Enrollees under this Program.

**Copayment** means the amount charged to an Enrollee by a Dentist for the Benefits provided under this Program.

**Dentist** means a duly licensed Dentist legally entitled to practice dentistry at the time and in the state or jurisdiction in which services are performed.
**Eligible Dependent** means any dependent of an Eligible Employee who is eligible for Benefits as described in this booklet.
**Eligible Employee** means any employee or group member who is eligible for Benefits as described in this booklet.
**Emergency Dental Services** means procedures administered in a Dentist's facility, emergency dental clinic, or other comparable facility, to evaluate and stabilize dental conditions of a recent onset and severity accompanied by excessive bleeding, severe pain, or acute infection that would lead a prudent layperson possessing an average knowledge of dentistry to believe that immediate care is needed.
**Enrollee** means an Eligible Employee ("Primary Enrollee") or an Eligible Dependent ("Dependent Enrollee") enrolled to receive Benefits.
**Open Enrollment Period** means the period preceding the date of commencement of the contract term or the 30-day period immediately preceding the annual anniversary of the commencement of the contract term or a period as otherwise requested by the Client and agreed to by Alpha.
**Optional** means any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the

Enrollee, and is subject to the limitations and exclusions of the Contract.

**Preauthorization** means the process by which Alpha determines if a procedure or treatment is a referable Benefit under the Enrollee's plan.

**Service Area** means the State of Texas, except for the following counties:

Collingsworth, Culberson, Dallam, Edwards, Hansford, Hemphill, Lipscomb, Motley, Ochiltree, Reeves, Roberts, Sherman, Terrell, Val Verde, and Wheeler.

**Specialized Services** mean services performed by a Dentist who specializes in the practice of oral surgery, endodontics, periodontics or pediatric dentistry and which must be preauthorized by us.

**We, Us or Our** means Alpha or the Administrator, as appropriate.

## Eligibility for Benefits

Eligible Employees and Eligible Dependents receive Benefits as soon as they are enrolled in the Program. Subject to cancellation as provided under this Program, enrollment of Eligible Employees and Eligible Dependents is for a minimum period of one year.

You are eligible to enroll as an Eligible Employee if you meet the eligibility requirements defined by the Client.

Eligible Dependents become eligible on:

1) the date you are eligible for coverage;
2) as soon as an Eligible Dependent becomes your dependent, or at any time subject to a change in legal custody or lawful order to provide Benefits.

Eligible Dependents include:
1) spouse (unless legally separated or divorced);
2) unmarried children from birth up to age 25; Children include natural children, stepchildren, adopted children, foster children, and grandchildren provided all such children are dependent on you for support. Grandchildren must reside with you to be eligible. Newborn children (including newborn adopted children) are covered from and after the moment of birth. Notice of birth must be received within 31 days after the date of birth for coverage to continue beyond 31 days. Foster children are eligible from and after the moment the child is placed in your physical custody. Legally adopted children (other than newborns) are eligible from and after the moment you file suit for adoption.

An unmarried dependent child may continue eligibility if:
1) he or she is incapable of self-support because of a physical disability or mental incapacity that began before age 25;
2) he or she is chiefly dependent on you for support; and

3) proof of dependent's disability is provided within 31 days of request. Such requests will not be made more than once a year after this dependent reaches the limiting age. Eligibility will continue as long as the dependent relies on you for support because of a mental or physical disability that began before he or she reached the limiting age.

Dependents in active military service are not eligible. No Eligible Dependent may be enrolled under more than one Eligible Employee. Medicare eligibility shall not affect the eligibility of an Eligible Employee or an Eligible Dependent.

You must live or work in Alpha's Service Area. The permanent legal residence of any enrolled dependent must be the same as yours, or you must live or work in the Service Area and the residence of any enrolled dependent must be:

1) in Alpha's Service Area with the person having temporary or permanent conservatorship or guardianship of such dependents, where you have legal responsibility for the health care of such dependents; or

2) in Alpha's Service Area under other circumstances where you are legally responsible for the health care of such dependents; or

3) in Alpha's Service Area with your spouse; or

4) anywhere in the United States for a child whose coverage under the Program is required by a medical support order.

## Premiums

This Program requires premiums to be paid to us. If you are required to pay all or any portion of the premiums, you will be advised of the amount prior to enrollment and it will be deducted from your earnings by payroll deduction, or you will be requested to pay it directly. The Client will be responsible for sending all payments of premiums to us except payments you are requested to pay directly. Should you voluntarily cancel enrollment and subsequently desire to re-enroll, all premiums retroactive to the date of cancellation (but not to exceed 12 months) must be paid before you can re-enroll.

## How to use the Program - Choice of Contract Dentist

To enroll in this Program, you must select a Contract Dentist for both yourself and any Dependent Enrollee from the list of Contract Dentists furnished during the enrollment process. If you fail to select a Contract Dentist or the Contract Dentist selected becomes unavailable, we will request the selection of another Contract Dentist or assign you to a Contract Dentist. You may change your assigned Contract Dentist by directing a request to the Customer Service department at 800-422-4234. In order to ensure that your Contract Dentist is notified and our eligibility lists are correct, changes in Contract Dentists must be requested prior to the 21st of the month for changes to be effective the first day of the following month.

EACH ENROLLEE MUST GO TO HIS OR HER ASSIGNED CONTRACT DENTIST TO OBTAIN COVERED SERVICES, EXCEPT FOR SERVICES PROVIDED BY A SPECIALTY CARE DENTIST PREAUTHORIZED BY US, OR FOR EMERGENCY DENTAL SERVICES (REFER TO SCHEDULE A). SPECIALIZED SERVICES THAT ARE NOT AUTHORIZED BY US MAY NOT BE COVERED. ANY OTHER TREATMENT PROVIDED BY AN OUT-OF-NETWORK DENTIST IS NOT COVERED UNDER THIS PROGRAM.

If your assigned Contract Dentist's agreement with Alpha terminates, that Contract Dentist will complete (a) a partial or full denture for which final impressions have been taken, and (b) all work on every tooth upon which work has started (such as completion of root canals in progress and delivery of crowns when teeth have been prepared).

**Benefits, Limitations and Exclusions**

This Program provides the Benefits described in the *Description of Benefits and Copayments* subject to the limitations and exclusions. The services are performed as deemed appropriate by your attending Contract Dentist. A Contract Dentist may provide services either personally or through associated Dentists, technicians or hygienists who may lawfully perform the services.

## Copayments and Other Charges

You are required to pay any Copayments listed in the *Description of Benefits and Copayments* directly to the Dentist who provides treatment.

## Emergency Dental Services

You should contact your Contract Dentist for Emergency Dental Services for covered dental procedures whenever possible. If you require Emergency Dental Services and are unable to reach your Contract Dentist, you should call Customer Service at 800-422-4234 for assistance in obtaining urgent care; or during non-business hours, you may seek immediate treatment from another Dentist and we will reimburse you for the cost of Emergency Dental Services which exceeds your Copayment(s). Emergency Dental Services are limited to listed procedures and as described in code D9110 "Palliative (emergency) treatment of dental pain." Further treatment must be obtained from the assigned Contract Dentist. (Refer to *Schedule A*).

## Specialized Services

Specialized Services for oral surgery, endodontics, periodontics or pediatric dentistry must be referred by the assigned Contract Dentist and preauthorized by us. All preauthorized Specialized Services will be paid by us less any applicable Copayments. (Refer to *Schedule A*).

IF YOU REQUIRE SPECIALIZED SERVICES AND THERE IS NO CONTRACT SPECIALTY CARE DENTIST TO PROVIDE THESE SERVICES WITHIN 35 MILES OF YOUR HOME ADDRESS, YOUR ASSIGNED CONTRACT DENTIST MUST RECEIVE PREAUTHORIZATION FROM US TO REFER YOU TO AN OUT-OF-NETWORK DENTIST TO PROVIDE THE SPECIALZED SERVICES. SPECIALIZED SERVICES PERFORMED BY AN OUT-OF-NETWORK DENTIST THAT ARE NOT PREAUTHORIZED MAY NOT BE COVERED.

If the services of a Contract Orthodontist are needed, please refer to Orthodontics in the *Description of Benefits and Copayments*, and the limitations and exclusions to determine which procedures are covered under this Program.

**Claims for Reimbursement**

Claims for covered Emergency Dental Services or preauthorized Specialized Services must be submitted to us within 90 days of the end of treatment. Valid claims received after the 90 day period will be reviewed if you can show that it was not reasonably possible to submit the claim within that time. All claims must be received within one year of the treatment date.

We will acknowledge receipt of Enrollee claims in writing and initiate investigation of claims within 15 days. The Enrollee will be requested to provide additional information, if required.

Claims submitted with all necessary information will be accepted or rejected within 15 business days of receipt. Notice of rejected claims will state the reason for the rejection. In the event additional information is required and a determination cannot be made, you will receive written notification within this 15-day period stating the reason for the delay.

All claims will be accepted or rejected within 45 days of that notice. Accepted claims will be paid not later than the fifth business day following notice of acceptance. If payment is subject to performance of an act by the Enrollee, the claim will be paid not later than the fifth business day after the date the act is performed.

In the event that we fail to pay a Contract Dentist, you will not be liable to that Dentist for any sums owed by us. Except for the provisions in *Emergency Dental Services*, if you have not received Preauthorization for treatment from an out-of-network Dentist, and we fail to pay that out-of-network Dentist, you may be liable to that Dentist for the cost of services. For further clarification, refer to the provisions for Emergency Dental Services and Specialized Services.

**Coordination of Benefits**

This Program provides Benefits without regard to coverage by any other group insurance policy or any other group health benefits program if the other policy or program covers services or expenses in

addition to dental care. Otherwise, Benefits provided under this Program for Specialized Services or by out-of-network Dentists are coordinated with such other group dental insurance policy or any group dental benefits program. The determination of which policy or program is primary shall be governed by the rules stated in the Contract.

When this plan is secondary, it may reduce its Benefits so that the total Benefits paid or provided by all plans during a claim determination period are not more than 100 percent of total Allowable Expenses. "Allowable Expense" is defined as a service or expense, including deductibles and Copayments, that is covered at least in part by any of the plans covering the person.

An Enrollee shall provide to us and we may release to or obtain from any insurance company or other organization, any information about the Enrollee that is needed to administer coordination of benefits. We will, in our sole discretion, determine whether any reimbursement to an insurance company or other organization is warranted under these coordination of benefits provisions, and any such reimbursement will be deemed to be Benefits under this Program. We will have the right to recover from a Dentist, Enrollee, insurance company or other organization, as we choose, the amount of any Benefits paid by us which exceeds our obligations under these coordination of benefit provisions.

**Enrollee Complaint Procedure**

A complaint means any dissatisfaction expressed by an Enrollee orally or in writing about any aspect of our operation, including but not limited to dissatisfaction with administration; procedures; denial, reduction or termination of services for reasons **not related to medical necessity**; disenrollment decisions or the quality of dental services performed by a Contract Dentist. You may call the Customer Service department at 800-422-4234 or write to: Quality Management Department, P.O. Box 1860, Alpharetta, GA 30023-1860.

Written communication must include 1) the name of the patient, 2) the name, address, telephone number and identification number of the Primary Enrollee, 3) the name of the Client and 4) the Dentist's name and facility location.

A complaint does **not** include a misunderstanding or problem of misinformation which can be promptly resolved by supplying correct information to the Enrollee's satisfaction.

We do not make determinations about the medical necessity of dental services and only determine if services are covered Benefits under the Contract. We will provide notification if any dental services are not covered Benefits, stating the specific Contract provision(s).

Within five business days after receipt of an oral or written complaint, the quality management coordinator will send a letter acknowledging the date

of receipt of the complaint, and a description of our complaint procedures, estimated time frames for resolution of complaints, and a request for any necessary information. If the complaint was received orally, the acknowledgement will include a one-page complaint form with instructions to return for prompt resolution of the complaint. **Processing of a complaint will generally not begin until we receive the information shown above, except as noted below for complaints involving Emergency Dental Services.** The complainant may call the Customer Service department at 800-422-4234 at any time between 7:00 a.m. and 8:00 p.m., Central Time, to discuss the complaint. Those complaints requiring professional expertise shall be referred to a licensed dental consultant or, if necessary, the dental director for response. Certain complaints may also require a second opinion for a clinical evaluation of the dental services provided. Second opinions will be provided at another Contract Dentist's facility, unless otherwise authorized by Alpha's dental consultant. We will only pay for a second opinion that we have authorized. We will resolve a complaint involving Emergency Dental Services within 24 hours after our receipt. Complaints that do not involve Emergency Dental Services will be resolved within 30 calendar days after receipt. We will send to the complainant a written report which describes the complaint and our resolution. The report will contain a statement of the

specific clinical and/or contractual reasons for the resolution and will advise the complainant of:

1) the specialization of any Dentist or other provider consulted;

2) a description of our appeal procedure; and

3) the time frames for our appeal process and final decision.

In the event a complainant is not satisfied with our resolution of a complaint, he/she will have the right to appeal the decision before a complaint appeal panel. Within five business days after receipt of a request for an appeal, we will send a letter acknowledging the date of receipt of the request and include a statement of the complainant's rights to:

1) appear before an appeal panel in person (or through a representative if a minor or disabled) in the area where the Enrollee received the care or at an agreed upon location; or

2) write to an appeal panel;

3) to present alternative expert testimony;

4) to present oral or written information; and

5) to question those responsible for the prior resolution.

Our appeal panel is composed of Enrollee representatives, Contract Dentist representatives and Alpha representatives in equal numbers. Contract Dentists cannot review a case in which they rendered care or a case they reviewed during our complaint or appeal process. The panel will include a Contract Specialty Care Dentist if the quality of specialty care

is at issue. Our employees cannot serve as Enrollee members.

No later than five business days before the scheduled meeting of the appeal panel, unless the complainant agrees otherwise, we shall provide to the complainant or the complainant's designated representative:

1) any documentation to be presented to the panel by us;

2) the specialization of any providers consulted during the investigation of the appeal; and

3) the name and affiliation of each Alpha representative on the panel.

We will send a written resolution of the appeal within 30 calendar days after receipt of an appeal.

Investigation and resolution of appeals involving ongoing Emergency Dental Services will be concluded in accordance with the dental immediacy of the case, but no later than 24 hours after receipt of request for appeal. At the request of the Enrollee, we will provide, instead of an appeal panel, a provider who has not previously reviewed the case and who is of the same or similar specialty as ordinarily manages the procedure or treatment under appeal. The provider reviewing the appeal may interview the Enrollee or the Enrollee's designated representative and will make a decision on the appeal. Initial notice of decision of the appeal may be delivered orally, but will be followed by a written notice of the determination within three days.

Notice of our final decision will include a statement of the specific clinical and/or contract provision(s) on which the decision was based, and the toll-free telephone number and address of the Texas Department of Insurance.

Any Enrollee, including an Enrollee who has attempted to resolve a complaint through the complaint process described above, may file a complaint with the Texas Department of Insurance at P.O. Box 149091, Austin, Texas 78714-9091. The Department's toll-free telephone number is 800-252-3439.

The commissioner will investigate a complaint against us to determine our compliance with the insurance laws within 60 days after the Department receives the complaint and all information necessary for the Department to determine compliance. The commissioner may extend the time necessary to complete an investigation in the event any of the following circumstances occur:

1) additional information is needed;

2) an on-site review is necessary;

3) we, the provider, or the complainant do not provide all documentation necessary to complete the investigation; or

4) other circumstances beyond the control of the Department occur.

We will not engage in any retaliatory action (including termination or refusal to renew a Contract) against a Client, an Enrollee, or a Dentist (on behalf of an

Enrollee) for filing a complaint or appealing a decision.

For group health plans subject to the Employee Retirement Income Security Act of 1974 (ERISA): Enrollees with complaints involving a denial, modification or termination of a requested benefit or claim must file a request for review with us within 180 days after receipt. Our review will take into account all information, regardless of whether such information was submitted or considered initially. The review shall be conducted by a person who is neither the individual who reviewed the original claim, nor the subordinate of such individual. Upon request and free of charge, we will provide the Enrollee with copies of any pertinent documents that are relevant to the claim and a copy of any internal rule, guideline or protocol relied upon in making the decision. If any consulting Dentist is involved in the review, the identity of such consulting Dentist will be available upon request.

The Enrollee may also contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of the claim; to ask questions about the rights under ERISA; or bring a civil action under section 502(a) of ERISA. The address of the U.S. Department of Labor is: U.S. Department of Labor, Employee Benefits Security Administration, 200 Constitution Avenue, N.W. Washington, D.C. 20210.

**Renewal and Termination of Benefits**
This Program renews on the anniversary of the contract term unless we provide 60 days notice of a change in premiums or Benefits and the Client does not accept the change. All Benefits terminate for any Enrollee as of the date that this Program is terminated, such person ceases to be eligible under the terms of this Program, or such person's enrollment is cancelled under the terms of this Program. We are not obligated to continue to provide Benefits to any such person in such event, except for completion of single procedures commenced while this Program was in effect.

**Cancellation of Enrollment**
Subject to the *Enrollee Complaint Procedure*, or the *Optional Continuation of Coverage* provision, an Eligible Employee's or Eligible Dependent's enrollment under this Program may be cancelled, or renewal of enrollment refused, in the following events:

1) Immediately:

a) upon loss of eligibility as described in this Evidence of Coverage; or

b) if an Enrollee engages in conduct detrimental to safe operations and the delivery of services while in a Contract Dentist's facility;

2) Upon 15 days written notice if the Enrollee knowingly commits or permits another person to commit fraud or deception in obtaining Benefits under the Program;

3) Upon 30 days written notice if:

a) the premiums are not paid by or on behalf of the Enrollee on the date due or within the 30-day premium grace period. However, the Enrollee may continue to receive Benefits during the 30-day period and may be reinstated during the term of the Contract upon payment of any unpaid premium. If coverage is not reinstated, the Enrollee will be responsible for the cost of services rendered during the 30-day grace period; or

b) the Enrollee fails to pay Copayments. However, the Enrollee may be reinstated during the term of the Contract upon payment of all delinquent charges; or

c) a satisfactory dentist-patient relationship fails to be established with multiple contract facilities. We must show that we have, in good faith, provided the Enrollee with the opportunity to select an alternative Contract Dentist. If the Enrollee establishes a history of unsatisfactory relationships, we will notify the Enrollee in writing, at least 30 days in advance, that we consider the dentist-patient relationships to be unsatisfactory. We will also specify the changes that are necessary in order to avoid cancellation, and show that the Enrollee failed to make these changes; or

d) the Primary Enrollee or the Dependent Enrollee neither resides, lives or works in Alpha's Service Area. However, coverage for a child who is the subject of a medical support order cannot be

cancelled solely because the child does not reside, live or work in Alpha's Service Area;

4) Upon 60 days written notice if the Contract is terminated or not renewed.

Cancellation of a Primary Enrollee's enrollment shall automatically cancel the enrollment of any of his or her Dependent Enrollees.

**Optional Continuation of Coverage**

COBRA Continuation Option

The federal Consolidated Omnibus Budget Reconciliation Act (or COBRA, pertaining to certain employers having 20 or more employees) requires that continued health care coverage be made available to "Qualified Beneficiaries" who lose health care coverage under the group plan as a result of a "Qualifying Event." You may be entitled to continue coverage under this plan, *at your expense*, if certain conditions are met. The period of continued coverage depends on the Qualifying Event.

DEFINITIONS

The meaning of key terms used in this section is shown below.

**Qualified Beneficiary** means:

1) you and/or your dependents who are enrolled in the Alpha plan on the day before the Qualifying Event, or

2) a child who is born to or placed for adoption with you during the period of continued

coverage, provided such child is enrolled within 30 days of birth or placement for adoption.

**Qualifying Event** means any of the following events which, except for the election of this continued coverage, would result in a loss of coverage under the dental plan:

Event 1. the termination of employment (other than termination for gross misconduct) or the reduction in work hours, by your employer;

Event 2. your death;

Event 3. your divorce or legal separation from your spouse;

Event 4. your dependent's loss of dependent status under the plan; and

Event 5. as to your dependents only, your entitlement to Medicare.

**You** or **your** means the Primary Enrollee.

PERIODS OF CONTINUED COVERAGE

Qualified Beneficiaries may continue coverage for 18 months following the month in which Qualifying Event 1 occurs.

This 18-month period can be extended for a total of 29 months, provided:

1) a determination is made under Title II or Title XVI of the Social Security Act that an individual is disabled on the date of the Qualifying Event or becomes disabled at any time during the first 60 days of continued coverage; and

2) notice of the determination is given to the employer during the initial 18 months of continued

coverage and within 60 days of the date of the determination.

This period of coverage will end on the first day of the month that begins more than 30 days after the date of the final determination that the disabled individual is no longer disabled. You must notify your employer or Delta Dental within 30 days of any such determination.

If, during the 18 months continuation period resulting from Qualifying Event 1, your dependents, who are Qualified Beneficiaries, experience Qualifying Events 2, 3, 4 or 5, they may choose to extend coverage for up to a total of 36 months (inclusive of the period continued under Qualifying Event 1).

Your dependents, who are Qualified Beneficiaries, may continue coverage for 36 months following the occurrence of Qualifying Events 2, 3, 4 or 5.

When an employer has filed for bankruptcy under Title 11, United States Code, benefits may be substantially reduced or eliminated for retired employees and their dependents, or the surviving spouse of a deceased retired employee. If this benefit reduction or elimination occurs within one year before or one year after filing, it is considered a Qualifying Event. If the Primary Enrollee is a retiree, and has lost coverage because of this Qualifying Event, he or she may choose to continue coverage until his or her death. The Primary Enrollee's dependents who have lost coverage because of this Qualifying Event may

choose to continue coverage for up to 36 months following the Primary Enrollee's death.

ELECTION OF CONTINUED COVERAGE

Your employer shall notify Alpha within 30 days of Qualifying Event 1. A Qualified Beneficiary must notify his or her employer in writing within 60 days of Qualifying Events 2, 3, 4 or 5, or within 60 days of receiving the election notice from the employer. Otherwise, the option of continued coverage will be lost.

Within 14 days of receiving notice of a Qualifying Event, the employer will provide a Qualified Beneficiary with the necessary benefits information, monthly premium charge, enrollment forms, and instructions to allow election of continued coverage. A Qualified Beneficiary will then have 60 days to give his or her employer written notice of the election to continue coverage. Failure to provide this written notice of election to the employer within 60 days will result in loss of the right to continue coverage.

A Qualified Beneficiary has 45 days from the written election of continued coverage to pay the initial premium to his or her employer, which includes the premium for each month since the loss of coverage. Failure to pay the required premium within the 45 days will result in loss of the right to continue coverage and any premium received after that will be returned to the Qualified Beneficiary.

CONTINUED COVERAGE BENEFITS

The Benefits under the continued coverage will be the same as those provided to active employees and their dependents who are still enrolled in the dental plan. If the employer changes the coverage for active employees, the continued coverage will change as well. Premiums will be adjusted to reflect the changes made.

TERMINATION OF CONTINUED COVERAGE

A Qualified Beneficiary's coverage will terminate at the end of the month in which any of the following events first occur:

1) the allowable number of consecutive months of continued coverage is reached;

2) failure to pay the required premiums in a timely manner;

3) the employer ceases to provide any group dental plan to its employees;

4) the individual moves out of Alpha's Service Area;

5) the individual first obtains coverage for dental Benefits, after the date of the election of continued coverage, under another group health plan (as an employee or dependent) which does not contain or apply any exclusion or limitation with respect to any pre-existing condition of such a person, if that pre-existing condition is covered under this plan; or

6) entitlement to Medicare.

The employer shall notify Alpha within 30 days of the occurrence of any of the above events. Once continued coverage ends, it cannot be reinstated.

TERMINATION OF THE EMPLOYER'S DENTAL CONTRACT

If the dental contract between the employer and Alpha terminates prior to the time that the continuation coverage would otherwise terminate, the employer shall notify a Qualified Beneficiary either 30 days prior to the termination or when all Enrollees are notified, whichever is later, of the ability to elect continuation of coverage under the employer's subsequent dental plan, if any. The continuation coverage will be provided only for the balance of the period that a Qualified Beneficiary would have remained covered under the Alpha plan had such plan with the former employer not terminated. The employer shall notify the successor plan in writing of the Qualified Beneficiaries receiving continuation coverage so they may be notified of how to continue coverage. The continuation coverage will terminate if a Qualified Beneficiary fails to comply with the requirements pertaining to enrollment in and payment of premiums to the new group benefit plan.

OPEN ENROLLMENT CHANGE OF COVERAGE

A Qualified Beneficiary may elect to change continuation coverage during any subsequent open enrollment period, if the employer has contracted with another plan to provide coverage to its active employees. The continuation coverage under the

other plan will be provided only for the balance of the period that a Qualified Beneficiary would have remained under the Alpha plan.

Group Continuation Option

An Enrollee whose coverage under the Contract ceases for any reason other than involuntary termination for cause, and who has been continuously covered under the Contract for at least three consecutive months immediately prior to such termination, may request continuation of coverage for himself or herself and any covered Dependent Enrollees, subject to the following requirements:

1) Continuation must be requested in writing, and received by the Client together with the first contribution, within 31 days after the later of (a) the date coverage would otherwise terminate, or (b) the date the Enrollee is given notice of the right to elect continuation.

2) The Enrollee must remit to the Client, monthly in advance, the amount of contribution required for continuation plus 2% of the amount of the group rate for coverage under the Contract.

3) Coverage so continued will terminate on the first of the following dates:

a. The date coverage has been in force for six months;

b. The date the Enrollee fails to remit required contributions in a timely manner;

c. With respect to any person whose coverage is being continued, the date that person

becomes covered for similar benefits under any program arranged by any other group; or

d. The date on which the Contract is terminated in its entirety.

**Entire Contract**

This EOC, the Group Contract, the Contract Application, and any attached schedules, appendices, endorsements and riders to the Contract, constitute the entire agreement governing the Program. No amendment is valid unless approved by an executive officer of Alpha and attached to this EOC. No agent has authority to amend this EOC or waive any of its provisions.

**Incontestability**

In the absence of fraud or intentional misrepresentation made by you in the enrollment application, all statements made in that application are representations and not warranties. The statements are considered to be truthful and are made to the best of your knowledge and belief. A statement may not be used to void, cancel or non-renew your coverage or reduce Benefits unless (i) it is in a written enrollment application signed by you, and (ii) a signed copy of the enrollment application is or has been furnished to you or your personal representative.

**Conformity with State Law**

If this EOC is not in conformity with Texas laws or other applicable laws, it will not be rendered invalid

but will be construed and applied as if it were in full compliance with Texas law and other applicable laws.

## SCHEDULE A

## Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

**Text that appears in italics below is specifically intended to clarify the delivery of Benefits under this Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2018 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.**

| CODE | DESCRIPTION | ENROLLEE PAYS |
|---|---|---|
| **D0100-D0999 I. DIAGNOSTIC** | | |
| D0120 | Periodic oral evaluation - established patient | No Cost |
| D0140 | Limited oral evaluation - problem focused | No Cost |
| D0145 | Oral evaluation for a patient under three | |

| | | |
|---|---|---|
| | years of age and counseling with primary caregiver | No Cost |
| D0150 | Comprehensive oral evaluation - new or established patient | No Cost |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report | No Cost |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | No Cost |
| D0171 | Re-evaluation - post-operative office visit | $5.00 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | No Cost |
| D0190 | Screening of a patient | No Cost |
| D0191 | Assessment of a patient | No Cost |
| D0210 | Intraoral - complete series of radiographic images - limited to 1 series every 24 months 1 | No Cost |
| D0220 | Intraoral - periapical first radiographic image | No Cost |
| D0230 | Intraoral - periapical each additionalradiographic image | No Cost |
| D0240 | Intraoral - occlusal radiographic image | No Cost |
| D0250 | Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector | No Cost |
| D0251 | Extraoral posterior dental radiographic image | No Cost |
| D0270 | Bitewing - single | |

| | | |
|---|---|---|
| | radiographic image | No Cost |
| D0272 | Bitewings - two radiographic images | No Cost |
| D0273 | Bitewings three radiographic images | No Cost |
| D0274 | Bitewings - four radiographic images - limited to 1 series every 6 months 1 | No Cost |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | No Cost |
| D0330 | Panoramic radiographic image | No Cost |
| D0415 | Collection of microorganisms for culture and sensitivity | No Cost |
| D0425 | Caries susceptibility tests | No Cost |
| D0460 | Pulp vitality tests | No Cost |
| D0470 | Diagnostic casts | No Cost |
| D0472 | Accession of tissue, gross examination,preparation and transmission of written report | No Cost |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | No Cost |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | No Cost |
| D0601 | Caries risk assessment and documentation, with a finding of low risk - 1 every 3 years | No Cost |
| D0602 | Caries risk assessment and documentation, | |

| | | |
|---|---|---|
| | with a finding of moderate risk - 1 every 3 years | No Cost |
| D0603 | Caries risk assessment and documentation, with a finding of high risk - 1 every 3 years | No Cost |
| D0999 | Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services) | No Cost |

**D1000-D1999 II. PREVENTIVE**

| | | |
|---|---|---|
| D1110 | Prophylaxis cleaning - adult - 1 D1110, D1120 or D4346 per 6 month period [1] | No Cost |
| D1110 | Additional prophylaxis cleaning - adult (within the 6 month period) [1] | $45.00 |
| D1120 | Prophylaxis cleaning - child - 1 D1110, D1120 or D4346 per 6 month period [1] | No Cost |
| D1120 | Additional prophylaxis cleaning - child (within the 6 month period) [1] | $35.00 |
| D1206 | Topical application of fluoride varnish - child to age 19; 1 D1206 or D1208 per 6 month period [1] | No Cost |
| D1208 | Topical application of fluoride - excluding varnish - child to age 19; 1 D1206 or D1208 per 6 month period | No Cost |
| D1310 | Nutritional counseling for control of dental disease | No Cost |
| D1330 | Oral hygiene instructions | No Cost |
| D1351 | Sealant - per tooth - limited to permanent molars through age 15 | $5.00 |
| D1352 | Preventive resin restoration in a moderate | |

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|---|---|---|
| | to high caries risk patient - permanent tooth - limited to permanent molars through age 15 | $5.00 |
| D1353 | Sealant repair - per tooth - limited to permanent molars through age 15 | $5.00 |
| D1354 | Interim caries arresting medicament application - per tooth - child to age 19; 1 per 6 month period | No Cost |
| D1510 | Space maintainer - fixed - unilateral | $10.00 |
| D1515 | Space maintainer - fixed - bilateral | $10.00 |
| D1520 | Space maintainer - removable - unilateral | $10.00 |
| D1525 | Space maintainer - removable - bilateral | $10.00 |
| D1550 | Re-cement or re-bond space maintainer | No Cost |
| D1555 | Removal of fixed space maintainer | No Cost |
| D1575 | Distal shoe space maintainer - fixed - unilateral - child to age 9 | $10.00 |

**D2000-D2999 III. RESTORATIVE**

*- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*

*- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional $100.00 per crown, beyond the 6th unit.*

*- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

| | | |
|---|---|---|
| D2140 | Amalgam - one surface, primary or | |

| | | |
|---|---|---|
| | permanent | No Cost |
| D2150 | Amalgam - two surfaces, primary or permanent | No Cost |
| D2160 | Amalgam - three surfaces, primary or permanent | No Cost |
| D2161 | Amalgam - four or more surfaces, primary or permanent | No Cost |
| D2330 | Resin-based composite - one surface, anterior | No Cost |
| D2331 | Resin-based composite - two surfaces, anterior | No Cost |
| D2332 | Resin-based composite - three surfaces, anterior | No Cost |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | No Cost |
| D2390 | Resin-based composite crown, anterior | No Cost |
| D2391 | Resin-based composite - one surface, posterior | $45.00 |
| D2392 | Resin-based composite - two surfaces, posterior | $55.00 |
| D2393 | Resin-based composite - three surfaces, posterior | $65.00 |
| D2394 | Resin-based composite - four or more surfaces, posterior | $75.00 |
| D2510 | Inlay - metallic - one surface | No Cost |
| D2520 | Inlay - metallic - two surfaces | No Cost |
| D2530 | Inlay - metallic - three or more surfaces | No Cost |

| | | |
|---|---|---|
| D2542 | Onlay - metallic - two surfaces | No Cost |
| D2543 | Onlay - metallic - three surfaces | No Cost |
| D2544 | Onlay - metallic - four or more surfaces | No Cost |
| D2610 | Inlay - porcelain/ceramic - one surface | $135.00 |
| D2620 | Inlay - porcelain/ceramic - two surfaces | $150.00 |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces | $160.00 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | $150.00 |
| D2643 | Onlay - porcelain/ceramic - three surfaces | $165.00 |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | $175.00 |
| D2650 | Inlay - resin-based composite - one surface | $85.00 |
| D2651 | Inlay - resin-based composite - two surfaces | $95.00 |
| D2652 | Inlay - resin-based composite - three or more surfaces | $115.00 |
| D2662 | Onlay - resin-based composite - two surfaces | $110.00 |
| D2663 | Onlay - resin-based composite - three surfaces | $120.00 |
| D2664 | Onlay - resin-based composite - four or more surfaces | $145.00 |
| D2710 | Crown - resin-based composite (indirect) | $35.00 |

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|---|---|---|
| D2712 | Crown - ¾ resin-based composite (indirect) | $35.00 |
| D2720 | Crown - resin with high noble metal | $155.00 |
| D2721 | Crown - resin with predominantly base metal | $55.00 |
| D2722 | Crown - resin with noble metal | $95.00 |
| D2740 | Crown - porcelain/ceramic | $195.00 |
| D2750 | Crown - porcelain fused to high noble metal | $195.00 |
| D2751 | Crown - porcelain fused to predominantly base metal | $95.00 |
| D2752 | Crown - porcelain fused to noble metal | $135.00 |
| D2780 | Crown - ¾ cast high noble metal | $170.00 |
| D2781 | Crown - ¾ cast predominantly base metal | $70.00 |
| D2782 | Crown - ¾ cast noble metal | $110.00 |
| D2783 | Crown - ¾ porcelain/ceramic | $195.00 |
| D2790 | Crown - full cast high noble metal | $170.00 |
| D2791 | Crown - full cast predominantly base metal | $70.00 |
| D2792 | Crown - full cast noble metal | $110.00 |
| D2794 | Crown - titanium | $195.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | No Cost |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | No Cost |
| D2920 | Re-cement or re-bond crown | No Cost |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp *(anterior)* | No Cost |

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|---|---|---|
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth - *anterior* | $10.00 |
| D2930 | Prefabricated stainless steel crown - primary tooth | No Cost |
| D2931 | Prefabricated stainless steel crown - permanent tooth | No Cost |
| D2932 | Prefabricated resin crown - *anterior primary tooth* | $15.00 |
| D2933 | Prefabricated stainless steel crown with resin window - *anterior primary tooth* | $10.00 |
| D2940 | Protective restoration | No Cost |
| D2941 | Interim therapeutic restoration - primary dentition | No Cost |
| D2949 | Restorative foundation for an indirect restoration | No Cost |
| D2950 | Core buildup, including any pins when required | No Cost |
| D2951 | Pin retention - per tooth, in addition to restoration | No Cost |
| D2952 | Post and core in addition to crown, indirectly fabricated - *includes canal preparation* | No Cost |
| D2953 | Each additional indirectly fabricated post - same tooth - *includes canal preparation* | No Cost |
| D2954 | Prefabricated post and core in addition to crown - *base metal post; includes canal preparation* | No Cost |
| D2957 | Each additional prefabricated post - same | |

| | | |
|---|---|---|
| | tooth - *base metal post; includes canal preparation* | No Cost |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | $19.00 |
| D2980 | Crown repair necessitated by restorative material failure | $10.00 |
| D2981 | Inlay repair necessitated by restorative material failure | $10.00 |
| D2982 | Onlay repair necessitated by restorative material failure | $10.00 |
| D2983 | Veneer repair necessitated by restorative material failure | $10.00 |
| D2990 | Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15* | $5.00 |

**D3000-D3999 IV. ENDODONTICS**

| | | |
|---|---|---|
| D3110 | Pulp cap - direct (excluding final restoration) | No Cost |
| D3120 | Pulp cap - indirect (excluding final restoration) | No Cost |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | No Cost |
| D3221 | Pulpal debridement, primary and permanent teeth | $5.00 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root | |

| | | |
|---|---|---|
| | development | No Cost |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | $5.00 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | $5.00 |
| D3310 | *Root canal* - endodontic therapy, anterior tooth (excluding final restoration) | $45.00 |
| D3320 | *Root canal* - endodontic therapy, premolar tooth (excluding final restoration) | $90.00 |
| D3330 | *Root canal* - endodontic therapy, molar tooth (excluding final restoration) | $205.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | $45.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | $45.00 |
| D3333 | Internal root repair of perforation defects | $45.00 |
| D3346 | Retreatment of previous root canal therapy - anterior | $60.00 |
| D3347 | Retreatment of previous root canal therapy - premolar | $105.00 |
| D3348 | Retreatment of previous root canal therapy - molar | $220.00 |
| D3351 | Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | $70.00 |
| D3352 | Apexification/recalcification - interim | |

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| | medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) | $45.00 |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | $45.00 |
| D3410 | Apicoectomy - anterior | No Cost |
| D3421 | Apicoectomy - premolar (first root) | No Cost |
| D3425 | Apicoectomy - molar (first root) | No Cost |
| D3426 | Apicoectomy (each additional root) | No Cost |
| D3427 | Periradicular surgery without apicoectomy | No Cost |
| D3430 | Retrograde filling - per root | No Cost |
| D3450 | Root amputation - per root | No Cost |
| D3920 | Hemisection (including any root removal), not including root canal therapy | No Cost |

D4000-D4999 V. PERIODONTICS

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

| | | |
|---|---|---|
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | $80.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | $50.00 |
| D4212 | Gingivectomy or gingivoplasty to allow | |

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|---|---|---|
| | access for restorative procedure, per tooth | $50.00 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | $80.00 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | $50.00 |
| D4245 | Apically positioned flap | $75.00 |
| D4249 | Clinical crown lengthening - hard tissue | $75.00 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | $175.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | $140.00 |
| D4263 | Bone replacement graft - retained natural tooth - first site in quadrant | $195.00 |
| D4264 | Bone replacement graft - retained natural tooth - each additional site in quadrant | $60.00 |
| D4270 | Pedicle soft tissue graft procedure | $195.00 |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same | |

| | | |
|---|---|---|
| | anatomical area) | $45.00 |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft | $195.00 |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site | $195.00 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months* | No Cost |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months* | No Cost |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *1 D1110, D1120 or D4346 per 6 month period* | No Cost |
| D4355 | Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months* | No Cost |
| D4910 | Periodontal maintenance - limited to 1 treatment each 6 month period | No Cost |
| D4910 | Additional periodontal maintenance (within | |

| | | |
|---|---|---|
| | the 6 month period) | $55.00 |
| D4921 | Gingival irrigation - per quadrant | No Cost |

**D5000-D5899 VI. PROSTHODONTICS (removable)**

*- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*

*- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*

*- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

| | | |
|---|---|---|
| D5110 | Complete denture - maxillary | $100.00 |
| D5120 | Complete denture - mandibular | $100.00 |
| D5130 | Immediate denture - maxillary | $120.00 |
| D5140 | Immediate denture - mandibular | $120.00 |
| D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | $80.00 |
| D5212 | Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | $80.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | $120.00 |
| D5214 | Mandibular partial denture - cast metal | |

| | | |
|---|---|---|
| | framework with resin denture bases (including any conventional clasps, rests and teeth) | $120.00 |
| D5221 | Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | $80.00 |
| D5222 | Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | $80.00 |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | $120.00 |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | $120.00 |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | $170.00 |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | $170.00 |
| D5410 | Adjust complete denture - maxillary | No Cost |
| D5411 | Adjust complete denture - mandibular | No Cost |
| D5421 | Adjust partial denture - maxillary | No Cost |
| D5422 | Adjust partial denture - mandibular | No Cost |
| D5511 | Repair broken complete denture base, | |

| | | |
|---|---|---|
| | mandibular | $15.00 |
| D5512 | Repair broken complete denture base, maxillary | $15.00 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | $5.00 |
| D5611 | Repair resin partial denture base, mandibular | $15.00 |
| D5612 | Repair resin partial denture base, maxillary | $15.00 |
| D5621 | Repair cast partial framework, mandibular | $15.00 |
| D5622 | Repair cast partial framework, maxillary | $15.00 |
| D5630 | Repair or replace broken clasp - per tooth | $15.00 |
| D5640 | Replace broken teeth - per tooth | $5.00 |
| D5650 | Add tooth to existing partial denture | $5.00 |
| D5660 | Add clasp to existing partial denture - per tooth | $5.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | $75.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | $75.00 |
| D5710 | Rebase complete maxillary denture | $35.00 |
| D5711 | Rebase complete mandibular denture | $35.00 |
| D5720 | Rebase maxillary partial denture | $35.00 |
| D5721 | Rebase mandibular partial denture | $35.00 |
| D5730 | Reline complete maxillary denture (chairside) | No Cost |

| | | |
|---|---|---|
| D5731 | Reline complete mandibular denture (chairside) | No Cost |
| D5740 | Reline maxillary partial denture (chairside) | No Cost |
| D5741 | Reline mandibular partial denture (chairside) | No Cost |
| D5750 | Reline complete maxillary denture (laboratory) | $35.00 |
| D5751 | Reline complete mandibular denture (laboratory) | $35.00 |
| D5760 | Reline maxillary partial denture (laboratory) | $35.00 |
| D5761 | Reline mandibular partial denture (laboratory) | $35.00 |
| D5820 | Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months* | $45.00 |
| D5821 | Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months* | $45.00 |
| D5850 | Tissue conditioning, maxillary | No Cost |
| D5851 | Tissue conditioning, mandibular | No Cost |

**D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered**

**D6000-D6199 VIII. IMPLANT SERVICES - Not Covered**

**D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])**

*- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional $100.00 per unit, beyond the 6th unit.*
*- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

| | | |
|---|---|---|
| D6210 | Pontic - cast high noble metal | $170.00 |
| D6211 | Pontic - cast predominantly base metal | $70.00 |
| D6212 | Pontic - cast noble metal | $110.00 |
| D6240 | Pontic - porcelain fused to high noble metal | $195.00 |
| D6241 | Pontic - porcelain fused to predominantly base metal | $95.00 |
| D6242 | Pontic - porcelain fused to noble metal | $135.00 |
| D6245 | Pontic - porcelain/ceramic | $195.00 |
| D6250 | Pontic - resin with high noble metal | $155.00 |
| D6251 | Pontic - resin with predominantly base metal | $55.00 |
| D6252 | Pontic - resin with noble metal | $95.00 |
| D6600 | Retainer inlay - porcelain/ceramic, two surfaces | $150.00 |
| D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces | $160.00 |
| D6602 | Retainer inlay - cast high noble metal, two surfaces | $100.00 |
| D6603 | Retainer inlay - cast high noble metal, three or more surfaces | $100.00 |
| D6604 | Retainer inlay - cast predominantly base | |

| | | |
|---|---|---|
| | metal, two surfaces | No Cost |
| D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces | No Cost |
| D6606 | Retainer inlay - cast noble metal, two surfaces | $40.00 |
| D6607 | Retainer inlay - cast noble metal, three or more surfaces | $40.00 |
| D6608 | Retainer onlay - porcelain/ceramic, two surfaces | $150.00 |
| D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | $165.00 |
| D6610 | Retainer onlay - cast high noble metal, two surfaces | $100.00 |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces | $100.00 |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces | No Cost |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | No Cost |
| D6614 | Retainer onlay - cast noble metal, two surfaces | $40.00 |
| D6615 | Retainer onlay - cast noble metal, three or more surfaces | $40.00 |
| D6720 | Retainer crown - resin with high noble metal | $155.00 |
| D6721 | Retainer crown - resin with predominantly base metal | $55.00 |
| D6722 | Retainer crown - resin with noble metal | $95.00 |
| D6740 | Retainer crown - porcelain/ceramic | $195.00 |

| | | |
|---|---|---|
| D6750 | Retainer crown - porcelain fused to high noble metal | $195.00 |
| D6751 | Retainer crown - porcelain fused to predominantly base metal | $95.00 |
| D6752 | Retainer crown - porcelain fused to noble metal | $135.00 |
| D6780 | Retainer crown - ¾ cast high noble metal | $170.00 |
| D6781 | Retainer crown - ¾ cast predominantly base metal | $70.00 |
| D6782 | Retainer crown - ¾ cast noble metal | $110.00 |
| D6783 | Retainer crown - ¾ porcelain/ceramic | $195.00 |
| D6790 | Retainer crown - full cast high noble metal | $170.00 |
| D6791 | Retainer crown - full cast predominantly base metal | $70.00 |
| D6792 | Retainer crown - full cast noble metal | $110.00 |
| D6930 | Re-cement or re-bond fixed partial denture | No Cost |
| D6940 | Stress breaker | No Cost |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | $10.00 |

## D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

*- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

| | | |
|---|---|---|
| D7111 | Extraction, coronal remnants - primary tooth | No Cost |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | No Cost |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | $15.00 |
| D7220 | Removal of impacted tooth - soft tissue | $25.00 |
| D7230 | Removal of impacted tooth - partially bony | $50.00 |
| D7240 | Removal of impacted tooth - completely bony | $70.00 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | $90.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | No Cost |
| D7251 | Coronectomy - intentional partial tooth removal | $90.00 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | $50.00 |
| D7280 | Exposure of an unerupted tooth | $85.00 |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | $85.00 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | No Cost |
| D7286 | Incisional biopsy of oral tissue - soft - *does* | |

| | | |
|---|---|---|
| | *not include pathology laboratory procedures* | No Cost |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | No Cost |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | No Cost |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | No Cost |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | No Cost |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | No Cost |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | No Cost |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | No Cost |
| D7472 | Removal of torus palatinus | No Cost |
| D7473 | Removal of torus mandibularis | No Cost |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | No Cost |
| D7960 | Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure | No Cost |
| D7970 | Excision of hyperplastic tissue | |

| | | |
|---|---|---|
| | - per arch | $50.00 |
| D7971 | Excision of pericoronal gingiva | $50.00 |

**D8000-D8999 XI. ORTHODONTICS**

*- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed $125.00, may apply.*

*- The Retention Copayment includes adjustments and/or office visits up to 24 months.*

***Pre and post orthodontic records include:***

*The benefit for pre-treatment records and diagnostic services includes:* $200.00

| | | |
|---|---|---|
| D0210 | Intraoral - complete series of radiographic images | |
| D0322 | Tomographic survey | |
| D0330 | Panoramic radiographic image | |
| D0340 | 2D cephalometric radiographic image - acquisition, measurement and analysis | |
| D0350 | 2D oral/facial photographic images obtained intraorally or extraorally | |
| D0351 | 3D photographic image | |
| D0470 | Diagnostic casts | |
| | The benefit for post-treatment records includes: | $70.00 |
| D0210 | Intraoral - complete series of radiographic images | |
| D0470 | Diagnostic casts | |

| | | |
|---|---|---|
| D8010 | Limited orthodontic treatment of the primary dentition | $950.00 |
| D8020 | Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19* | $950.00 |
| D8030 | Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19* | $950.00 |
| D8040 | Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* | $1,150.00 |
| D8050 | Interceptive orthodontic treatment of the primary dentition | $950.00 |
| D8060 | Interceptive orthodontic treatment of the transitional dentition | $950.00 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19* | $1,700.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19* | $1,700.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* | $1,900.00 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | $25.00 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of *removable* retainers) | $275.00 |

| | | |
|---|---|---|
| D8681 | Removable orthodontic retainer adjustment | No Cost |
| D8999 | Unspecified orthodontic procedure, by report - *includes treatment planning session* | $100.00 |

**D9000-D9999XII. ADJUNCTIVE GENERAL SERVICES**

| | | |
|---|---|---|
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | $5.00 |
| D9211 | Regional block anesthesia | No Cost |
| D9212 | Trigeminal division block anesthesia | No Cost |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | No Cost |
| D9219 | Evaluation for deep sedation or general anesthesia | No Cost |
| D9222 | Deep sedation/general anesthesia - first 15 minutes | $80.00 |
| D9223 | Deep sedation/general anesthesia - each subsequent 15 minute increment | $80.00 |
| D9239 | Intravenous moderate (conscious) sedation/analgesia - first 15 minutes | $80.00 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment | $80.00 |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | No Cost |
| D9311 | Consultation with medical health care | |

| | | |
|---|---|---|
| | professional | No Cost |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | $5.00 |
| D9440 | Office visit - after regularly scheduled hours | $20.00 |
| D9450 | Case presentation, detailed and extensive treatment planning | No Cost |
| D9932 | Cleaning and inspection of removable complete denture, maxillary | No Cost |
| D9933 | Cleaning and inspection of removable complete denture, mandibular | No Cost |
| D9934 | Cleaning and inspection of removable partial denture, maxillary | No Cost |
| D9935 | Cleaning and inspection of removable partial denture, mandibular | No Cost |
| D9940 | Occlusal guard, by report - *limited to 1 in 3 years* | $95.00 |
| D9943 | Occlusal guard adjustment | $10.00 |
| D9951 | Occlusal adjustment, limited | $20.00 |
| D9952 | Occlusal adjustment, complete | $40.00 |
| D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self-treatment* | $125.00 |
| D9986 | Missed appointment - without 24 hour notice - per 15 minutes of appointment time | $10.00 |
| D9987 | Canceled appointment - without 24 hour | |

| | | |
|---|---|---|
| | notice - per 15 minutes of appointment time | $10.00 |
| D9991 | Dental case management - addressing appointment compliance barriers | No Cost |
| D9992 | Dental case management - care coordination | No Cost |
| D9995 | Teledentistry - synchronous; real-time encounter | No Cost |
| D9996 | Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review | No Cost |

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Alpha. The Enrollee pays the Copayment specified for such services.

FOOTNOTES

[1] *Frequency limitations do not apply when services are needed more frequently due to medical necessity as determined by the Contract Dentist.*

## SCHEDULE B

### Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments.*
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional $100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Alpha, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment.

The Enrollee makes payment directly to the Contract Orthodontist as arranged.

6. Benefits for dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this Program are limited as follows:

Upon request of a newly covered Enrollee, Alpha will provide Benefits for the completion of covered services begun prior to the time his or her coverage became effective. Alpha will not provide coverage for incomplete services that are not otherwise Benefits under the terms and conditions of the Contract. Enrollees may request completion of treatment in progress by calling the Customer Service department at 800 422-4234 during normal business hours, or by sending a written request to Alpha.

Whenever possible, an Enrollee should complete treatment in progress with the Dentist who initiated the service. If such Dentist is an out-of-network Dentist, that Dentist must agree to the same terms and conditions that apply to an in-network Dentist in order for Alpha to provide Benefits. Copayments and other cost sharing components will apply. Benefits may be adjusted so that the total paid by the Enrollee and/or coverage provided by all plans is not more than 100% of total Allowable Expenses (as defined in the Coordination of Benefits section of the Contract).

Should the Enrollee be unable to complete treatment with the Dentist who initiated the service,

Alpha will make reasonable and appropriate arrangements for completion of such treatment by a Contract Dentist.

7. Orthodontic treatment in progress is limited to new Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under this Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Alpha is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

**Exclusions of Benefits**

1. Any procedure that is not specifically listed under *Schedule A*, *Description of Benefits and Copayments*.

2. Any procedure that in the professional opinion of the Contract Dentist:

a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**

b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such

as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist, an

authorized dental specialist, or a Contract Orthodontist except for *Emergency Dental Services* as described in *Schedule A*.

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Lost, stolen or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedure D9940 (occlusal guard, by report).
16. Composite or ceramic brackets, lingual adaption of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

## Glossary

The following dental terms have the meanings indicated:

**Abrasion** - The abnormal wearing away of the tooth by chewing, incorrect brushing methods, grinding or similar causes.

**Alveoloplasty** - A surgical procedure to reshape the jaw bones to achieve normal bone contour in preparation for tooth replacement via denture, partials or bridges.

**Amalgam** - A metal alloy used in filling teeth.

**Apicoectomy** - The surgical removal of the root tip.

**Appliance** - A device used to provide function or therapeutic effect.

**Attrition** - The normal loss of tooth substance resulting from friction during chewing.

**Banding** - Application of preformed stainless steel rings that are fitted around the teeth and cemented in place.

**Banding dentition** - Treatment of a tooth which involves banding (for orthodontic purposes).

**Cephalometric x-rays** - X-rays used in studying the measurements of the head in relation to specific soft tissue and bony reference points.

**Cleft palate** - A birth defect resulting in an incomplete closure or formation of the palate.

**Debridement** - The removal of plaque and tartar, above and below the gumline, which makes the ability to evaluate the gum condition difficult.

**Equilibration** - Changing the occlusal forms of the teeth by selective grinding, with the interest of balancing occlusal stresses more evenly on the teeth.
**Erosion** - Chemical or mechanical destruction of tooth substance, the mechanism of which is incompletely known, that leads to the creation of a depression in the tooth surface at the gumline.
**Exostosis** - An excessive growth of bone.
**Expansion appliance** - An appliance used to widen a dental arch to increase the room available for permanent teeth and/or to correct the bite.
**Frenum** - The fibers that attach the cheek, lips or tongue to the tissue lining the mouth.
**Frenectomy** - Surgical removal or loosening of the frenum.
**Functional appliance** - An appliance used to achieve minor tooth movement, to strengthen the muscles of the oral cavity or to maintain space created by the loss or delayed eruption of the teeth.
**Gingiva** - The soft tissue which covers a tooth or the gum surrounding a tooth.
**Gingivectomy** - The surgical removal of the unsupported gingiva to the level where it is attached.
**Gingivoplasty** - Surgical contouring of the gingiva to facilitate maintenance of tissue health and integrity.
**Headgear** - An apparatus encircling the head or neck that provides attachment for an intraoral appliance in use of extraoral anchorage.
**Implant** - A device specially designed to be placed surgically within or on the mandibular or maxillary

bone as a means of providing for dental replacement of a missing tooth.
**Lingual** - Pertaining to the tongue.
**Macrognathia** - A definite overgrowth of the mandible and maxilla.
**Mandible** - The lower jaw.
**Mandibular** - Pertaining to the lower jaw.
**Maxilla** - The upper jaw.
**Maxillary** - Pertaining to the upper jaw.
**Micrognathia** - An abnormal smallness of the jaws, especially the mandible.
**Myofunctional therapy** - Training to curb or eliminate abnormal muscle function of the oral cavity.
**Occlusal** - The chewing surfaces of the posterior teeth.
**Occlusion** - The contact between the upper and lower teeth when in a closed position.
**Orthodontic appliance** - Any appliance used to apply forces for tooth movement during orthodontic treatment.
**Palate** - The roof of the mouth.
**Palatal** - Pertaining to the roof of the mouth.
**Palliative** - Action that relieves pain but does not cure the cause of the pain.
**Panoramic film** - An x-ray that offers a full view of the entire length of the jaws in a single x-ray.
**Pediatric** or **Pedodontic** - Pertaining to children.
**Periapical** - The area surrounding or enclosing the root tip of a tooth.

**Periodontitis** - Gingival changes that occur due to infection and loss of attachment between the tooth and gums. Periodontitis is a long-term progressive disease.
**Periradicular** - Around the root.
**Pontic** - The term used for the artificial tooth on a bridge.
**Prophylaxis** - The removal of plaque, tartar and stains on the crown portion of the teeth, including polishing.
**Pulp cap** - The covering of an exposed dental nerve with material that protects it from foreign irritants.
**Quadrant** - One of the four equal sections into which the dental arches can be divided; begins at the middle of the arch and goes to the last tooth on either side.
**Rebase** - Process of refitting a denture by replacing the acrylic base material.
**Resin** - Broad term used to indicate an organic substance that is usually tooth colored. Composite resin used in filling teeth, most often in the front of the mouth.
**Retainer** - An appliance used to maintain the positions of the teeth and jaws gained by orthodontic procedures.
**Retrograde filling** - A method of sealing the root canal by preparing and filling it from the root tip.
**Root planing** - A procedure designed to remove bacteria, tartar and diseased root tissue from the root surfaces. Often referred to as “deep cleaning.”

**Sealant** - Application of a resin material to the biting surfaces of the permanent molars to seal the surface crevices to prevent the formation of decay.
**Study model** - A positive likeness of dental structures (teeth and adjoining tissues) for the purpose of study and treatment planning.
**Supernumerary** - Any tooth in excess of the 32 normal permanent teeth.
**Temporomandibular joint** - The joint formed by the connection of the lower jaw to the skull.
**Tracing** - As it relates to orthodontic treatment, a tracing is a line drawing of pertinent features of a cephalometric x-ray made on a piece of transparent paper placed over an x-ray. The tracing provides measurements of soft tissue and bony reference points that aid in predicting growth patterns and orthodontic diagnosis and treatment planning.
**Trigeminal nerve** - The main nerve that provides feeling to the muscles and tissues of the face, jaws and teeth.
**Vertical dimension** - The vertical height of the face with teeth in occlusion.

## Non-Discrimination Disclosure

### Discrimination is Against the Law

Delta Dental complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. Delta Dental does not exclude people or treat them differently because of their race, color, national origin, age, disability, or sex.

Coverage for medically necessary health services are available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender. Delta Dental will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. Delta Dental will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual.

If you believe that Delta Dental has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance electronically online, over the phone with a customer service representative, or by mail.

Delta Dental
Box 997330
Sacramento,CA95899-7330
Telephone Number 1-866-530-9675
Website Address: deltadentalins.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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Delta Dental provides free aids and services to people with disabilities to communicate effectively with us, such as:

- qualified sign language interpreters
- written information in other formats (large print, audio, accessible electronic formats, other formats)

Delta Dental also provides free language services to people whose primary language is not English, such as:

- qualified interpreters
- information written in other languages

If you need these services, contact Delta Dental customer Service 1-866-530-9675.

**Protect your oral health.** Prevention is the key to avoiding tooth and gum problems. Care for your teeth at home with regular brushing and flossing. It's also important to visit your dentist. Regular exams and cleanings can help catch dental problems early.

To learn more about prevention and avoiding dental problems, ask your dentist. You can also visit our website at **deltadentalins.com/oral_health**. You'll find oral health articles, videos and other tools and tips for *Grin!*, our free dental health e-magazine.

If you have any questions or need additional information, call or write:

**Toll Free**
800-422-4234
*Administered by:*
**Delta Dental Insurance Company**
P.O. Box 1803
Alpharetta, GA 30023

Delta Dental is a registered mark of
Delta Dental Plans Association

SAMPLE

# DeltaCare® USA

## Dental Health Care Program for Eligible Employees and Dependents

## Combined Evidence of Coverage and Disclosure Form

ERS
EMPLOYEES RETIREMENT SYSTEM OF TEXAS

*Provided by:*

Alpha Dental Programs, Inc.
1701 Shoal Creek
Suite 240
Highland Village, TX 75077

*Administered by:*

Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023
800-422-4234

deltadentalins.com

SAMPLE

# EVIDENCE OF COVERAGE
# DISCLOSURE FORM

This booklet is a Combined Evidence of Coverage and Disclosure Form (“EOC”) for your Dental HMO Program (“Program”) provided by:

Alpha Dental Programs, Inc. (“ALPHA”) dba DeltaCare USA

A Single Service Health Maintenance Organization (“HMO”)

1701 Shoal Creek
Suite 240
Highland Village, TX 75077
800-422-4234

The Program has been established and is administered in accordance with the provisions of a Group Dental Service Contract (“Contract”) issued by ALPHA.

Administrative functions described throughout this booklet may be performed by Delta Dental Insurance Company (“Delta Dental”), a Third Party Administrator, as designated by ALPHA.

This EOC describes the provisions of the Contract between your Group and ALPHA. THE EOC CONSTITUTES ONLY A SUMMARY OF THE PROGRAM. THE CONTRACT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF COVERAGE. A COPY OF THE CONTRACT WILL BE FURNISHED UPON REQUEST. ANY DIRECT CONFLICT BETWEEN THE CONTRACT AND THE EOC WILL BE RESOLVED ACCORDING TO THE TERMS WHICH ARE MOST FAVORABLE TO YOU. PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW HOW TO OBTAIN DENTAL BENEFITS.

The telephone number where you may obtain information about benefits is 800-422-4234. These calls will be answered by ALPHA’s Administrator, Deltal Dental.

# TEXAS NOTICE OF COMPLAINT

IMPORTANT NOTICE

To obtain information or make a complaint, you may call ALPHA's toll-free telephone number at:

1-800-422-4234

You may also write to ALPHA at:
P.O. Box 1860
Alpharetta, GA 90023
You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance at:

P.O. Box 149104
Austin, TX 78714-9104
Fax (512) 475-1771
Web: http//www.tdi.state.tx.us
E-mail:
ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact the agent or the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja, usted pueda llamar al numero de telefono gratis de ALPHA al:

1-800-422-4234

Usted tambien puede escribir a ALPHA:
P.O. Box 1860
Alpharetta, GA 90023
Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:
P.O. Box 149104
Austin, TX 78714-9104
Fax (512) 475-1771
Web: http//www.tdi.state.tx.us
E-mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente o la compania primero. Si no se resuelve la disputa, puede entonces communicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

SAMPLE

Table of Contents


| | |
|---|---|
| Definitions | 1 |
| Eligibility of Benefits | 3 |
| Premiums | 6 |
| How to use the Program | |
| – Choice of Contract Dentist | 6 |
| Benefits, Limitations and Exclusions | 7 |
| Copayments and Other Charges | 8 |
| Emergency Dental Services | 8 |
| Specialized Services | 8 |
| Claims for Reimbursement | 9 |
| Coordination of Benefits | 10 |
| Enrollee Complaint Procedure | 12 |
| Renewal and Termination of Benefits | 18 |
| Cancellation of Enrollment | 18 |
| Optional Continuation of Coverage | 20 |
| Entire Contract | 27 |
| Incontestability | 27 |
| Conformity with State Law | 27 |
| Description of Benefits and Copayments | 29 |
| Limitations of Benefits | 57 |
| Exclusion of Benefits | 59 |
| Glossary | 62 |

Definitions
As used in this booklet:

Administrator means Delta Dental Insurance Company (“Delta Dental”), licensed as a Third Party Administrator in the State of Texas. Administrative functions described in the Contract and in this booklet may be performed by Delta Dental, as designated by Alpha. The mailing address for Delta Dental is P.O. Box 1803, Alpharetta, GA 30023. Delta Dental will answer calls directed to 800-422-4234.
Benefits mean those dental services available under the terms of the Group Dental Service Contract and described in this booklet.
Client means the applicant (employer or other organization) contracting to obtain Benefits for Eligible Employees.
Contract Dentist means a Dentist who provides services in general dentistry, and who has agreed to provide Benefits to Enrollees under this Program.
Contract Orthodontist means a Dentist who specializes in orthodontics, and who has agreed to provide Benefits to Enrollees under this Program.
Contract Specialty Care Dentist means a Dentist who provides Specialized Services, and has agreed to provide Benefits to Enrollees under this Program.
Copayment means the amount charged to an Enrollee by a Dentist for the Benefits provided under this Program.
Dentist means a duly licensed Dentist legally entitled to practice dentistry at the time and in the state or jurisdiction in which services are performed.

Eligible Dependent means any dependent of an Eligible Employee who is eligible for Benefits as described in this booklet.
Eligible Employee means any employee or group member who is eligible for Benefits as described in this booklet.
Emergency Dental Services means procedures administered in a Dentist's facility, emergency dental clinic, or other comparable facility, to evaluate and stabilize dental conditions of a recent onset and severity accompanied by excessive bleeding, severe pain, or acute infection that would lead a prudent layperson possessing an average knowledge of dentistry to believe that immediate care is needed.
Enrollee means an Eligible Employee ("Primary Enrollee") or an Eligible Dependent ("Dependent Enrollee") enrolled to receive Benefits.
Open Enrollment Period means the period preceding the date of commencement of the contract term or the 30-day period immediately preceding the annual anniversary of the commencement of the contract term or a period as otherwise requested by the Client and agreed to by Alpha.
Optional means any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the Contract.
Preauthorization means the process by which Alpha determines if a procedure or treatment is a referable Benefit under the Enrollee's plan.

Service Area means the State of Texas, except for the following counties:

Collingsworth, Culberson, Dallam, Edwards, Hansford, Hemphill, Lipscomb, Motley, Ochiltree, Reeves, Roberts, Sherman, Terrell, Val Verde, and Wheeler.

Specialized Services mean services performed by a Dentist who specializes in the practice of oral surgery, endodontics, periodontics or pediatric dentistry and which must be preauthorized by us.

We, Us or Our means Alpha or the Administrator, as appropriate.

Eligibility for Benefits

Eligible Employees and Eligible Dependents receive Benefits as soon as they are enrolled in the Program. Subject to cancellation as provided under this Program, enrollment of Eligible Employees and Eligible Dependents is for a minimum period of one year.

You are eligible to enroll as an Eligible Employee if you meet the eligibility requirements defined by the Client.

Eligible Dependents become eligible on:

1) the date you are eligible for coverage;

2) as soon as an Eligible Dependent becomes your dependent, or at any time subject to a change in legal custody or lawful order to provide Benefits.

Eligible Dependents include:

1) spouse (unless legally separated or divorced);

2) unmarried children from birth up to age 25;
Children include natural children, stepchildren, adopted children, foster children, and grandchildren provided all such children are dependent on you for support. Grandchildren must reside with you to be eligible. Newborn children (including newborn adopted children) are covered from and after the moment of birth. Notice of birth must be received within 31 days after the date of birth for coverage to continue beyond 31 days. Foster children are eligible from and after the moment the child is placed in your physical custody. Legally adopted children (other than newborns) are eligible from and after the moment you file suit for adoption.

An unmarried dependent child may continue eligibility if:
1) he or she is incapable of self-support because of a physical disability or mental incapacity that began before age 25;
2) he or she is chiefly dependent on you for support; and
3) proof of dependent's disability is provided within 31 days of request. Such requests will not be made more than once a year after this dependent reaches the limiting age. Eligibility will continue as long as the dependent relies on you for support because of a mental or physical disability that began before he or she reached the limiting age.

Dependents in active military service are not eligible. No Eligible Dependent may be enrolled under more than one

Eligible Employee. Medicare eligibility shall not affect the eligibility of an Eligible Employee or an Eligible Dependent. You must live or work in Alpha's Service Area. The permanent legal residence of any enrolled dependent must be the same as yours, or you must live or work in the Service Area and the residence of any enrolled dependent must be:

1) in Alpha's Service Area with the person having temporary or permanent conservatorship or guardianship of such dependents, where you have legal responsibility for the health care of such dependents; or

2) in Alpha's Service Area under other circumstances where you are legally responsible for the health care of such dependents; or

3) in Alpha's Service Area with your spouse; or

4) anywhere in the United States for a child whose coverage under the Program is required by a medical support order.

Premiums

This Program requires premiums to be paid to us. If you are required to pay all or any portion of the premiums, you will be advised of the amount prior to enrollment and it will be deducted from your earnings by payroll deduction, or you will be requested to pay it directly. The Client will be responsible for sending all payments of premiums to us except payments you are requested to pay directly. Should you voluntarily cancel enrollment and subsequently desire to re-enroll, all

premiums retroactive to the date of cancellation (but not to exceed 12 months) must be paid before you can re-enroll.

How to use the Program - Choice of Contract Dentist
To enroll in this Program, you must select a Contract Dentist for both yourself and any Dependent Enrollee from the list of Contract Dentists furnished during the enrollment process. If you fail to select a Contract Dentist or the Contract Dentist selected becomes unavailable, we will request the selection of another Contract Dentist or assign you to a Contract Dentist. You may change your assigned Contract Dentist by directing a request to the Customer Service department at 800-422-4234. In order to ensure that your Contract Dentist is notified and our eligibility lists are correct, changes in Contract Dentists must be requested prior to the 21st of the month for changes to be effective the first day of the following month.
EACH ENROLLEE MUST GO TO HIS OR HER ASSIGNED CONTRACT DENTIST TO OBTAIN COVERED SERVICES, EXCEPT FOR SERVICES PROVIDED BY A SPECIALTY CARE DENTIST PREAUTHORIZED BY US, OR FOR EMERGENCY DENTAL SERVICES (REFER TO SCHEDULE A). SPECIALIZED SERVICES THAT ARE NOT AUTHORIZED BY US MAY NOT BE COVERED. ANY OTHER TREATMENT PROVIDED BY AN OUT-OF-NETWORK DENTIST IS NOT COVERED UNDER THIS PROGRAM.
If your assigned Contract Dentist’s agreement with Alpha terminates, that Contract Dentist will complete (a) a partial or

full denture for which final impressions have been taken, and (b) all work on every tooth upon which work has started (such as completion of root canals in progress and delivery of crowns when teeth have been prepared).

Benefits, Limitations and Exclusions

This Program provides the Benefits described in the *Description of Benefits and Copayments* subject to the limitations and exclusions. The services are performed as deemed appropriate by your attending Contract Dentist. A Contract Dentist may provide services either personally or through associated Dentists, technicians or hygienists who may lawfully perform the services.

Copayments and Other Charges

You are required to pay any Copayments listed in the *Description of Benefits and Copayments* directly to the Dentist who provides treatment.

Emergency Dental Services

You should contact your Contract Dentist for Emergency Dental Services for covered dental procedures whenever possible. If you require Emergency Dental Services and are unable to reach your Contract Dentist, you should call Customer Service at 800-422-4234 for assistance in obtaining urgent care; or during non-business hours, you may seek immediate treatment from another Dentist and we will reimburse you for the cost of Emergency Dental Services

which exceeds your Copayment(s). Emergency Dental Services are limited to listed procedures and as described in code D9110 “Palliative (emergency) treatment of dental pain.” Further treatment must be obtained from the assigned Contract Dentist. (Refer to *Schedule A*).

Specialized Services

Specialized Services for oral surgery, endodontics, periodontics or pediatric dentistry must be referred by the assigned Contract Dentist and preauthorized by us. All preauthorized Specialized Services will be paid by us less any applicable Copayments. (Refer to *Schedule A*).

IF YOU REQUIRE SPECIALIZED SERVICES AND THERE IS NO CONTRACT SPECIALTY CARE DENTIST TO PROVIDE THESE SERVICES WITHIN 35 MILES OF YOUR HOME ADDRESS, YOUR ASSIGNED CONTRACT DENTIST MUST RECEIVE PREAUTHORIZATION FROM US TO REFER YOU TO AN OUT-OF-NETWORK DENTIST TO PROVIDE THE SPECIALZED SERVICES.

SPECIALIZED SERVICES PERFORMED BY AN OUT-OF-NETWORK DENTIST THAT ARE NOT PREAUTHORIZED MAY NOT BE COVERED.

If the services of a Contract Orthodontist are needed, please refer to Orthodontics in the *Description of Benefits and Copayments*, and the limitations and exclusions to determine which procedures are covered under this Program.

Claims for Reimbursement

Claims for covered Emergency Dental Services or preauthorized Specialized Services must be submitted to us within 90 days of the end of treatment. Valid claims received after the 90 day period will be reviewed if you can show that it was not reasonably possible to submit the claim within that time. All claims must be received within one year of the treatment date.

We will acknowledge receipt of Enrollee claims in writing and initiate investigation of claims within 15 days. The Enrollee will be requested to provide additional information, if required.

Claims submitted with all necessary information will be accepted or rejected within 15 business days of receipt. Notice of rejected claims will state the reason for the rejection. In the event additional information is required and a determination cannot be made, you will receive written notification within this 15-day period stating the reason for the delay.

All claims will be accepted or rejected within 45 days of that notice. Accepted claims will be paid not later than the fifth business day following notice of acceptance. If payment is subject to performance of an act by the Enrollee, the claim will be paid not later than the fifth business day after the date the act is performed.

In the event that we fail to pay a Contract Dentist, you will not be liable to that Dentist for any sums owed by us. Except for the provisions in *Emergency Dental Services*, if you have not received Preauthorization for treatment from an out-of-network Dentist, and we fail to pay that out-of-network

Dentist, you may be liable to that Dentist for the cost of services. For further clarification, refer to the provisions for Emergency Dental Services and Specialized Services.

Coordination of Benefits

This Program provides Benefits without regard to coverage by any other group insurance policy or any other group health benefits program if the other policy or program covers services or expenses in addition to dental care. Otherwise, Benefits provided under this Program for Specialized Services or by out-of-network Dentists are coordinated with such other group dental insurance policy or any group dental benefits program. The determination of which policy or program is primary shall be governed by the rules stated in the Contract.

When this plan is secondary, it may reduce its Benefits so that the total Benefits paid or provided by all plans during a claim determination period are not more than 100 percent of total Allowable Expenses. “Allowable Expense” is defined as a service or expense, including deductibles and Copayments, that is covered at least in part by any of the plans covering the person.

An Enrollee shall provide to us and we may release to or obtain from any insurance company or other organization, any information about the Enrollee that is needed to administer coordination of benefits. We will, in our sole discretion, determine whether any reimbursement to an insurance company or other organization is warranted under these coordination of benefits provisions, and any such

reimbursement will be deemed to be Benefits under this Program. We will have the right to recover from a Dentist, Enrollee, insurance company or other organization, as we choose, the amount of any Benefits paid by us which exceeds our obligations under these coordination of benefit provisions.

Enrollee Complaint Procedure

A complaint means any dissatisfaction expressed by an Enrollee orally or in writing about any aspect of our operation, including but not limited to dissatisfaction with administration; procedures; denial, reduction or termination of services for reasons not related to medical necessity; disenrollment decisions or the quality of dental services performed by a Contract Dentist. You may call the Customer Service department at 800-422-4234 or write to: Quality Management Department, P.O. Box 1860, Alpharetta, GA 30023-1860.

Written communication must include 1) the name of the patient, 2) the name, address, telephone number and identification number of the Primary Enrollee, 3) the name of the Client and 4) the Dentist's name and facility location.

A complaint does not include a misunderstanding or problem of misinformation which can be promptly resolved by supplying correct information to the Enrollee's satisfaction. We do not make determinations about the medical necessity of dental services and only determine if services are covered Benefits under the Contract. We will provide notification if

any dental services are not covered Benefits, stating the specific Contract provision(s).

Within five business days after receipt of an oral or written complaint, the quality management coordinator will send a letter acknowledging the date of receipt of the complaint, and a description of our complaint procedures, estimated time frames for resolution of complaints, and a request for any necessary information. If the complaint was received orally, the acknowledgement will include a one-page complaint form with instructions to return for prompt resolution of the complaint. Processing of a complaint will generally not begin until we receive the information shown above, except as noted below for complaints involving Emergency Dental Services.

The complainant may call the Customer Service department at 800-422-4234 at any time between 7:00 a.m. and 8:00 p.m., Central Time, to discuss the complaint. Those complaints requiring professional expertise shall be referred to a licensed dental consultant or, if necessary, the dental director for response. Certain complaints may also require a second opinion for a clinical evaluation of the dental services provided. Second opinions will be provided at another Contract Dentist’s facility, unless otherwise authorized by Alpha’s dental consultant. We will only pay for a second opinion that we have authorized.

We will resolve a complaint involving Emergency Dental Services within 24 hours after our receipt. Complaints that do not involve Emergency Dental Services will be resolved within 30 calendar days after receipt. We will send to the

complainant a written report which describes the complaint and our resolution. The report will contain a statement of the specific clinical and/or contractual reasons for the resolution and will advise the complainant of:

1) the specialization of any Dentist or other provider consulted;
2) a description of our appeal procedure; and
3) the time frames for our appeal process and final decision.

In the event a complainant is not satisfied with our resolution of a complaint, he/she will have the right to appeal the decision before a complaint appeal panel. Within five business days after receipt of a request for an appeal, we will send a letter acknowledging the date of receipt of the request and include a statement of the complainant's rights to:

1) appear before an appeal panel in person (or through a representative if a minor or disabled) in the area where the Enrollee received the care or at an agreed upon location; or
2) write to an appeal panel;
3) to present alternative expert testimony;
4) to present oral or written information; and
5) to question those responsible for the prior resolution.

Our appeal panel is composed of Enrollee representatives, Contract Dentist representatives and Alpha representatives in equal numbers. Contract Dentists cannot review a case in which they rendered care or a case they reviewed during our

complaint or appeal process. The panel will include a Contract Specialty Care Dentist if the quality of specialty care is at issue. Our employees cannot serve as Enrollee members.

No later than five business days before the scheduled meeting of the appeal panel, unless the complainant agrees otherwise, we shall provide to the complainant or the complainant's designated representative:

1) any documentation to be presented to the panel by us;

2) the specialization of any providers consulted during the investigation of the appeal; and

3) the name and affiliation of each Alpha representative on the panel.

We will send a written resolution of the appeal within 30 calendar days after receipt of an appeal. Investigation and resolution of appeals involving ongoing Emergency Dental Services will be concluded in accordance with the dental immediacy of the case, but no later than 24 hours after receipt of request for appeal. At the request of the Enrollee, we will provide, instead of an appeal panel, a provider who has not previously reviewed the case and who is of the same or similar specialty as ordinarily manages the procedure or treatment under appeal. The provider reviewing the appeal may interview the Enrollee or the Enrollee's designated representative and will make a decision on the appeal. Initial notice of decision of the appeal may be delivered orally, but will be followed by a written notice of the determination within three days.

Notice of our final decision will include a statement of the specific clinical and/or contract provision(s) on which the decision was based, and the toll-free telephone number and address of the Texas Department of Insurance.

Any Enrollee, including an Enrollee who has attempted to resolve a complaint through the complaint process described above, may file a complaint with the Texas Department of Insurance at P.O. Box 149091, Austin, Texas 78714-9091. The Department's toll-free telephone number is 800-252-3439.

The commissioner will investigate a complaint against us to determine our compliance with the insurance laws within 60 days after the Department receives the complaint and all information necessary for the Department to determine compliance. The commissioner may extend the time necessary to complete an investigation in the event any of the following circumstances occur:

1) additional information is needed;

2) an on-site review is necessary;

3) we, the provider, or the complainant do not provide all documentation necessary to complete the investigation; or

4) other circumstances beyond the control of the Department occur.

We will not engage in any retaliatory action (including termination or refusal to renew a Contract) against a Client, an Enrollee, or a Dentist (on behalf of an Enrollee) for filing a complaint or appealing a decision.

For group health plans subject to the Employee Retirement Income Security Act of 1974 (ERISA):
Enrollees with complaints involving a denial, modification or termination of a requested benefit or claim must file a request for review with us within 180 days after receipt. Our review will take into account all information, regardless of whether such information was submitted or considered initially. The review shall be conducted by a person who is neither the individual who reviewed the original claim, nor the subordinate of such individual. Upon request and free of charge, we will provide the Enrollee with copies of any pertinent documents that are relevant to the claim and a copy of any internal rule, guideline or protocol relied upon in making the decision. If any consulting Dentist is involved in the review, the identity of such consulting Dentist will be available upon request.
The Enrollee may also contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of the claim; to ask questions about the rights under ERISA; or bring a civil action under section 502(a) of ERISA. The address of the U.S. Department of Labor is: U.S. Department of Labor, Employee Benefits Security Administration, 200 Constitution Avenue, N.W. Washington, D.C. 20210.

Renewal and Termination of Benefits
This Program renews on the anniversary of the contract term unless we provide 60 days notice of a change in premiums or Benefits and the Client does not accept the change. All

Benefits terminate for any Enrollee as of the date that this Program is terminated, such person ceases to be eligible under the terms of this Program, or such person's enrollment is cancelled under the terms of this Program. We are not obligated to continue to provide Benefits to any such person in such event, except for completion of single procedures commenced while this Program was in effect.

Cancellation of Enrollment

Subject to the *Enrollee Complaint Procedure*, or the *Optional Continuation of Coverage* provision, an Eligible Employee's or Eligible Dependent's enrollment under this Program may be cancelled, or renewal of enrollment refused, in the following events:

1) Immediately:

a) upon loss of eligibility as described in this Evidence of Coverage; or

b) if an Enrollee engages in conduct detrimental to safe operations and the delivery of services while in a Contract Dentist's facility;

2) Upon 15 days written notice if the Enrollee knowingly commits or permits another person to commit fraud or deception in obtaining Benefits under the Program;

3) Upon 30 days written notice if:

a) the premiums are not paid by or on behalf of the Enrollee on the date due or within the 30-day premium grace period. However, the Enrollee may continue to receive Benefits during the 30-day period and may be reinstated during the term of the Contract upon payment of any unpaid

premium. If coverage is not reinstated, the Enrollee will be responsible for the cost of services rendered during the 30-day grace period; or

b) the Enrollee fails to pay Copayments. However, the Enrollee may be reinstated during the term of the Contract upon payment of all delinquent charges; or

c) a satisfactory dentist-patient relationship fails to be established with multiple contract facilities. We must show that we have, in good faith, provided the Enrollee with the opportunity to select an alternative Contract Dentist. If the Enrollee establishes a history of unsatisfactory relationships, we will notify the Enrollee in writing, at least 30 days in advance, that we consider the dentist-patient relationships to be unsatisfactory. We will also specify the changes that are necessary in order to avoid cancellation, and show that the Enrollee failed to make these changes; or

d) the Primary Enrollee or the Dependent Enrollee neither resides, lives or works in Alpha's Service Area. However, coverage for a child who is the subject of a medical support order cannot be cancelled solely because the child does not reside, live or work in Alpha's Service Area;

4) Upon 60 days written notice if the Contract is terminated or not renewed.

Cancellation of a Primary Enrollee's enrollment shall automatically cancel the enrollment of any of his or her Dependent Enrollees.

Optional Continuation of Coverage

COBRA Continuation Option

The federal Consolidated Omnibus Budget Reconciliation Act (or COBRA, pertaining to certain employers having 20 or more employees) requires that continued health care coverage be made available to “Qualified Beneficiaries” who lose health care coverage under the group plan as a result of a “Qualifying Event.” You may be entitled to continue coverage under this plan, *at your expense*, if certain conditions are met. The period of continued coverage depends on the Qualifying Event.

DEFINITIONS

The meaning of key terms used in this section is shown below.

Qualified Beneficiary means:

1) you and/or your dependents who are enrolled in the Alpha plan on the day before the Qualifying Event, or

2) a child who is born to or placed for adoption with you during the period of continued coverage, provided such child is enrolled within 30 days of birth or placement for adoption.

Qualifying Event means any of the following events which, except for the election of this continued coverage, would result in a loss of coverage under the dental plan:

Event 1. the termination of employment (other than termination for gross misconduct) or the reduction in work hours, by your employer;

Event 2. your death;

Event 3. your divorce or legal separation from your spouse;

Event 4. your dependent's loss of dependent status under the plan; and

Event 5. as to your dependents only, your entitlement to Medicare.

You or your means the Primary Enrollee.

PERIODS OF CONTINUED COVERAGE

Qualified Beneficiaries may continue coverage for 18 months following the month in which Qualifying Event 1 occurs.

This 18-month period can be extended for a total of 29 months, provided:

1) a determination is made under Title II or Title XVI of the Social Security Act that an individual is disabled on the date of the Qualifying Event or becomes disabled at any time during the first 60 days of continued coverage; and

2) notice of the determination is given to the employer during the initial 18 months of continued coverage and within 60 days of the date of the determination.

This period of coverage will end on the first day of the month that begins more than 30 days after the date of the final determination that the disabled individual is no longer disabled. You must notify your employer or Delta Dental within 30 days of any such determination.

If, during the 18 months continuation period resulting from Qualifying Event 1, your dependents, who are Qualified Beneficiaries, experience Qualifying Events 2, 3, 4 or 5, they may choose to extend coverage for up to a total of 36 months (inclusive of the period continued under Qualifying Event 1).

Your dependents, who are Qualified Beneficiaries, may continue coverage for 36 months following the occurrence of Qualifying Events 2, 3, 4 or 5.

When an employer has filed for bankruptcy under Title 11, United States Code, benefits may be substantially reduced or eliminated for retired employees and their dependents, or the surviving spouse of a deceased retired employee. If this benefit reduction or elimination occurs within one year before or one year after filing, it is considered a Qualifying Event. If the Primary Enrollee is a retiree, and has lost coverage because of this Qualifying Event, he or she may choose to continue coverage until his or her death. The Primary Enrollee's dependents who have lost coverage because of this Qualifying Event may choose to continue coverage for up to 36 months following the Primary Enrollee's death.

ELECTION OF CONTINUED COVERAGE

Your employer shall notify Alpha within 30 days of Qualifying Event 1. A Qualified Beneficiary must notify his or her employer in writing within 60 days of Qualifying Events 2, 3, 4 or 5, or within 60 days of receiving the election notice from the employer. Otherwise, the option of continued coverage will be lost.

Within 14 days of receiving notice of a Qualifying Event, the employer will provide a Qualified Beneficiary with the necessary benefits information, monthly premium charge, enrollment forms, and instructions to allow election of continued coverage.

A Qualified Beneficiary will then have 60 days to give his or her employer written notice of the election to continue

coverage. Failure to provide this written notice of election to the employer within 60 days will result in loss of the right to continue coverage.

A Qualified Beneficiary has 45 days from the written election of continued coverage to pay the initial premium to his or her employer, which includes the premium for each month since the loss of coverage. Failure to pay the required premium within the 45 days will result in loss of the right to continue coverage and any premium received after that will be returned to the Qualified Beneficiary.

CONTINUED COVERAGE BENEFITS

The Benefits under the continued coverage will be the same as those provided to active employees and their dependents who are still enrolled in the dental plan. If the employer changes the coverage for active employees, the continued coverage will change as well. Premiums will be adjusted to reflect the changes made.

TERMINATION OF CONTINUED COVERAGE

A Qualified Beneficiary's coverage will terminate at the end of the month in which any of the following events first occur:

1) the allowable number of consecutive months of continued coverage is reached;

2) failure to pay the required premiums in a timely manner;

3) the employer ceases to provide any group dental plan to its employees;

4) the individual moves out of Alpha's Service Area;

5) the individual first obtains coverage for dental Benefits, after the date of the election of continued coverage,

under another group health plan (as an employee or dependent) which does not contain or apply any exclusion or limitation with respect to any pre-existing condition of such a person, if that pre-existing condition is covered under this plan; or

6) entitlement to Medicare.

The employer shall notify Alpha within 30 days of the occurrence of any of the above events. Once continued coverage ends, it cannot be reinstated.

TERMINATION OF THE EMPLOYER'S DENTAL CONTRACT

If the dental contract between the employer and Alpha terminates prior to the time that the continuation coverage would otherwise terminate, the employer shall notify a Qualified Beneficiary either 30 days prior to the termination or when all Enrollees are notified, whichever is later, of the ability to elect continuation of coverage under the employer's subsequent dental plan, if any. The continuation coverage will be provided only for the balance of the period that a Qualified Beneficiary would have remained covered under the Alpha plan had such plan with the former employer not terminated. The employer shall notify the successor plan in writing of the Qualified Beneficiaries receiving continuation coverage so they may be notified of how to continue coverage. The continuation coverage will terminate if a Qualified Beneficiary fails to comply with the requirements pertaining to enrollment in and payment of premiums to the new group benefit plan.

OPEN ENROLLMENT CHANGE OF COVERAGE

A Qualified Beneficiary may elect to change continuation coverage during any subsequent open enrollment period, if the employer has contracted with another plan to provide coverage to its active employees. The continuation coverage under the other plan will be provided only for the balance of the period that a Qualified Beneficiary would have remained under the Alpha plan.

Group Continuation Option

An Enrollee whose coverage under the Contract ceases for any reason other than involuntary termination for cause, and who has been continuously covered under the Contract for at least three consecutive months immediately prior to such termination, may request continuation of coverage for himself or herself and any covered Dependent Enrollees, subject to the following requirements:

1) Continuation must be requested in writing, and received by the Client together with the first contribution, within 31 days after the later of (a) the date coverage would otherwise terminate, or (b) the date the Enrollee is given notice of the right to elect continuation.

2) The Enrollee must remit to the Client, monthly in advance, the amount of contribution required for continuation plus 2% of the amount of the group rate for coverage under the Contract.

3) Coverage so continued will terminate on the first of the following dates:

a. The date coverage has been in force for six months;

b. The date the Enrollee fails to remit required contributions in a timely manner;

c. With respect to any person whose coverage is being continued, the date that person becomes covered for similar benefits under any program arranged by any other group; or

d. The date on which the Contract is terminated in its entirety.

Entire Contract

This EOC, the Group Contract, the Contract Application, and any attached schedules, appendices, endorsements and riders to the Contract, constitute the entire agreement governing the Program. No amendment is valid unless approved by an executive officer of Alpha and attached to this EOC. No agent has authority to amend this EOC or waive any of its provisions.

Incontestability

In the absence of fraud or intentional misrepresentation made by you in the enrollment application, all statements made in that application are representations and not warranties. The statements are considered to be truthful and are made to the best of your knowledge and belief. A statement may not be used to void, cancel or non-renew your coverage or reduce Benefits unless (i) it is in a written enrollment application signed by you, and (ii) a signed copy of the enrollment application is or has been furnished to you or your personal representative.

Conformity with State Law

If this EOC is not in conformity with Texas laws or other applicable laws, it will not be rendered invalid but will be construed and applied as if it were in full compliance with Texas law and other applicable laws.

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under this Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2018 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

| CODE | DESCRIPTION | ENROLLEE PAYS |
|---|---|---|
| D0100-D0999 | I. DIAGNOSTIC | |
| D0120 | Periodic oral evaluation - established patient | No Cost |
| D0140 | Limited oral evaluation - problem focused | No Cost |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | No Cost |

| | | |
|---|---|---|
| D0150 | Comprehensive oral evaluation - new or established patient | No Cost |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report | No Cost |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | No Cost |
| D0171 | Re-evaluation - post-operative office visit | $5.00 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | No Cost |
| D0190 | Screening of a patient | No Cost |
| D0191 | Assessment of a patient | No Cost |
| D0210 | Intraoral - complete series of radiographic images - limited to 1 series every 24 months 1 | No Cost |
| D0220 | Intraoral - periapical first radiographic image | No Cost |
| D0230 | Intraoral - periapical each additionalradiographic image | No Cost |
| D0240 | Intraoral - occlusal radiographic image | No Cost |
| D0250 | Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector | No Cost |
| D0251 | Extraoral posterior dental radiographic image | No Cost |
| D0270 | Bitewing - single radiographic image | No Cost |

| | | |
|---|---|---|
| D0272 | Bitewings - two radiographic images | No Cost |
| D0273 | Bitewings three radiographic images | No Cost |
| D0274 | Bitewings - four radiographic images - limited to 1 series every 6 months 1 | No Cost |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | No Cost |
| D0330 | Panoramic radiographic image | No Cost |
| D0415 | Collection of microorganisms for culture and sensitivity | No Cost |
| D0425 | Caries susceptibility tests | No Cost |
| D0460 | Pulp vitality tests | No Cost |
| D0470 | Diagnostic casts | No Cost |
| D0472 | Accession of tissue, gross examination,preparation and transmission of written report | No Cost |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | No Cost |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | No Cost |
| D0601 | Caries risk assessment and documentation, with a finding of low risk - 1 every 3 years | No Cost |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk - 1 every 3 years | No |

| | | |
|---|---|---|
| | Cost | |
| D0603 | Caries risk assessment and documentation, with a finding of high risk - 1 every 3 years | No Cost |
| D0999 | Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services) | No Cost |

D1000-D1999 II. PREVENTIVE

| | | |
|---|---|---|
| D1110 | Prophylaxis cleaning - adult - 1 D1110, D1120 or D4346 per 6 month period [1] | No Cost |
| D1110 | Additional prophylaxis cleaning - adult (within the 6 month period) [1] | $45.00 |
| D1120 | Prophylaxis cleaning - child - 1 D1110, D1120 or D4346 per 6 month period [1] | No Cost |
| D1120 | Additional prophylaxis cleaning - child (within the 6 month period) [1] | $35.00 |
| D1206 | Topical application of fluoride varnish - child to age 19; 1 D1206 or D1208 per 6 month period [1] | No Cost |
| D1208 | Topical application of fluoride - excluding varnish - child to age 19; 1 D1206 or D1208 per 6 month period | No Cost |
| D1310 | Nutritional counseling for control of dental disease | No Cost |
| D1330 | Oral hygiene instructions | No Cost |
| D1351 | Sealant - per tooth - limited to permanent molars through age 15 | $5.00 |
| D1352 | Preventive resin restoration in a moderate to | |

| | | |
|---|---|---|
| | high caries risk patient - permanent tooth - limited to permanent molars through age 15 | $5.00 |
| D1353 | Sealant repair - per tooth - limited to permanent molars through age 15 | $5.00 |
| D1354 | Interim caries arresting medicament application - per tooth - child to age 19; 1 per 6 month period | No Cost |
| D1510 | Space maintainer - fixed - unilateral | $10.00 |
| D1515 | Space maintainer - fixed - bilateral | $10.00 |
| D1520 | Space maintainer - removable - unilateral | $10.00 |
| D1525 | Space maintainer - removable - bilateral | $10.00 |
| D1550 | Re-cement or re-bond space maintainer | No Cost |
| D1555 | Removal of fixed space maintainer | No Cost |
| D1575 | Distal shoe space maintainer - fixed - unilateral - child to age 9 | $10.00 |

D2000-D2999 III. RESTORATIVE

*- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*

*- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional $100.00 per crown, beyond the 6th unit.*

*- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

| | | |
|---|---|---|
| D2140 | Amalgam - one surface, primary or permanent | No Cost |
| D2150 | Amalgam - two surfaces, primary or permanent | No Cost |
| D2160 | Amalgam - three surfaces, primary or permanent | No Cost |
| D2161 | Amalgam - four or more surfaces, primary or permanent | No Cost |
| D2330 | Resin-based composite - one surface, anterior | No Cost |
| D2331 | Resin-based composite - two surfaces, anterior | No Cost |
| D2332 | Resin-based composite - three surfaces, anterior | No Cost |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | No Cost |
| D2390 | Resin-based composite crown, anterior | No Cost |
| D2391 | Resin-based composite - one surface, posterior | $45.00 |
| D2392 | Resin-based composite - two surfaces, posterior | $55.00 |
| D2393 | Resin-based composite - three surfaces, posterior | $65.00 |
| D2394 | Resin-based composite - four or more surfaces, posterior | $75.00 |
| D2510 | Inlay - metallic - one surface | No Cost |
| D2520 | Inlay - metallic - two surfaces | No Cost |

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|---|---|---|
| D2530 | Inlay - metallic - three or more surfaces | No Cost |
| D2542 | Onlay - metallic - two surfaces | No Cost |
| D2543 | Onlay - metallic - three surfaces | No Cost |
| D2544 | Onlay - metallic - four or more surfaces | No Cost |
| D2610 | Inlay - porcelain/ceramic - one surface | $135.00 |
| D2620 | Inlay - porcelain/ceramic - two surfaces | $150.00 |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces | $160.00 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | $150.00 |
| D2643 | Onlay - porcelain/ceramic - three surfaces | $165.00 |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | $175.00 |
| D2650 | Inlay - resin-based composite - one surface | $85.00 |
| D2651 | Inlay - resin-based composite - two surfaces | $95.00 |
| D2652 | Inlay - resin-based composite - three or more surfaces | $115.00 |
| D2662 | Onlay - resin-based composite - two surfaces | $110.00 |
| D2663 | Onlay - resin-based composite - three surfaces | $120.00 |
| D2664 | Onlay - resin-based composite - four or more | |

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|---|---|---|
| | surfaces | $145.00 |
| D2710 | Crown - resin-based composite (indirect) | $35.00 |
| D2712 | Crown - ¾ resin-based composite (indirect) | $35.00 |
| D2720 | Crown - resin with high noble metal | $155.00 |
| D2721 | Crown - resin with predominantly base metal | $55.00 |
| D2722 | Crown - resin with noble metal | $95.00 |
| D2740 | Crown - porcelain/ceramic | $195.00 |
| D2750 | Crown - porcelain fused to high noble metal | $195.00 |
| D2751 | Crown - porcelain fused to predominantly base metal | $95.00 |
| D2752 | Crown - porcelain fused to noble metal | $135.00 |
| D2780 | Crown - ¾ cast high noble metal | $170.00 |
| D2781 | Crown - ¾ cast predominantly base metal | $70.00 |
| D2782 | Crown - ¾ cast noble metal | $110.00 |
| D2783 | Crown - ¾ porcelain/ceramic | $195.00 |
| D2790 | Crown - full cast high noble metal | $170.00 |
| D2791 | Crown - full cast predominantly base metal | $70.00 |
| D2792 | Crown - full cast noble metal | $110.00 |
| D2794 | Crown - titanium | $195.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | No Cost |
| D2915 | Re-cement or re-bond indirectly fabricated or | |

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| | prefabricated post and core | No Cost |
| D2920 | Re-cement or re-bond crown | No Cost |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp *(anterior)* | No Cost |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth - *anterior* | $10.00 |
| D2930 | Prefabricated stainless steel crown - primary tooth | No Cost |
| D2931 | Prefabricated stainless steel crown - permanent tooth | No Cost |
| D2932 | Prefabricated resin crown - *anterior primary tooth* | $15.00 |
| D2933 | Prefabricated stainless steel crown with resin window - *anterior primary tooth* | $10.00 |
| D2940 | Protective restoration | No Cost |
| D2941 | Interim therapeutic restoration - primary dentition | No Cost |
| D2949 | Restorative foundation for an indirect restoration | No Cost |
| D2950 | Core buildup, including any pins when required | No Cost |
| D2951 | Pin retention - per tooth, in addition to restoration | No Cost |
| D2952 | Post and core in addition to crown, indirectly fabricated - *includes canal preparation* | No Cost |
| D2953 | Each additional indirectly fabricated post - same tooth - *includes canal preparation* | No Cost |

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| D2954 | Prefabricated post and core in addition to crown - *base metal post; includes canal preparation* | No Cost |
| D2957 | Each additional prefabricated post - same tooth - *base metal post; includes canal preparation* | No Cost |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | $19.00 |
| D2980 | Crown repair necessitated by restorative material failure | $10.00 |
| D2981 | Inlay repair necessitated by restorative material failure | $10.00 |
| D2982 | Onlay repair necessitated by restorative material failure | $10.00 |
| D2983 | Veneer repair necessitated by restorative material failure | $10.00 |
| D2990 | Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15* | $5.00 |

D3000-D3999 IV. ENDODONTICS

| | | |
|---|---|---|
| D3110 | Pulp cap - direct (excluding final restoration) | No Cost |
| D3120 | Pulp cap - indirect (excluding final restoration) | No Cost |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | No Cost |

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| D3221 | Pulpal debridement, primary and permanent teeth | $5.00 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | No Cost |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | $5.00 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | $5.00 |
| D3310 | *Root canal* - endodontic therapy, anterior tooth (excluding final restoration) | $45.00 |
| D3320 | *Root canal* - endodontic therapy, premolar tooth (excluding final restoration) | $90.00 |
| D3330 | *Root canal* - endodontic therapy, molar tooth (excluding final restoration) | $205.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | $45.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | $45.00 |
| D3333 | Internal root repair of perforation defects | $45.00 |
| D3346 | Retreatment of previous root canal therapy - anterior | $60.00 |
| D3347 | Retreatment of previous root canal therapy - premolar | $105.00 |
| D3348 | Retreatment of previous root canal therapy - molar | $220.00 |
| D3351 | Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root | |

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| | resorption, etc.) | $70.00 |
| D3352 | Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) | $45.00 |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | $45.00 |
| D3410 | Apicoectomy - anterior | No Cost |
| D3421 | Apicoectomy - premolar (first root) | No Cost |
| D3425 | Apicoectomy - molar (first root) | No Cost |
| D3426 | Apicoectomy (each additional root) | No Cost |
| D3427 | Periradicular surgery without apicoectomy | No Cost |
| D3430 | Retrograde filling - per root | No Cost |
| D3450 | Root amputation - per root | No Cost |
| D3920 | Hemisection (including any root removal), not including root canal therapy | No Cost |

D4000-D4999 V. PERIODONTICS

*- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

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|---|---|---|
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | $80.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | $50.00 |

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| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | $50.00 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | $80.00 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | $50.00 |
| D4245 | Apically positioned flap | $75.00 |
| D4249 | Clinical crown lengthening - hard tissue | $75.00 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | $175.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | $140.00 |
| D4263 | Bone replacement graft - retained natural tooth - first site in quadrant | $195.00 |
| D4264 | Bone replacement graft - retained natural tooth - each additional site in quadrant | $60.00 |
| D4270 | Pedicle soft tissue graft procedure | $195.00 |
| D4274 | Mesial/distal wedge procedure, single tooth | |

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| | (when not performed in conjunction with surgical procedures in the same anatomical area) | $45.00 |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft | $195.00 |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site | $195.00 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months* | No Cost |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months* | No Cost |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *1 D1110, D1120 or D4346 per 6 month period* | No Cost |
| D4355 | Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months* | No Cost |
| D4910 | Periodontal maintenance - limited to 1 treatment each 6 month period | No Cost |
| D4910 | Additional periodontal maintenance (within the 6 month period) | $55.00 |

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| D4921 | Gingival irrigation - per quadrant | No Cost |

D5000-D5899 VI. PROSTHODONTICS (removable)

*- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*

*- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*

*- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

| | | |
|---|---|---|
| D5110 | Complete denture - maxillary | $100.00 |
| D5120 | Complete denture - mandibular | $100.00 |
| D5130 | Immediate denture - maxillary | $120.00 |
| D5140 | Immediate denture - mandibular | $120.00 |
| D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | $80.00 |
| D5212 | Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | $80.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | $120.00 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | $120.00 |
| D5221 | Immediate maxillary partial denture - resin base (including any conventional clasps, rests and | |

| | | |
|---|---|---|
| | teeth) | $80.00 |
| D5222 | Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | $80.00 |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | $120.00 |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | $120.00 |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | $170.00 |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | $170.00 |
| D5410 | Adjust complete denture - maxillary | No Cost |
| D5411 | Adjust complete denture - mandibular | No Cost |
| D5421 | Adjust partial denture - maxillary | No Cost |
| D5422 | Adjust partial denture - mandibular | No Cost |
| D5511 | Repair broken complete denture base, mandibular | $15.00 |
| D5512 | Repair broken complete denture base, maxillary | $15.00 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | $5.00 |
| D5611 | Repair resin partial denture base, | |

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|---|---|---|
| | mandibular | $15.00 |
| D5612 | Repair resin partial denture base, maxillary | $15.00 |
| D5621 | Repair cast partial framework, mandibular | $15.00 |
| D5622 | Repair cast partial framework, maxillary | $15.00 |
| D5630 | Repair or replace broken clasp - per tooth | $15.00 |
| D5640 | Replace broken teeth - per tooth | $5.00 |
| D5650 | Add tooth to existing partial denture | $5.00 |
| D5660 | Add clasp to existing partial denture - per tooth | $5.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | $75.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | $75.00 |
| D5710 | Rebase complete maxillary denture | $35.00 |
| D5711 | Rebase complete mandibular denture | $35.00 |
| D5720 | Rebase maxillary partial denture | $35.00 |
| D5721 | Rebase mandibular partial denture | $35.00 |
| D5730 | Reline complete maxillary denture (chairside) | No Cost |
| D5731 | Reline complete mandibular denture (chairside) | No Cost |
| D5740 | Reline maxillary partial denture (chairside) | No Cost |
| D5741 | Reline mandibular partial denture (chairside) | No |

| | | Cost |
|---|---|---|
| D5750 | Reline complete maxillary denture (laboratory) | $35.00 |
| D5751 | Reline complete mandibular denture (laboratory) | $35.00 |
| D5760 | Reline maxillary partial denture (laboratory) | $35.00 |
| D5761 | Reline mandibular partial denture (laboratory) | $35.00 |
| D5820 | Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months* | $45.00 |
| D5821 | Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months* | $45.00 |
| D5850 | Tissue conditioning, maxillary | No Cost |
| D5851 | Tissue conditioning, mandibular | No Cost |

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- *When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional $100.00 per unit, beyond the 6th unit.*
- *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

| | | |
|---|---|---|
| D6210 | Pontic - cast high noble metal | $170.00 |

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| D6211 | Pontic - cast predominantly base metal | $70.00 |
| D6212 | Pontic - cast noble metal | $110.00 |
| D6240 | Pontic - porcelain fused to high noble metal | $195.00 |
| D6241 | Pontic - porcelain fused to predominantly base metal | $95.00 |
| D6242 | Pontic - porcelain fused to noble metal | $135.00 |
| D6245 | Pontic - porcelain/ceramic | $195.00 |
| D6250 | Pontic - resin with high noble metal | $155.00 |
| D6251 | Pontic - resin with predominantly base metal | $55.00 |
| D6252 | Pontic - resin with noble metal | $95.00 |
| D6600 | Retainer inlay - porcelain/ceramic, two surfaces | $150.00 |
| D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces | $160.00 |
| D6602 | Retainer inlay - cast high noble metal, two surfaces | $100.00 |
| D6603 | Retainer inlay - cast high noble metal, three or more surfaces | $100.00 |
| D6604 | Retainer inlay - cast predominantly base metal, two surfaces | No Cost |
| D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces | No Cost |
| D6606 | Retainer inlay - cast noble metal, two surfaces | $40.00 |
| D6607 | Retainer inlay - cast noble metal, three or more | |

| | | |
|---|---|---|
| | surfaces | $40.00 |
| D6608 | Retainer onlay - porcelain/ceramic, two surfaces | $150.00 |
| D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | $165.00 |
| D6610 | Retainer onlay - cast high noble metal, two surfaces | $100.00 |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces | $100.00 |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces | No Cost |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | No Cost |
| D6614 | Retainer onlay - cast noble metal, two surfaces | $40.00 |
| D6615 | Retainer onlay - cast noble metal, three or more surfaces | $40.00 |
| D6720 | Retainer crown - resin with high noble metal | $155.00 |
| D6721 | Retainer crown - resin with predominantly base metal | $55.00 |
| D6722 | Retainer crown - resin with noble metal | $95.00 |
| D6740 | Retainer crown - porcelain/ceramic | $195.00 |
| D6750 | Retainer crown - porcelain fused to high noble metal | $195.00 |
| D6751 | Retainer crown - porcelain fused to predominantly base metal | $95.00 |
| D6752 | Retainer crown - porcelain fused to noble | |

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|---|---|---|
| | metal | $135.00 |
| D6780 | Retainer crown - ¾ cast high noble metal | $170.00 |
| D6781 | Retainer crown - ¾ cast predominantly base metal | $70.00 |
| D6782 | Retainer crown - ¾ cast noble metal | $110.00 |
| D6783 | Retainer crown - ¾ porcelain/ceramic | $195.00 |
| D6790 | Retainer crown - full cast high noble metal | $170.00 |
| D6791 | Retainer crown - full cast predominantly base metal | $70.00 |
| D6792 | Retainer crown - full cast noble metal | $110.00 |
| D6930 | Re-cement or re-bond fixed partial denture | No Cost |
| D6940 | Stress breaker | No Cost |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | $10.00 |

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

| | | |
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| D7111 | Extraction, coronal remnants - primary tooth | No Cost |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | No Cost |

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| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | $15.00 |
| D7220 | Removal of impacted tooth - soft tissue | $25.00 |
| D7230 | Removal of impacted tooth - partially bony | $50.00 |
| D7240 | Removal of impacted tooth - completely bony | $70.00 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | $90.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | No Cost |
| D7251 | Coronectomy - intentional partial tooth removal | $90.00 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | $50.00 |
| D7280 | Exposure of an unerupted tooth | $85.00 |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | $85.00 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | No Cost |
| D7286 | Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures* | No Cost |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per | |

| | | |
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| | quadrant | No Cost |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | No Cost |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | No Cost |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | No Cost |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | No Cost |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | No Cost |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | No Cost |
| D7472 | Removal of torus palatinus | No Cost |
| D7473 | Removal of torus mandibularis | No Cost |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | No Cost |
| D7960 | Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure | No Cost |
| D7970 | Excision of hyperplastic tissue - per arch | $50.00 |
| D7971 | Excision of pericoronal gingiva | $50.00 |

D8000-D8999 XI. ORTHODONTICS

*- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed $125.00, may apply.*
*- The Retention Copayment includes adjustments and/or office visits up to 24 months.*

*Pre and post orthodontic records include:*

*The benefit for pre-treatment records and diagnostic services includes:* $200.00

| | | |
|---|---|---|
| D0210 | Intraoral - complete series of radiographic images | |
| D0322 | Tomographic survey | |
| D0330 | Panoramic radiographic image | |
| D0340 | 2D cephalometric radiographic image - acquisition, measurement and analysis | |
| D0350 | 2D oral/facial photographic images obtained intraorally or extraorally | |
| D0351 | 3D photographic image | |
| D0470 | Diagnostic casts | |
| | The benefit for post-treatment records includes: | $70.00 |
| D0210 | Intraoral - complete series of radiographic images | |
| D0470 | Diagnostic casts | |
| D8010 | Limited orthodontic treatment of the primary dentition | $950.00 |
| D8020 | Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19* | $950.00 |

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| D8030 | Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19* | $950.00 |
| D8040 | Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* | $1,150.00 |
| D8050 | Interceptive orthodontic treatment of the primary dentition | $950.00 |
| D8060 | Interceptive orthodontic treatment of the transitional dentition | $950.00 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19* | $1,700.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19* | $1,700.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* | $1,900.00 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | $25.00 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of *removable* retainers) | $275.00 |
| D8681 | Removable orthodontic retainer adjustment | No Cost |
| D8999 | Unspecified orthodontic procedure, by report - *includes treatment planning session* | $100.00 |

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

| | | |
|---|---|---|
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | $5.00 |
| D9211 | Regional block anesthesia | No Cost |
| D9212 | Trigeminal division block anesthesia | No Cost |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | No Cost |
| D9219 | Evaluation for deep sedation or general anesthesia | No Cost |
| D9222 | Deep sedation/general anesthesia - first 15 minutes | $80.00 |
| D9223 | Deep sedation/general anesthesia - each subsequent 15 minute increment | $80.00 |
| D9239 | Intravenous moderate (conscious) sedation/analgesia - first 15 minutes | $80.00 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment | $80.00 |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | No Cost |
| D9311 | Consultation with medical health care professional | No Cost |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | $5.00 |
| D9440 | Office visit - after regularly scheduled hours | $20.00 |
| D9450 | Case presentation, detailed and extensive | |

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|---|---|---|
| | treatment planning | No Cost |
| D9932 | Cleaning and inspection of removable complete denture, maxillary | No Cost |
| D9933 | Cleaning and inspection of removable complete denture, mandibular | No Cost |
| D9934 | Cleaning and inspection of removable partial denture, maxillary | No Cost |
| D9935 | Cleaning and inspection of removable partial denture, mandibular | No Cost |
| D9940 | Occlusal guard, by report - *limited to 1 in 3 years* | $95.00 |
| D9943 | Occlusal guard adjustment | $10.00 |
| D9951 | Occlusal adjustment, limited | $20.00 |
| D9952 | Occlusal adjustment, complete | $40.00 |
| D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self-treatment* | $125.00 |
| D9986 | Missed appointment - without 24 hour notice - per 15 minutes of appointment time | $10.00 |
| D9987 | Canceled appointment - without 24 hour notice - per 15 minutes of appointment time | $10.00 |
| D9991 | Dental case management - addressing appointment compliance barriers | No Cost |
| D9992 | Dental case management - care coordination | No Cost |
| D9995 | Teledentistry - synchronous; real-time encounter | No Cost |
| D9996 | Teledentistry - asynchronous; information stored | |

| | |
|---|---|
| and forwarded to dentist for subsequent review | No Cost |

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Alpha. The Enrollee pays the Copayment specified for such services.

FOOTNOTES

[1] *Frequency limitations do not apply when services are needed more frequently due to medical necessity as determined by the Contract Dentist.*

SCHEDULE B

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments.*

2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional $100.00 above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).

4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Alpha, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist’s usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

6. Benefits for dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this Program are limited as follows:

Upon request of a newly covered Enrollee, Alpha will provide Benefits for the completion of covered services begun prior to the time his or her coverage became effective. Alpha will not provide coverage for incomplete services that are not otherwise Benefits under the terms and conditions of the Contract. Enrollees may request completion of treatment in progress by calling the Customer Service department at 800 422-4234 during normal business hours, or by sending a written request to Alpha.

Whenever possible, an Enrollee should complete treatment in progress with the Dentist who initiated the service. If such Dentist is an out-of-network Dentist, that Dentist must agree to the same terms and conditions that apply to an in-network Dentist in order for Alpha to provide Benefits. Copayments and other cost sharing components will apply. Benefits may be adjusted so that the total paid by the Enrollee and/or coverage provided by all plans is not more than 100% of total Allowable Expenses (as defined in the Coordination of Benefits section of the Contract).

Should the Enrollee be unable to complete treatment with the Dentist who initiated the service, Alpha will make reasonable and appropriate arrangements for completion of such treatment by a Contract Dentist.

7. Orthodontic treatment in progress is limited to new Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer

sponsored dental plan, as long as they continue to be eligible under this Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Alpha is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A*, *Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
   b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Dental Services* as described in *Schedule A*.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Lost, stolen or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by accident of any kind.

15. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedure D9940 (occlusal guard, by report).
16. Composite or ceramic brackets, lingual adaption of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

Glossary

The following dental terms have the meanings indicated:

Abrasion - The abnormal wearing away of the tooth by chewing, incorrect brushing methods, grinding or similar causes.

Alveoloplasty - A surgical procedure to reshape the jaw bones to achieve normal bone contour in preparation for tooth replacement via denture, partials or bridges.

Amalgam - A metal alloy used in filling teeth.

Apicoectomy - The surgical removal of the root tip.

Appliance - A device used to provide function or therapeutic effect.

Attrition - The normal loss of tooth substance resulting from friction during chewing.

Banding - Application of preformed stainless steel rings that are fitted around the teeth and cemented in place.

Banding dentition - Treatment of a tooth which involves banding (for orthodontic purposes).

Cephalometric x-rays - X-rays used in studying the measurements of the head in relation to specific soft tissue and bony reference points.

Cleft palate - A birth defect resulting in an incomplete closure or formation of the palate.

Debridement - The removal of plaque and tartar, above and below the gumline, which makes the ability to evaluate the gum condition difficult.

Equilibration - Changing the occlusal forms of the teeth by selective grinding, with the interest of balancing occlusal stresses more evenly on the teeth.

Erosion - Chemical or mechanical destruction of tooth substance, the mechanism of which is incompletely known, that leads to the creation of a depression in the tooth surface at the gumline.
Exostosis - An excessive growth of bone.
Expansion appliance - An appliance used to widen a dental arch to increase the room available for permanent teeth and/or to correct the bite.
Frenum - The fibers that attach the cheek, lips or tongue to the tissue lining the mouth.
Frenectomy - Surgical removal or loosening of the frenum.
Functional appliance - An appliance used to achieve minor tooth movement, to strengthen the muscles of the oral cavity or to maintain space created by the loss or delayed eruption of the teeth.
Gingiva - The soft tissue which covers a tooth or the gum surrounding a tooth.
Gingivectomy - The surgical removal of the unsupported gingiva to the level where it is attached.
Gingivoplasty - Surgical contouring of the gingiva to facilitate maintenance of tissue health and integrity.
Headgear - An apparatus encircling the head or neck that provides attachment for an intraoral appliance in use of extraoral anchorage.
Implant - A device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement of a missing tooth.
Lingual - Pertaining to the tongue.

Macrognathia - A definite overgrowth of the mandible and maxilla.
Mandible - The lower jaw.
Mandibular - Pertaining to the lower jaw.
Maxilla - The upper jaw.
Maxillary - Pertaining to the upper jaw.
Micrognathia - An abnormal smallness of the jaws, especially the mandible.
Myofunctional therapy - Training to curb or eliminate abnormal muscle function of the oral cavity.
Occlusal - The chewing surfaces of the posterior teeth.
Occlusion - The contact between the upper and lower teeth when in a closed position.
Orthodontic appliance - Any appliance used to apply forces for tooth movement during orthodontic treatment.
Palate - The roof of the mouth.
Palatal - Pertaining to the roof of the mouth.
Palliative - Action that relieves pain but does not cure the cause of the pain.
Panoramic film - An x-ray that offers a full view of the entire length of the jaws in a single x-ray.
Pediatric or Pedodontic - Pertaining to children.
Periapical - The area surrounding or enclosing the root tip of a tooth.
Periodontitis - Gingival changes that occur due to infection and loss of attachment between the tooth and gums. Periodontitis is a long-term progressive disease.
Periradicular - Around the root.
Pontic - The term used for the artificial tooth on a bridge.

Prophylaxis - The removal of plaque, tartar and stains on the crown portion of the teeth, including polishing.
Pulp cap - The covering of an exposed dental nerve with material that protects it from foreign irritants.
Quadrant - One of the four equal sections into which the dental arches can be divided; begins at the middle of the arch and goes to the last tooth on either side.
Rebase - Process of refitting a denture by replacing the acrylic base material.
Resin - Broad term used to indicate an organic substance that is usually tooth colored. Composite resin used in filling teeth, most often in the front of the mouth.
Retainer - An appliance used to maintain the positions of the teeth and jaws gained by orthodontic procedures.
Retrograde filling - A method of sealing the root canal by preparing and filling it from the root tip.
Root planing - A procedure designed to remove bacteria, tartar and diseased root tissue from the root surfaces. Often referred to as “deep cleaning.”
Sealant - Application of a resin material to the biting surfaces of the permanent molars to seal the surface crevices to prevent the formation of decay.
Study model - A positive likeness of dental structures (teeth and adjoining tissues) for the purpose of study and treatment planning.
Supernumerary - Any tooth in excess of the 32 normal permanent teeth.
Temporomandibular joint - The joint formed by the connection of the lower jaw to the skull.

SAMPLE

Tracing - As it relates to orthodontic treatment, a tracing is a line drawing of pertinent features of a cephalometric x-ray made on a piece of transparent paper placed over an x-ray. The tracing provides measurements of soft tissue and bony reference points that aid in predicting growth patterns and orthodontic diagnosis and treatment planning.

Trigeminal nerve - The main nerve that provides feeling to the muscles and tissues of the face, jaws and teeth.

Vertical dimension - The vertical height of the face with teeth in occlusion.

SAMPLE

Non-Discrimination Disclosure

## Discrimination is Against the Law

Delta Dental complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. Delta Dental does not exclude people or treat them differently because of their race, color, national origin, age, disability, or sex.

Coverage for medically necessary health services are available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender. Delta Dental will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. Delta Dental will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual.

If you believe that Delta Dental has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance electronically online, over the phone with a customer service representative, or by mail.

Delta Dental
Box 997330
Sacramento,CA95899-7330
Telephone Number 1-866-530-9675
Website Address: deltadentalins.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint

Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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Delta Dental provides free aids and services to people with disabilities to communicate effectively with us, such as:

- qualified sign language interpreters
- written information in other formats (large print, audio, accessible electronic formats, other formats)

Delta Dental also provides free language services to people whose primary language is not English, such as:

- qualified interpreters
- information written in other languages

If you need these services, contact Delta Dental customer Service 1-866-530-9675.

Protect your oral health. Prevention is the key to avoiding tooth and gum problems. Care for your teeth at home with regular brushing and flossing. It’s also important to visit your dentist. Regular exams and cleanings can help catch dental problems early. To learn more about prevention and avoiding dental problems, ask your dentist. You can also visit our website at deltadentalins.com/oral_health. You’ll find oral health articles, videos and other tools and tips for *Grin!*, our free dental health e-magazine.

SAMPLE

SAMPLE

If you have any questions or need additional information, call or write:

Toll Free
800-422-4234
*Administered by:*
Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023

Delta Dental is a registered mark of
Delta Dental Plans Association

SAMPLE

ADP-EOC-5(2005) EOC_TX10A_V18_07.09.2018

**RFP Articles IX, Sections C.5. – C.5.c. - Submit a proposed EOC on a separate CD-ROM (with tracked changed modifications if a current Vendor, no tracked changes if a new Vendor) for DHMO**

Please refer to the attachment entitled ***Proposed EOC – DHMO,*** provided on a separate CD-ROM. Proposed EOC does not reflect exact benefits being quoted.

# DeltaCare® USA

**Can we help?**
Visit our website at
**deltadentalins.com/deltacare**

<<FirstName>> <<LastName>>
<<Address>>
<<City>>, <<State>> <<Zip>>

Your plan
**DeltaCare® USA**
**<<Plan Name>>**

<<Date>>

## Welcome, <<FirstName>>! We're glad to have you as a customer.

Learn how to make the most of your plan at **deltadentalins.com/deltacare.**

**Ready to get started?**

**Manage your account online**

Once you've registered for an online account at **deltadentalins.com/deltacare**, you can review plan information, access your ID card, view or change assigned dentist and contact Customer Service.

**Go paperless**

For faster, convenient access to your documents, click the "My Profile" tab and select "Online" for your document delivery preference.

**Know your dentist**

You must visit your selected primary care DeltaCare USA dentist to use plan benefits. Find information about your selected dentist on the back of this letter.

**Visit your dentist**

You don't need a paper ID card, but we've provided these for your reference. Just give the dentist your name, date of birth and Social Security or Enrollee ID Number.

DeltaCare® USA

Enrollee: John Doe Garcia
Enrollee ID: ##########
Group ID: #####-#####
Plan: DeltaCare® USA
provided by Alpha Dental Programs, Inc.

DeltaCare® USA

Enrollee: John Doe Garcia
Enrollee ID: ##########
Group ID: #####-#####
Plan: DeltaCare® USA
provided by Alpha Dental Programs, Inc.

Dentist Facilities

<<Facility#>>
<<FacilityName>>
<<FacilityAddress>>
<<FacilityCity>>, <<FacilityState>> <<FacilityZip>>

If you decide you want to change dentist facilities, it's easy. Use our Find a dentist tool to search for a dentist in your network. Then use the Contact Us link to send your request through our website or call Customer Service. Change requests made by the 21st of the month are effective the first day of the following month.

## Questions?

Contact us:

| | | | | | |
|---|---|---|---|---|---|
| **Phone:** | <<Phone#>><br><<CS Hours>> | **TTY/TTD:** | 7-1-1<br>Available 24/7 | **Write:** | DeltaCare USA Customer Service<br>P.O. Box 1803<br>Alpharetta, GA 30023 |

We are committed to protecting your privacy. View our privacy notices at: **deltadentalins.com/about/privacy**.

Enclosures: Language Assistance Statement, Plan Booklet, Notice of Privacy Practices, Non-Discrimination Disclosure and Enrollee Notices.

Protect your oral health. Prevention is the key to avoiding tooth and gum problems. Care for your teeth at home with regular brushing and flossing. It's also important to visit your dentist. Regular exams and cleanings can help catch dental problems early. To learn more about prevention and avoiding dental problems, ask your dentist. You can also visit our website at deltadentalins.com/oral_health. You'll find oral health articles, videos and other tools and tips for caring for your teeth. Don't forget to sign up for Grin!, our free dental health e-magazine.

<<Insert disclosure here>>

Applicable disclaimer goes here.

Visit our website:
**deltadentalins.com/deltacare**

Applicable disclaimer goes here.

Visit our website:
**deltadentalins.com/deltacare**

# Welcome to Delta Dental

## Employees Retirement System of Texas

DELTA DENTAL®

# Why
# Delta D

# Delta Dental keeps you smiling

That’s why 75 million enrollees choose us

More savings

More dentists

More satisfaction

DELTA DENTAL®

# Stay smiling with Delta Dental

**94%**

of enrollees are satisfied with Delta Dental

**97%**

of enrollees stay with Delta Dental

DELTA DENTAL®

# Service
## with a smile

# Contact Customer Service

## Get help by phone or online

- ✓ Call us toll-free at 800-521-2651 (PPO) or

Contact Us > Delta Dental Insurance Company > Customer Service Form

DELTA DENTAL®

# ¿Habla español?

## Nosotros también

- ✓ Ayuda para inscribirse
- ✓ Información sobre la salud dental
- ✓ Detalles de los beneficios
- ✓ Representantes de servicio al cliente
- ✓ Servicio de asistencia en su idioma
- ✓ Sitio web en **es.deltadentalins.com**

DELTA DENTAL®

# Learn about your plan

# Comprehensive coverage

## DeltaCare® USA: a prepaid, fixed copayment plan

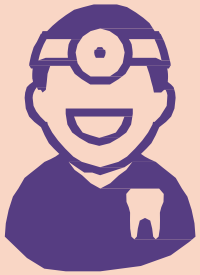
- ✓
- ✓
- ✓
- ✓

DELTA DENTAL®

# How DeltaCare USA works

## Getting dental care is easy

1

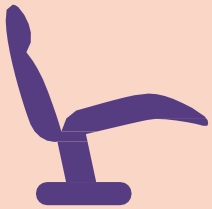


Choose a primary care dentist online or by phone

2

Make an appointment

3



Visit the dentist

4

Pay your copayment (if any)

# Specialty and emergency coverage

## DeltaCare® USA

- ✓ If you need specialty care, your primary care dentist will refer you
- ✓ Your primary care dentist requests authorization for specialty services
- ✓ Plan includes out-of-network coverage for emergencies

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE SLIDE

# Enjoy expanded coverage

DeltaCare® USA

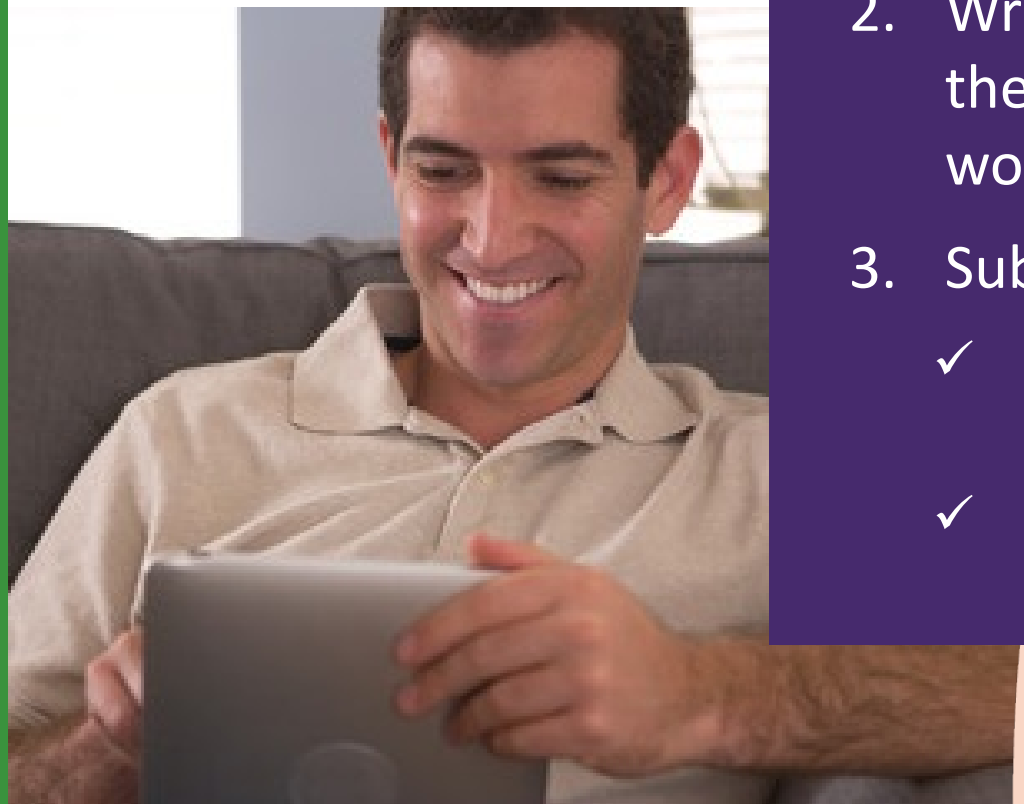
Your plan includes coverage for:

- ✓ Topical fluoride treatment
- ✓ Anti-microbial treatment
- ✓ Veneers for front teeth

DELTA DENTAL®

# How to pick your dentist

DeltaCare® USA



1. Go to **deltadentalins.com** to browse the DeltaCare USA dentists in your area.
2. Write down the facility number of the primary care dentist you would like.
3. Submit your request.
   - ✓ Online: Create an Online Services account at **deltadentalins.com**
   - ✓ By phone: Call Customer Service at **800-422-4234**

DELTA DENTAL®

# Switch from another plan

## DeltaCare® USA

- ✓ Coverage begins when your plan starts.
- ✓ Pre-existing conditions and missing teeth are covered.
- ✓ If you're undergoing orthodontic treatment, you may be able to stay with your current orthodontist.

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP

# All about braces

DeltaCare® USA

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP

# What's covered?

Your DeltaCare® USA plan

## Deductibles and maximums

None

## Diagnostic and preventive services

| | |
|---|---|
| **Cleanings** | $x |
| **Exams** | $x |
| **Bitewing x-rays** | $x |

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP

# What's covered? (continued)

Your DeltaCare® USA plan

| Basic services | |
|---|---|
| **Amalgam fillings** | $xx |
| **Root canals** | $xx |
| **Scaling and root planing** | $xx |
| **Major services** | |
| **Crown** | $xxx |
| **Denture** | $xxx |
| **Implant** | $xxx |

# What's covered? (continued)

Your DeltaCare® USA plan

| Comprehensive orthodontic treatment | |
|---|---|
| **Children** | $1,700 copayment plus pre- and post-treatments costs |
| **Adults** | $1,900 copayment plus pre- and post-treatments costs |

# Delta Dental PPO℠

# Your smile is covered

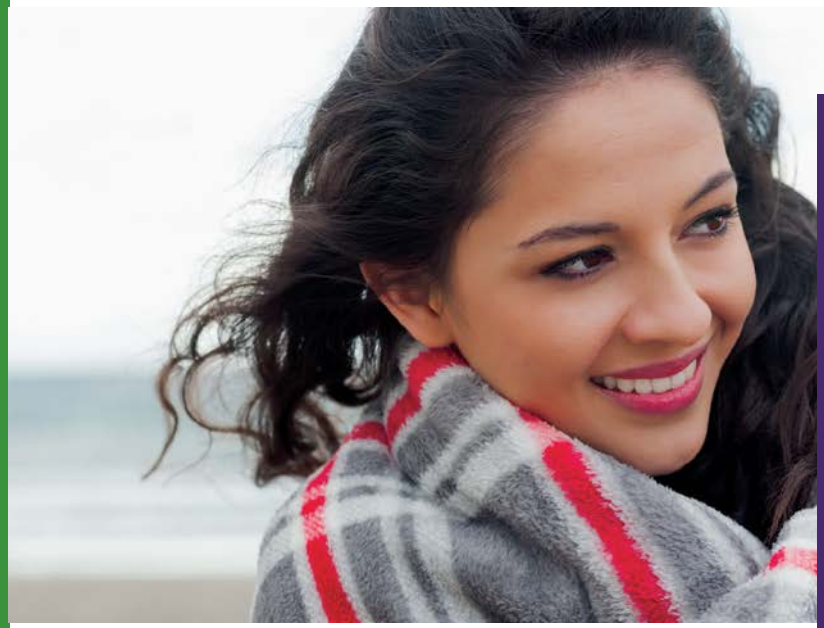
## Delta Dental PPO℠

- ✓ You can visit any licensed dentist
  - ✓ Visit a PPO dentist to save the most.
  - ✓ You won’t be charged more than your expected share of the bill.

DELTA DENTAL®

# Your smile is covered

## Delta Dental PPO℠



- ✓ You don’t need an ID card to check in.
- ✓ We’ll coordinate dual coverage.
- ✓ Create an Online Services account to check your benefits and claims online.

DELTA DENTAL®

# Pre-treatment estimate

It’s easy to plan for dental expenses

Ask your dentist for an estimate

Dentist sends details to Delta Dental

You and your dentist receive a cost estimate

DELTA DENTAL®

# Emergency coverage

- Visit any dentist worldwide and receive benefits
- Submit a claim for reimbursement

DELTA DENTAL®

# The Delta Dental Difference®

# Delta Dental PPO℠

## The Delta Dental Difference®

DELTA DENTAL®

# Network advantage

## The Delta Dental Difference®

2 levels of savings:

**PPO network**

25-35%

average discount

**Premier network**

8-16%

average discount

160,000 network dentists

352,000 locations

79% of all U.S. dentists are in a Delta Dental network

DELTA DENTAL®

CUSTOMIZE EXAMPLE FOR YOUR GROUP

# Choose PPO to save

## Claim example: Crown, covered at 50%

| | Delta Dental PPO℠ | Delta Dental Premier® | Non-Delta Dental dentist |
|---|---|---|---|
| **Dentist charges** | $1,200 | $1,200 | $1,200 |
| **Plan allowance** | $700 | $900 | $900 |
| **Your plan pays** | $350 | $450 | $450 |
| **You pay** | **$350** | **$450** | **$750** |

This is for illustrative purposes only. Assume no maximums or deductibles apply.

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE

# Compare PPO and DeltaCare USA

## Deductibles and maximums

| | Delta Dental PPO℠ | DeltaCare® USA |
|---|---|---|
| Deductible<br>Per calendar year | $xx per person<br>$xx per family<br>Waived for D&P | None |
| Annual maximum<br>Per calendar year | $x,xxx per person | None |
| Orthodontic lifetime maximum | $x,xxx per person | None |

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE

# Compare PPO and DeltaCare USA

## Deductibles and maximums

| | Delta Dental PPO℠ | | DeltaCare® USA |
|---|---|---|---|
| | PPO dentist | Non-PPO dentist | |
| Deductible<br>Per calendar year | $xx per person<br>$xx per family<br>Waived for D&P | $xx per person<br>$xx per family | No deductible |
| Annual maximum<br>Per calendar year | $x,xxx per person | $x,xxx per person | No maximum |
| Orthodontic lifetime maximum | $x,xxx per person | $x,xxx per person | No orthodontic lifetime maximum |

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE

# Compare PPO and DeltaCare USA

## Deductibles and maximums

| | Delta Dental PPO℠ | | | DeltaCare® USA |
|---|---|---|---|---|
| | PPO dentist | Premier dentist | Non–Delta Dental dentist | |
| Deductible per calendar year | $xx per person<br>$xx per family<br>Waived for D&P | $xx per person<br>$xx per family | $xx per person<br>$xxx per family | None |
| Annual maximum per calendar year | $x,xxx per person | $x,xxx per person | $xxx per person | None |
| Orthodontic lifetime maximum | $x,xxx per person | $x,xxx per person | $x,xxx per person | None |

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE

# Compare PPO and DeltaCare USA

## What's covered: Diagnostic & preventive care

| | Delta Dental PPO℠ | DeltaCare® USA |
|---|---|---|
| Dental exam | Plan pays xx% | $xx |
| Cleaning | Plan pays xx% | $xx |
| Sealants (under age 16) | Plan pays xx% | $xx |
| Fluoride treatment (under age 19) | Plan pays xx% | $xx |

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE

# Compare PPO and DeltaCare USA

## What's covered: Diagnostic & preventive care

| | Delta Dental PPO℠ | | DeltaCare® USA |
|---|---|---|---|
| | PPO dentist | Non-PPO dentist | |
| Dental exam | Plan pays xx% | Plan pays xx% | $xx |
| Child cleaning | Plan pays xx% | Plan pays xx% | $xx |
| Adult cleaning | Plan pays xx% | Plan pays xx% | $xx |
| Sealants (under age 16) | Plan pays xx% | Plan pays xx% | $xx |
| Fluoride treatment (under age 19) | Plan pays xx% | Plan pays xx% | $xx |

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE

# Compare PPO and DeltaCare USA

## What's covered: Diagnostic & preventive care

| | Delta Dental PPO℠ | | | DeltaCare® USA |
|---|---|---|---|---|
| | PPO dentist | Premier dentist | Non–Delta Dental dentist | |
| Dental exam | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |
| Child cleaning | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |
| Adult cleaning | Plan pays xx% | Plan pays xx% | Plan pays x% | $xx |
| Sealants (under age 16) | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |
| Fluoride treatment (under age 19) | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |

DELTA DENTAL

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE

# Compare PPO and DeltaCare USA

## What's covered: Basic services

| | Delta Dental PPO℠ | DeltaCare® USA |
|---|---|---|
| | Your plan pays | Your copayment |
| Amalgam (silver) filling, back tooth | Plan pays xx% | $xx |
| Resin (white) filling, front tooth | Plan pays xx% | $xx |
| Root canal, back tooth | Plan pays xx% | $xx |
| Periodontal scaling and root planing | Plan pays xx% | $xx |
| Oral surgery | Plan pays xx% | $xx |

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE

# Compare PPO and DeltaCare USA

## What's covered: Basic services

| | Delta Dental PPO℠ | | DeltaCare® USA |
|---|---|---|---|
| | PPO dentist | Non-PPO dentist | |
| Amalgam (silver) filling, back tooth | Plan pays xx% | Plan pays xx% | $xx |
| Resin (white) filling, front tooth | Plan pays xx% | Plan pays xx% | $xx |
| Root canal, back tooth | Plan pays xx% | Plan pays xx% | $xx |
| Periodontal scaling and root planing | Plan pays xx% | Plan pays xx% | $xx |
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DELTA DENTAL®

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| Root canal, back tooth | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |
| Periodontal scaling and root planing | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |
| Oral surgery | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE

# Compare PPO and DeltaCare USA

## What's covered: Major services and prosthodontics

| | Delta Dental PPO℠<br>Your plan pays | DeltaCare® USA<br>Your copayment |
|---|---|---|
| Crown (porcelain fused to high noble metal) | Plan pays xx% | $xx |
| Complete upper denture | Plan pays xx% | $xx |
| Complete lower denture | Plan pays xx% | $xx |
| Bridge | Plan pays xx% | $xx |
| Dental implant | Plan pays xx% | $xx |

DELTA DENTAL

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE

# Compare PPO and DeltaCare USA

## What's covered: Major services and prosthodontics

| | Delta Dental PPO℠ | | DeltaCare® USA |
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| | PPO dentist | Non-PPO dentist | |
| Crown (porcelain fused to high noble metal) | Plan pays xx% | Plan pays xx% | $xx |
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| Complete lower denture | Plan pays xx% | Plan pays xx% | $xx |
| Bridge | Plan pays xx% | Plan pays xx% | $xx |
| Dental implant | Plan pays xx% | Plan pays xx% | $xx |

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE

# Compare PPO and DeltaCare USA

## What's covered: Major services and prosthodontics

| | Delta Dental PPO℠ | | | DeltaCare® USA |
|---|---|---|---|---|
| | PPO | Premier | Non–Delta Dental | |
| Crown (porcelain to high noble metal) | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |
| Complete upper denture | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |
| Complete lower denture | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |
| Bridge | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |
| Dental implant | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE

# Compare PPO and DeltaCare USA

## What's covered: Orthodontics

| | **Delta Dental PPO℠**<br>Your plan pays | **DeltaCare® USA**<br>Your copayment |
|---|---|---|
| Comprehensive orthodontics (child) | Plan pays xx% | $1,600 copayment |
| Comprehensive orthodontics (adult) | Not covered | $1,800 copayment |
| Retention | Plan pays xx% | $300 copayment |

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE

# Compare PPO and DeltaCare USA

## What's covered: Orthodontics

| | Delta Dental PPO℠ | | DeltaCare® USA |
|---|---|---|---|
| | PPO dentist | Non-PPO dentist | |
| Comprehensive orthodontics (child) | Plan pays xx% | Plan pays xx% | $1,600 copayment |
| Comprehensive orthodontics (adult) | Not covered | Not covered | $1,800 copayment |
| Retention | Plan pays xx% | Plan pays xx% | $300 copayment |

DELTA DENTAL®

CUSTOMIZE BENEFITS INFORMATION FOR YOUR GROUP OR DELETE

# Compare PPO and DeltaCare USA

## What's covered: Orthodontics

| | Delta Dental PPO℠ | | | DeltaCare® USA |
|---|---|---|---|---|
| | PPO | Premier | Non–Delta Dental | |
| Amalgam (silver) filling, back tooth | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |
| Resin (white) filling, front tooth | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |
| Root canal, back tooth | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |
| Periodontal scaling and root planing | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |
| Oral surgery | Plan pays xx% | Plan pays xx% | Plan pays xx% | $xx |

DELTA DENTAL®

# Web/mobile resources

# Check out the website

deltadentalins.com

- ✓ Search for a network dentist in

DELTA DENTAL

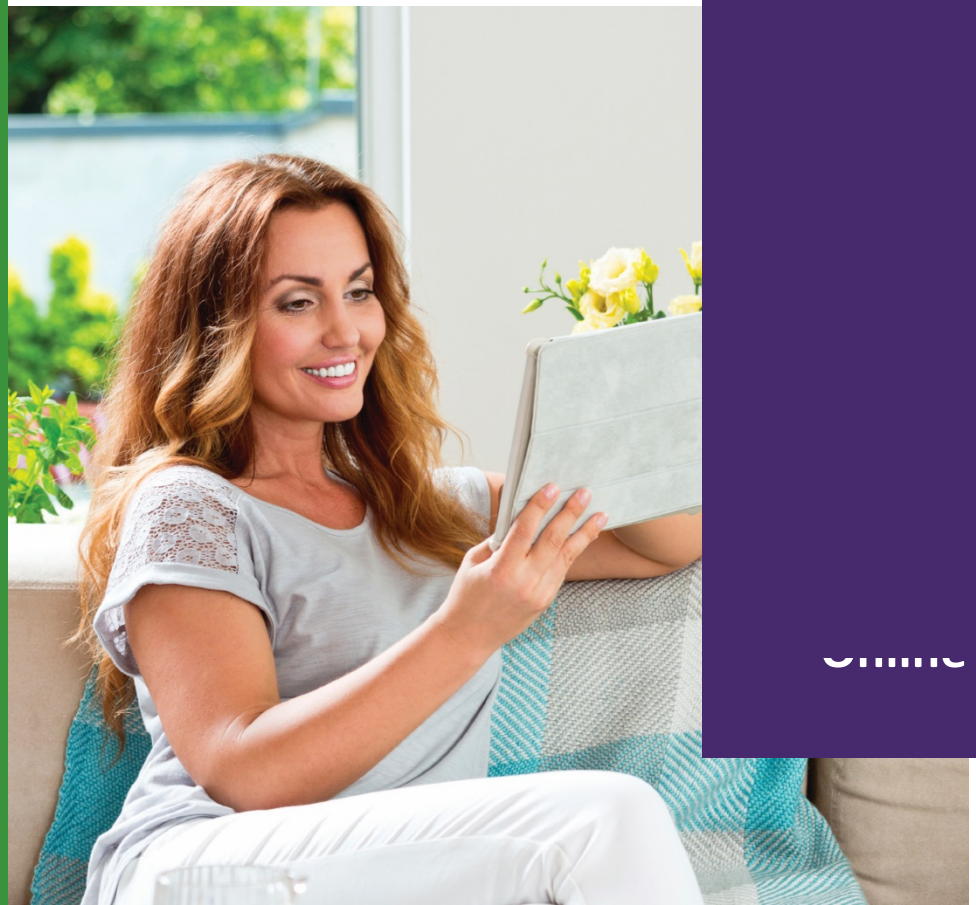
# Sign up for an online account

## Check your benefits information online

DELTA DENTAL®

# Go paperless

View your documents online: claims, pre-treatment estimates and plan details



Online setting.

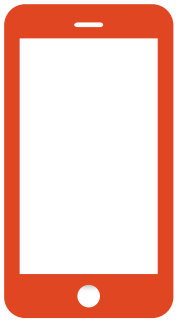
DELTA DENTAL®

# Go mobile

Visit the mobile-optimized site or download the app

| | Find a dentist | Coverage details | Electronic ID card | Cost estimator | Musical timer |
|---|---|---|---|---|---|
| Mobile-optimized site | ✓ | ✓ | ✓ | ✓ | |
| Delta Dental app | ✓ | ✓ | ✓ | ✓ | ✓ |

Visit the mobile-optimized site on your smartphone at **deltadentalins.com**, or download the **Delta Dental** app from Google Play or the App Store.



DELTA DENTAL®

# Where's my ID card?

## Check in without a dental plan ID card

- ✓ You do[illegible] at the
- ✓ Just te[illegible] Delta [illegible]
- ✓ Provid[illegible]
  - ✓ You[illegible]
  - ✓ You[illegible]
  - ✓ You[illegible]
  - ✓ The name of your employer

DELTA DENTAL®

# Print an ID card at home

It’s easy to make your own ID card

- ✓ Go to **deltadentalins.com**.
- ✓ Log in to your account.
- ✓ Click on “Print ID card” in the left-hand sidebar.

DELTA DENTAL®

# Find a network dentist

## Use the online dentist search

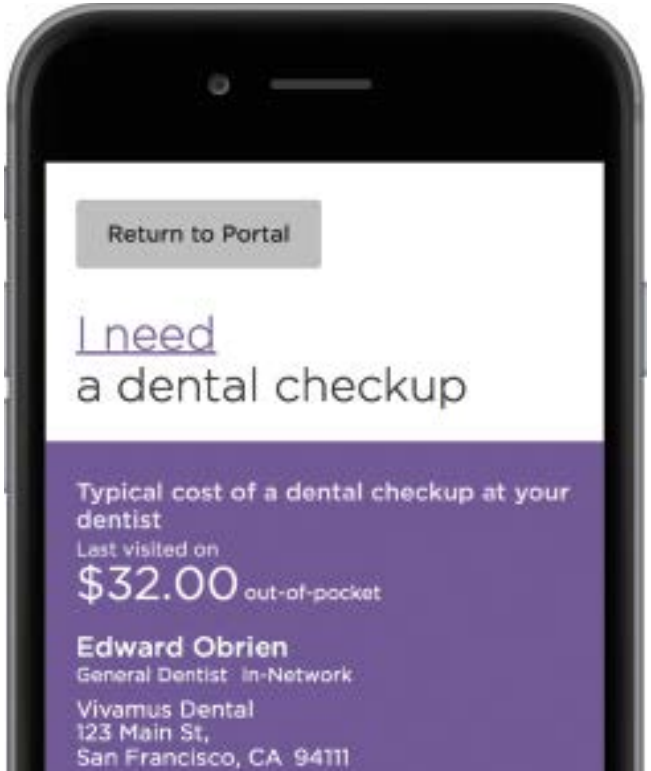
1. Go to **deltadentalins.com** and log in.
2. Select **Find a Dentist**.
3. Search by name, address, landmark, city or ZIP code.
4. Get a map and driving directions.

DELTA DENTAL®

# Cost Estimator

Budget for dental expenses with personalized estimates

Available on desktop and mobile




- ✓ **Personalized.** Estimates are based on your benefits, including maximums and deductibles.
- ✓ **Insightful.** Compare the cost of the same procedure at different dentists.
- ✓ **Economical.** See how choosing an in-network dentist can help you save.

DELTA DENTAL

# Oral health and wellness

# Online wellness resources

Learn about dental health from Delta Dental

DELTA DENTAL®

# SmileWay® Wellness Site

## Increase your dental knowledge

Individuals & Enrollees | Dentists | Employers | Administrators | Brokers | About Us | Legal Notices | Contact Us | Delta Dental en Español

DELTA DENTAL

Search

**Oral Health Topics**

- Emergency Care
- Kids and Teens
- Healthy Aging
- Nutrition
- Mouth-Body Connection
- Preventive Care
- Conditions
- Dental Treatments

**Just for Kids**

**Grin for Kids**
Print out at home for hands-on projects and games about dental health.

Download 2015 issue
Download 2014 issue

**Watch out for allergies**

Did you know that hay fever can affect your dental health? Here's what you can do to protect your mouth.

Learn More

**Spring tips for a healthy mouth**
Doing spring cleaning? Don't forget about dental hygiene!

**7 essential vitamins and minerals**
For healthy teeth and gums, add these essentials to your diet.

More Articles

**Watch Your Health: Videos**

**Say 'no' to gum disease** 02:10
Here's what you can do to keep your gums strong and healthy.

**Brushing with braces** 03:13
Keep your teeth and braces clean with these handy tips.

SmileWay
Your smile. Your health. Your way.

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Subscribe to our Wellness E-Maga

Read back issues

**Connect with us**

The SmileWay Chal

**Take the Challenge**

- Review Your Habits
- Stay Informed
- Get Educated

Start Now

Glossary of Dental Term
Glossary of Insurance Te

mysmileway.com

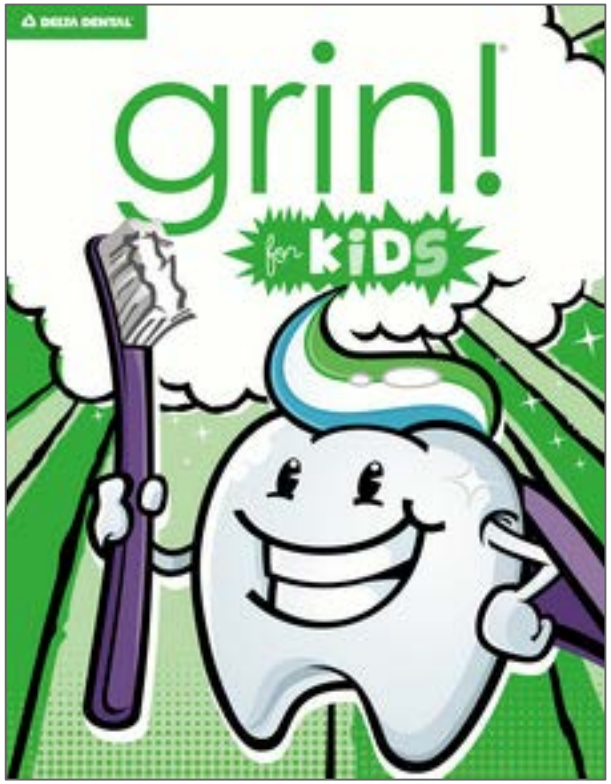
# Stay informed with *Grin!*

Boost your dental health IQ

deltadentalins.com/grin

# Kid-friendly games and activities

Download *Grin! for Kids* for a fun way to learn




deltadentalins.com/grin

# Stay connected

Get the latest from Delta Dental

DELTA DENTAL®

# Thank you for your time

We're pleased to take your questions

DELTA DENTAL®

DELTA DENTAL

**Can we help?**
Visit our website at
deltadentalins.com/enrollees

**Send claims to**
Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809

,

1-99900000

,

Your plan
**Delta Dental PPO℠**

03/09/2018

## Welcome! We're glad to have you as a customer.

Learn how to make the most of your plan at **deltadentalins.com/welcome.**

**Ready to get started?**

**Manage your account online**

Once you've registered for an online account at **deltadentalins.com**, you can review plan information, check benefit details, view claims and access your ID card.

**Go paperless**

For faster, convenient access to your documents, click the "My Profile" tab and select "Online" for your document delivery preference.

**Find a dentist**

Keep your dental expenses as low as possible by visiting a Delta Dental PPO℠ dentist, although you may visit any licensed dentist.

**Visit your dentist**

You don't need a paper ID card, but we've provided these for your reference. Just give the dentist your name, date of birth and Social Security or Enrollee ID Number.

## Plan Highlights

Primary Enrollee

Enrollee ID Number

Group Number
**##### - #####**

Effective Date of Coverage
**2017-07-01**

Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA - Delta Dental of California; PA, MD - Delta Dental of Pennsylvania; NY - Delta Dental of New York, Inc.; DE - Delta Dental of Delaware, Inc.; WV - Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a Dental Provider Organization (DPO) plan.

**Questions?**

Contact us:

**Phone:** 1 (800) 521-2651
7:15 a.m. - 7:30 p.m.

**TTY/TTD:** 7-1-1
Available 24/7

**Email:** customerservice@delta.org

**Write:** Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023

We are committed to protecting your privacy. View our privacy notices at: **deltadentalins.com/about/privacy**.

Enclosures: Language Assistance Statement, Plan Booklet, Notice of Privacy Practices, Non-Discrimination Disclosure and Enrollee Notices.

Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 1-800-521-2651 (TTY: 711).

¿Puede leer este documento? Si no, podemos hacer que alguien lo lea por usted. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 1-800-521-2651 (servicio de retransmisión TTY deben llamar al 711). (Spanish)

您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 1-800-521-2651 (TTY: 711)。(Chinese)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 1-800-521-2651 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 그렇지 않다면, 다른 사람이 대신 읽어드리도록 도와드릴 수 있습니다. 또한 이 문서를 귀하의 모국어로 번역해드릴 수 있습니다. 무료 지원을 요청하시려면, 1-800-521-2651 (TTY: 711)번으로 연락하십시오. (Korean)

Mababasa mo ba ang dokumentong ito? Kung hindi, mayroong makatutulong sa iyo na basahin ito. Maaaring makuha mo rin ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 1-800-521-2651 (TTY: 711). (Tagalog)

Вы можете прочитать этот документ? Если нет, то вы можете попросить кого-нибудь в нашей компании помочь вам прочитать этот документ. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 1-800-521-2651 (телетайп: 711). (Russian)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع, يمكننا أن نُوفّر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك. للمساعدة المجانية اتصل بـ 1-800-521-2651 (TTY: 711). (Arabic)

Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posiblite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 1-800-521-2651 (TTY: 711). (Haitian Creole)

Pouvez-vous lire ce document ? Si ce n’est pas le cas, nous pouvons faire en sorte que quelqu’un vous aide à le lire. Vous pouvez également obtenir ce document écrit dans votre langue. Pour obtenir de l’assistance gratuitement, veuillez appeler le 1-800-521-2651 (TTY : 711). (French)

Możesz przeczytać ten dokument? Jeśli nie, możemy Ci w tym pomóc. Możesz także otrzymać ten dokument w swoim języku ojczystym. Po bezpłatną pomoc zadzwoń pod numer 1-800-521-2651 (TTY: 711). (Polish)

Você consegue ler este documento? Se não, podemos pedir para alguém ajudá-lo a ler. Você também pode receber este documento escrito em seu idioma. Para obter ajuda gratuita, ligue 1-800-521-2651 (TTS: 711). (Portuguese)

Non riesci a leggere questo documento? In tal caso, possiamo chiedere a qualcuno di aiutarti a farlo. Potresti anche essere in grado di ricevere questo documento scritto nella tua lingua. Per assistenza gratuita, chiama il numero 1-800-521-2651 (TTY: 711). (Italian)

この文書をお読みになれますか？お読みになれない場合には、読むためのお手伝いをさせていただけます。この文書をご希望の言語に訳したものをお送りできる場合もあります。無料のサポートについては、1-800-521-2651（TTY: 711）までご連絡ください。(Japanese)

Können Sie dieses Dokument lesen? Falls nicht, können wir Ihnen einen Mitarbeiter zur Verfügung stellen, der Sie dabei unterstützen wird. Möglicherweise können Sie dieses Dokument auch in Ihrer Sprache erhalten. Rufen Sie für kostenlose Hilfe bitte folgende Nummer an: 1-800-521-2651 (Schreibtelefon: 711). (German)

آیا می توانید این متن را بخوانید؟ در صورتی که نمی توانید، ما قادریم از شخصی بخواهیم تا در خواندن این متن به شما کمک کند. همچنین ممکن است بتوانید این متن را به زبان خود دریافت کنید. برای کمک رایگان با این شماره تماس بگیرید: 1-800-521-2651 (TTY: 711).
(Persian Farsi)

קענט איר לייענען דעם דאָזיקן דאָקומענט? אויב ניט, עמעצער דו קען אייך העלפן לייענען. איר קענט מעגליך אויך באקומען דעם דאָזיקן דאָקומענט אין אייער שפראך. פאר אומזיסטע הילף, ביטע קלינגט: 1-800-521-2651 (טעלעפאָן פאר מענטשן וואָס הערן ניט: 711). (Yiddish)

Díísh yíníłta’go bííníghah? Doo bííníghahgóó éí nich’į’ yídóołtahígíí nihee hólǫ. Díí naaltsoos t’áá Diné bizaad k’ehjí ályaago ałdó’ nich’į’ ádoolnííłgo bíighah. T’áá jíík’e shíká i’doolwoł nínízingo kojį’ béésh holdííłnih 1-800-521-2651 (TTY: 711) (Navajo)

# By the numbers

Why Delta Dental[1]? Let us count the ways.

**73M+** enrollees in 129,000 groups nationwide[2]

**100%** client satisfaction[5]

**95%** enrollee satisfaction[5]

**98%** enrollee retention[5]

Nearly **42%** of Fortune 1000 companies offer Delta Dental benefits[2]

**2 great products**

Almost infinite combination of plan options and features

Delta Dental PPO[SM3]

DeltaCare® USA[4]

About **88¢** of every benefit dollar directly paid dental claims[5]

**$4.4B+** saved from network fee agreements and cost protections[5]

**98%+** of phone inquiries resolved on first call[5]

**44M+** claims processed[5]

Nearly **98%** accuracy rate[5]

**10 years** rated best dental coverage in *Benefits Selling Magazine* Readers' Choice Awards[6]

1 Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and our affiliated companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies.
2 Delta Dental Plans Association Fact Sheet, Sept. 2016
3 Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA — Delta Dental of California; PA, MD — Delta Dental of Pennsylvania; NY — Delta Dental of New York, Inc.; DE — Delta Dental of Delaware, Inc.; WV — Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a Dental Provider Organization (DPO) plan.
4 DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; CA — Delta Dental of California; DC, DE, FL, GA, LA, MS, MT, WV — Delta Dental Insurance Company; MD, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.
5 Delta Dental Annual Report, 2015, for enterprise companies
6 Benefits Selling Magazine Readers' Choice Awards, 2005-15

deltadentalins.com

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PF6 #101783 (rev. 10/16)

DELTA DENTAL

# Keep Smiling

## Delta Dental PPO℠

### Stay in network to save

Visit a dentist in the PPO[1] network to maximize your savings.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a PPO dentist at **deltadentalins.com**.

If you can't find a PPO dentist, Delta Dental Premier® dentists offer the next best opportunity to save. Unlike non–Delta Dental dentists, they have agreed to set fees, and you won't get charged more than your expected share of the bill.

### Set up an online account

Get information about your plan anytime, anywhere by signing up for an Online Services account at **deltadentalins.com**. Available once your coverage kicks in, this free service lets you check benefits and eligibility information, find a network dentist and more.

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your plan, they will need to provide your information. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

### Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.[4] You can find this date by logging in to Online Services.

### Newly covered?

Visit **deltadentalins.com/welcome**.

## Save with a PPO dentist

PPO

PREMIER

NON–DELTA DENTAL

[1] In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

[2] You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

[3] You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

[4] Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

**LEGAL NOTICES:** Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html.

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HL_PPO-PRE #104383H (rev. 7/17)

**Plan Benefit Highlights for:** Sample Group

**Group No:** 12345

DELTA DENTAL PPO℠

BENEFIT HIGHLIGHTS

| Eligibility | Primary enrollee, spouse and eligible dependent children to age 26 | | | |
|---|---|---|---|---|
| **Deductibles** | $25 per person / $75 per family each calendar year | | | |
| Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics? | Yes | | | |
| **Maximums** | $1,500 per person each calendar year | | | |
| D & P counts toward maximum? | Yes | | | |
| **Waiting Period(s)** | Basic Benefits None | Major Benefits None | Prosthodontics None | Orthodontics None |

| Benefits and Covered Services* | Delta Dental PPO dentists** | Delta Dental Premier dentists** | Non-Delta Dental dentists** |
|---|---|---|---|
| **Diagnostic & Preventive Services (D & P)** Exams, cleanings and x-rays | 100 % | 100 % | 100 % |
| **Basic Services** Fillings and sealants | 80 % | 70 % | 60 % |
| **Endodontics (root canals)** Covered Under Basic Services | 80 % | 70 % | 60 % |
| **Periodontics (gum treatment)** Covered Under Basic Services | 80 % | 70 % | 60 % |
| **Oral Surgery** Covered Under Basic Services | 80 % | 70 % | 60 % |
| **Major Services** Crowns, inlays, onlays and cast restorations | 50 % | 50 % | 40 % |
| **Prosthodontics** Bridges and dentures | 50 % | 50 % | 40 % |
| **Orthodontic Benefits** Dependent children | 50 % | 50 % | 50 % |
| **Orthodontic Maximums** | $1,500 Lifetime | $1,500 Lifetime | $1,500 Lifetime |

* 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, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental PPO 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_3COL_DDIC (Rev. 11/08/2017)

SAMPLE

DELTA DENTAL

Delta Dental PPO℠

# Elevate Your Smile

## 8 ways to make the most of your dental plan

### 1 Save with PPO.

Visit a dentist in the PPO[1] network to maximize your savings.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a PPO dentist at **deltadentalins.com**.

If you can't find a PPO dentist, Delta Dental Premier® dentists offer the next best opportunity to save. Unlike non–Delta Dental dentists, they have agreed to set fees, and you won't get charged more than your expected share of the bill. What's more, they're part of the largest dentist network in the country.[4]

### 2 Seek preventive care.

Regular exams and cleanings are available at low or no cost. These services help catch problems before they require costly and extensive treatment.

### 3 Set up an online account.

Get information about your plan anytime, anywhere by signing up for an Online Services account. Available once your coverage kicks in, this free service lets you find a network dentist, view or print your ID card and more. The one-time registration process takes only a minute.

### 4 Go paperless.

Receive an email when a new dental benefits statement is available online. Save time, reduce clutter and preserve environmental resources! To enroll, log in to Online Services and update your settings.

## Newly covered?

Visit **deltadentalins.com/welcome**

[1] In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

[2] You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. PPO dentists won't bill you for any amount over their PPO fees.

[3] You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

[4] NetMinder Dental Network Trend Report, September 2016. Delta Dental Premier is the largest dentist network nationwide, based on total unique dentists.

We keep you smiling®

deltadentalins.com/enrollees

## 5 Try mobile.

Visit **deltadentalins.com** on your smartphone to access mobile-optimized Online Services on the go — including a helpful dentist locator tool. Or, download the Delta Dental app, available through the App Store or Google Play, to access your plan information and try out the handy toothbrush timer.

## 6 Coordinate benefits.

Are you covered under a second dental plan? Ask your dentist to include information about both plans with your claim, and we'll handle the rest.[5]

## 7 Talk to your dentist.

From pregnancy to diabetes, overall health can affect your dental health. Start each visit with a quick chat about any issues.

## 8 Stay informed.

Get oral health tools and tips at our SmileWay® Wellness site (**mysmileway.com**). Don't forget to subscribe to *Grin!*, our free dental wellness e-magazine.

[5] Group- and state-specific exceptions may apply. Please review your plan booklet for details about coordination of benefits, including rules for determining primary and secondary coverage.

# Contact us

**Online assistance:**

For quick and easy online assistance, go to **deltadentalins.com** > **Contact Us**, select the Delta Dental company and choose the applicable customer service form.

**Telephone assistance:**

Delta Dental of California: **800-765-6003**

California School District Employees: **866-499-3001**

Delta Dental of Delaware; Delta Dental of the District of Columbia; Delta Dental of New York; Delta Dental of Pennsylvania (and Maryland); Delta Dental of West Virginia: **800-932-0783**

Delta Dental Insurance Company (Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas, Utah): **800-521-2651**

**Got a simple question?** Use our automated phone system, available 24/7. You can check your coverage levels, remaining maximum and more. Just call one of the customer service numbers listed above and follow the prompts.

Delta Dental Premier® and Delta Dental PPO℠ are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

**LEGAL NOTICES:** Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html.

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EF17_PPO-PRE #104066C (rev. 3/17)

DELTA DENTAL®

# Smiles All Around

## 6 essential steps for your dental routine

1 **Gather your tools.**
Make sure you have fluoride toothpaste, dental floss and a toothbrush with soft, rounded bristles.

2 **Set a schedule.**
Dentists recommend brushing at least twice a day and flossing at least once. When possible, brush immediately after eating sweet or starchy foods, but wait half an hour after eating acidic foods to avoid damaging your softened enamel.

3 **Be thorough.**
Brush for at least two minutes each session, angling your toothbrush at 45 degrees and using short, circular strokes. Apply just enough pressure to feel the bristles without squishing them. When you're done, brush your tongue to remove bacteria.

4 **Don't forget to floss.**
Floss removes plaque from between teeth and below the gumline. Don't worry if your gums feel tender or bleed at first. By flossing, you're fighting the source of the problem: the bacteria causing your sensitive gums.

5 **Rinse to refresh.**
After brushing and flossing, vigorously rinse your mouth with mouthwash or water to remove any loosened plaque and food particles.

6 **Go pro.**
Twice-a-year dental cleanings are an important part of maintaining your oral and overall health. Call your dentist for an appointment today.

Oral health is essential at every stage of life. Find out more.

We keep you smiling®
deltadentalinscom/enrollees

# Help your teeth last a lifetime

## Protect your teeth

- **Eat wisely.** Consider your teeth when choosing meals and snacks. Eat a balanced diet including enamel-strengthening calcium and vitamins A and C. Avoid sugary treats and drinks — but if you do indulge, remember to brush afterwards.
- **Flourish with fluoride.** Fluoride is a cost-effective cavity fighter. Always choose fluoride toothpaste, and if your tap water isn't fluoridated (or if you drink bottled or filtered water), ask your dentist about supplemental tablets, drops, lozenges or professionally applied treatments.
- **Say 'no' to tobacco.** Tobacco breaks down gum tissue, causing infection and tooth loss. If you're a heavy smoker, you're over twice as likely to lose teeth, and whether you chew or smoke tobacco, you're at higher risk for oral, pharyngeal, head and neck cancers.[1]

## Tips for kids

- **Keep baby teeth clean.** Clean children's teeth and gums with a soft, damp cloth as soon as the first tooth is visible (around 6 months). If your baby sleeps with a bottle, it should only contain water.
- **Build strong bones early.** Swap candy and sugary treats for calcium-rich snacks like yogurt and cheese.
- **Defend the mouth.** If your child plays sports, invest in a mouthguard from your sports store or dentist.[2]
- **Stay safe with sealants.** Ask your dentist to apply sealants to your child's molars. These plastic coatings seal off teeth from decay and are covered under most Delta Dental plans.[2]

## Tips for seniors

- **Visit the dentist regularly.** Preventive care is a must at any age, and seniors are especially at risk for untreated dental problems. Family members should help you schedule regular dental visits if you are homebound or live in a nursing home.
- **Know your medications.** Some drugs adversely interact with dental anesthesia. Keep your dentist informed about any health changes, especially new medications.
- **Keep dentures clean.** Plaque sticks to dentures as well as natural teeth. Talk to your dentist about the best way to keep your dentures clean to avoid discomfort, infection and bone loss.

SmileWay®
Your smile. Your health. Your way.

Visit **mysmileway.com** — a one-stop-shop for oral health-related tools and tips, including interactive quizzes, a risk assessment tool and a subscription to *Grin!*, our free oral wellness e-magazine.

[1] Warnakulasuriya S, Dietrich T, Bornstein MM, et al. Oral health risks of tobacco use and effects of cessation. Int Dent J. 2010;60(1):7-30.
[2] Please refer to your plan details for more information about your coverage.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

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EF2 #104739A (rev. 4/17)

DELTA DENTAL®

# Take the Challenge

deltadentalins.com/challenge

**Assess your risk.** Our risk assessment tool gives you an oral health score that you can share with your dentist at your next visit.

**Test your habits.** Are you at risk for cavities or gum disease? Take our interactive quizzes to find out.

**Expand your knowledge.** Read articles or view short videos on dental health–related topics, from acid reflux to x-rays. Get tips for preventive care, tooth-friendly recipes and more!

**Stay connected.** Keep in touch with us for dental health articles and fun facts:

- Sign up for *Grin!*, our dental wellness e-magazine
- Follow us on Facebook, Twitter and Google Plus

## The SmileWay® Challenge: 6 easy steps.

Empower yourself with oral health tips and tricks! By taking the SmileWay Challenge, you'll learn about everything from braces to gum disease in six easy steps.

1. Assess your risk using our dentist-approved tool
2. Take the cavity and gum disease quizzes
3. Read at least three dental health articles
4. Watch at least three dental health videos
5. Follow Delta Dental on social media
6. Subscribe to the wellness e-magazine *Grin!*

SmileWay®
Your smile. Your health. Your way.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of the District of Columbia — DC, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, FL, GA, LA, MS, MT, NV, TX and UT.

Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and our affiliated companies form one of the nation's largest dental benefits delivery systems, covering 34.5 million enrollees. All of our companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 73 million people in the U.S.

We keep you smiling®
deltadentalins.com/enrollees

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EF53 #97352 (rev. 6/16)

DELTA DENTAL

# Stay Connected

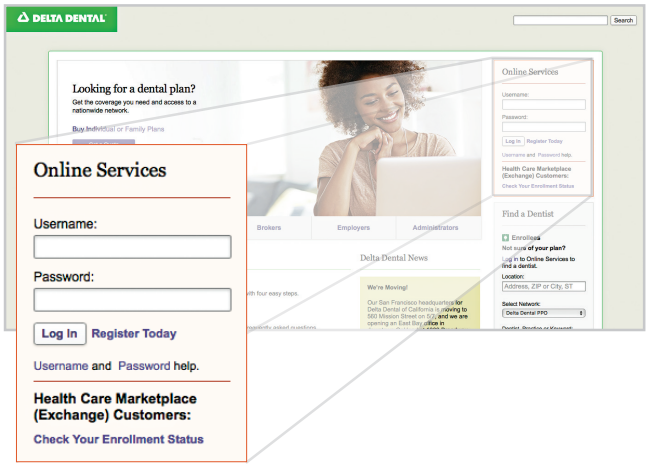
At **deltadentalins.com**, all the information you need is at your fingertips. You can check your plan details, find an in-network dentist and more.

## Create an account

1. Go to **deltadentalins.com**.
2. Click on **Register Today** in the **Online Services** section.

With an online account, you can:

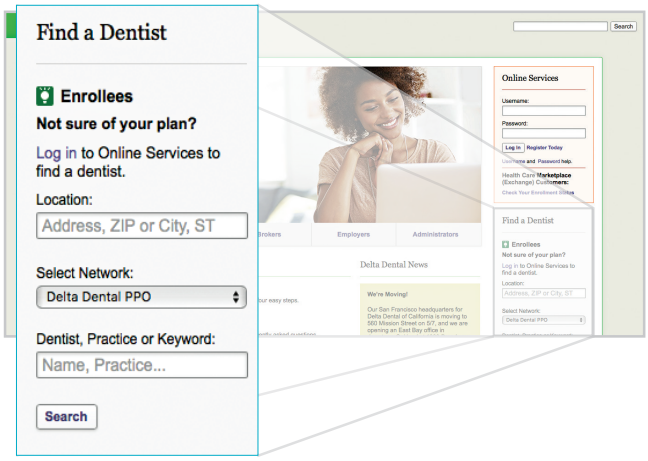
- Check your plan details and eligibility
- Review claim statements and plan documents
- View or print your ID card




## Find a dentist

1. Go to **deltadentalins.com**.
2. In the **Find the Dentist** section, enter your address and select your network from the drop-down menu.
3. Click **Search**.

Browse Yelp reviews, check office hours and see the address on a map.



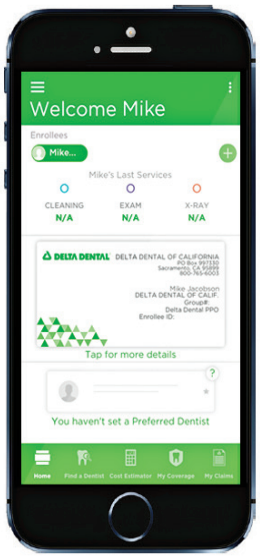

For more online resources, turn the page.

We keep you smiling®
deltadentalins.com/enrollees

## Download the app

1. Open the **App Store** or **Google Play**.
2. Search for "**Delta Dental**."
3. Download the free app titled **Delta Dental** by Delta Dental Plans Association.

Review your plan details, pull up your ID card and try out the musical toothbrush timer.




## Get answers

Got a question? We've got answers.

### Learn how your dental plan works:

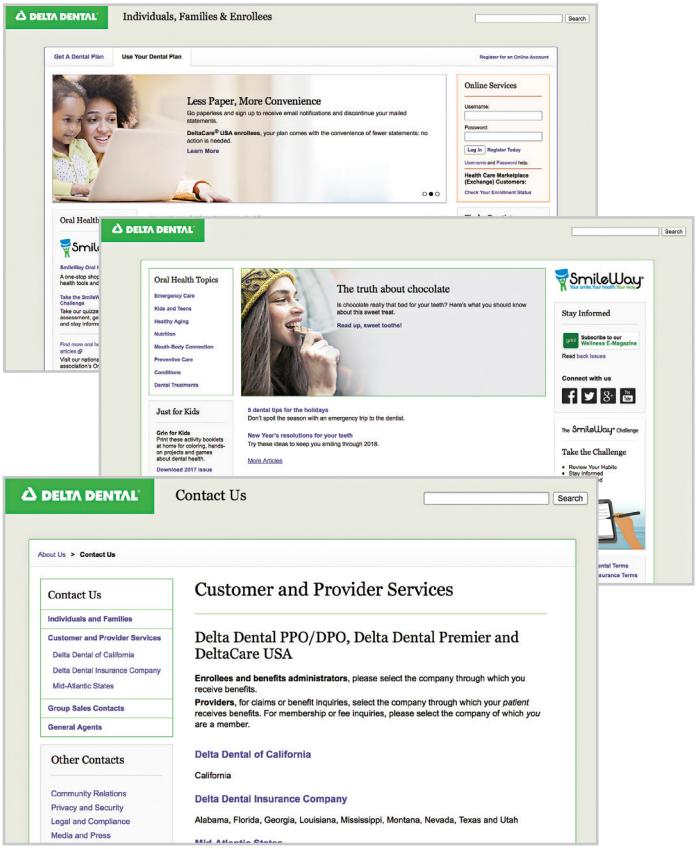
Visit **deltadentalins.com/enrollees** for the 101 on dental benefits.

### Improve your dental health:

Check out **mysmileway.com** for the latest recipes, articles and videos.

### Contact Customer Service:

Submit an online question at **deltadentalins.com/contact**.




Website available on desktop, mobile and tablet

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT. These enterprise companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 75 million people in the U.S. The website deltadentalins.com is the home of the Delta Dental companies listed above. For other Delta Dental companies, visit the Delta Dental Plans Association website at deltadental.com.

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EF30 112725U (rev. 5/18)

DELTA DENTAL

Delta Dental PPO™
Delta Dental Premier®
DeltaCare® USA

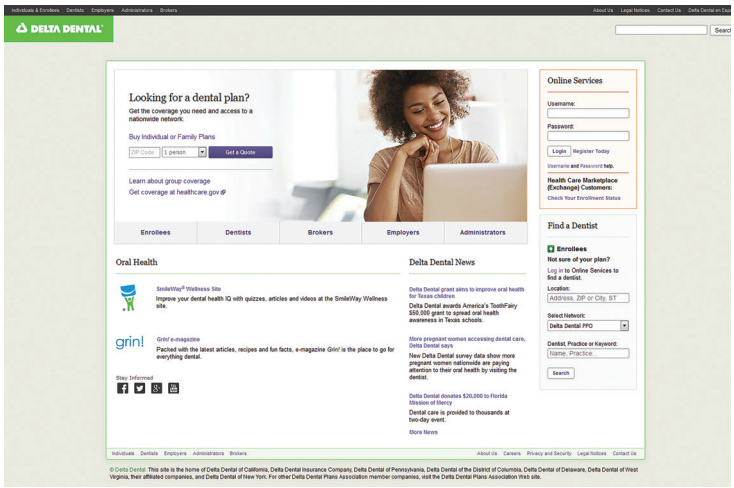
# Find a Network Dentist

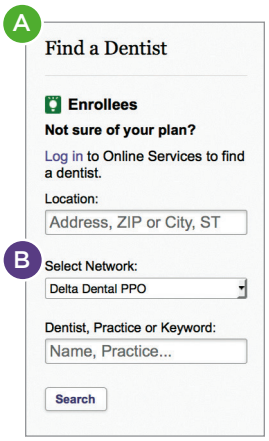
It's easy to look for a Delta Dental dentist in your area. Whether you're on a laptop, desktop computer, tablet or smartphone, we've got you covered.

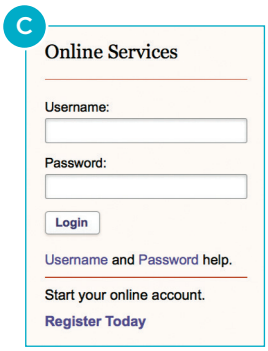
## How to search

1. Go to **deltadentalins.com**.
2. Look for the **Find a Dentist** tool on the right. Enter a location (address, ZIP code or city and state).
3. Select your network from the drop-down menu. For a more targeted search, you can enter the name of your dentist or dental office below.
4. Click **Search**.

Don't know your network? Log in to your online account before searching.

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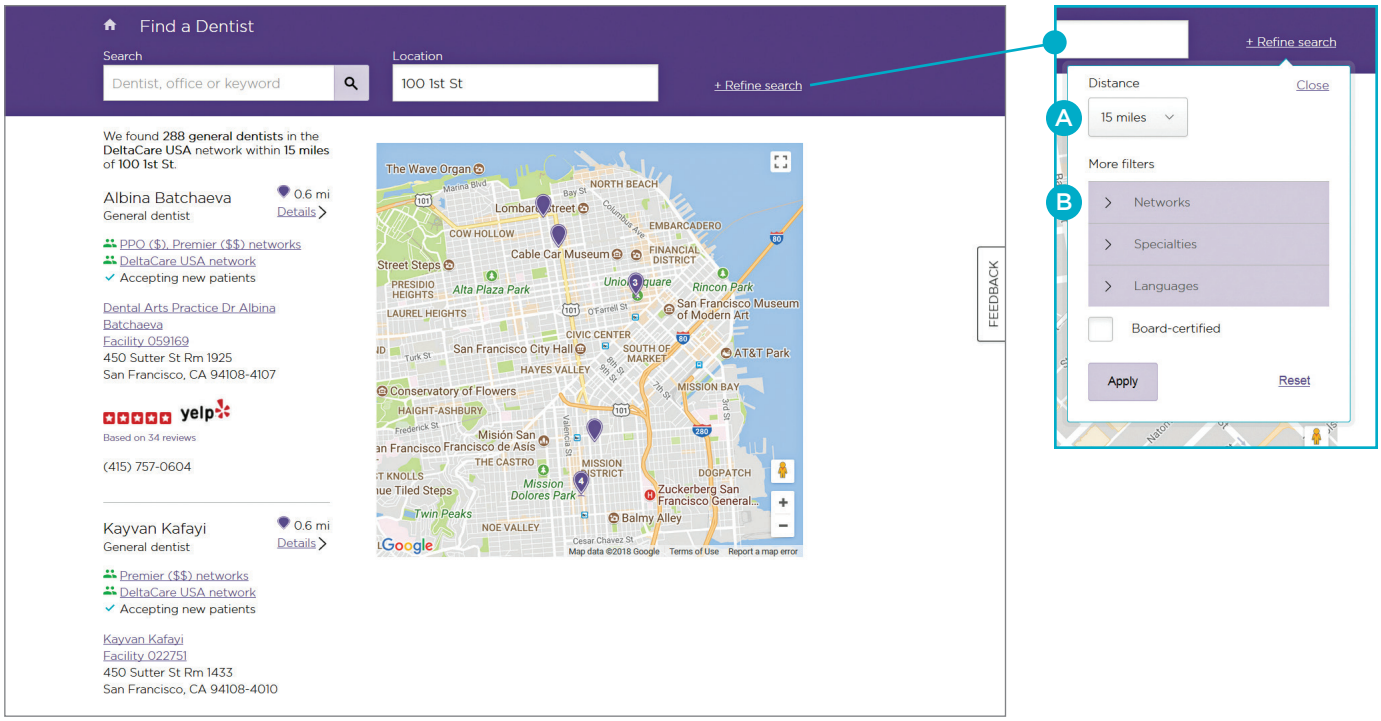
## How to refine your search results

**A** **Change the radius of your search.** By default the search will show dentists within 15 miles of a given location, but you can adjust this distance by clicking on “Refine search” and selecting any distance from “5 miles” to “60 miles” from the drop-down menu.

**B** **Filter your results.** Refine your search results by categories such as specialty and network.




See Yelp ratings in your search results.

Delta Dental Premier and Delta Dental PPO are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental PPO is underwritten as a dental provider organization (DPO) plan.

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EF59 #112725R (rev. 5/18)

# HIPAA Notice of Privacy Practices

## CONFIDENTIALITY OF YOUR HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is required by law to inform you of how Delta Dental and its affiliates ("Delta Dental") protect the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as individually identifiable information regarding a patient's health care history, mental or physical condition or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Delta Dental receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

We follow the privacy practices described in this notice and federal and state privacy requirements that apply to our administration of your benefits. Delta Dental reserves the right to change our privacy practice effective for all PHI maintained. We will update this notice if there are material changes and redistribute it to you within 60 days of the change to our practices. We will also promptly post a revised notice on our website. A copy may be requested anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of enrollment in a Delta Dental program and will be informed on how to obtain a copy at least every three years.

## PERMITTED USES AND DISCLOSURES OF YOUR PHI

**Uses and disclosures of your PHI for treatment, payment or health care operations**
Your explicit authorization is not required to disclose information about yourself for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or plan sponsor to administer your benefits. As permitted by law, we may disclose PHI to third-party affiliates that perform services for Delta Dental to administer your benefits, and who have signed a contract agreeing to protect the confidentiality of your PHI, and have implemented privacy policies and procedures that comply with applicable federal and state law.

Some examples of disclosure and use for treatment, payment or operations include: processing your claims, collecting enrollment information and premiums, reviewing the quality of health

care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Some other examples are:

- Uses and/or disclosures of PHI in facilitating treatment. *For example, Delta Dental may use or disclose your PHI to determine eligibility for services requested by your provider.*
- Uses and/or disclosures of PHI for payment. *For example, Delta Dental may use and disclose your PHI to bill you or your plan sponsor.*
- Uses and/or disclosures of PHI for health care operations. *For example, Delta Dental may use and disclose your PHI to review the quality of care provided by our network of providers.*

**Other permitted uses and disclosures without an authorization**

We are permitted to disclose your PHI upon your request, or to your authorized personal representative (with certain exceptions), when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with the law, and when otherwise required by law. Delta Dental may disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations.

Some other examples include: to notify or assist in notifying a family member, another person, or a personal representative of your condition; to assist in disaster relief efforts; to report victims of abuse, neglect or domestic violence to appropriate authorities; for organ donation purposes; to avert a serious threat to health or safety; for specialized government functions such as military and veterans activities; for workers' compensation purposes; and, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting, provided it does not contain genetic information. Information can also be de-identified or summarized so it cannot be traced to you and, in selected instances, for research purposes with the proper oversight.

**Disclosures Delta Dental makes with your authorization**

Delta Dental will not use or disclose your PHI without your prior written authorization unless permitted by law. If you grant an authorization, you can later revoke that authorization, in writing, to stop the future use and disclosure. The authorization will be obtained from you by Delta Dental or by a person requesting your PHI from Delta Dental.

## YOUR RIGHTS REGARDING PHI

**You have the right to request an inspection of and obtain a copy of your PHI.**
You may access your PHI by contacting Delta Dental at the address at the bottom of this notice. You must include (1) your name, address, telephone number and identification number, and (2) the PHI you are requesting. Delta Dental may charge a reasonable fee for providing you copies of your PHI. Delta Dental will only maintain that PHI that we obtain or utilize in providing your health care benefits. Most PHI, such as treatment records or x-rays, is returned by Delta Dental to the dentist after we have completed our review of that information. You may need to contact your health care provider to obtain PHI that Delta Dental does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact Delta Dental as noted below if you have questions about access to your PHI.

**You have the right to request a restriction of your PHI.**
You have the right to ask that we limit how we use and disclose your PHI, however, you may not restrict our legal or permitted uses and disclosures of PHI. While we will consider your request, we are not legally required to accept those requests that we cannot reasonably implement or comply with during an emergency. If we accept your request, we will put our understanding in writing.

**You have the right to correct or update your PHI.**
You may request to make an amendment of PHI we maintain about you. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. For example, we may refer you to your dentist to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact the privacy office as noted below if you have questions about amending your PHI.

**You have rights related to the use and disclosure of your PHI for marketing.**
Delta Dental agrees to obtain your authorization for the use or disclosure of PHI for marketing when required by law. You have the opportunity to opt-out of marketing that is permitted by law without an authorization. Delta Dental does not use your PHI for fundraising purposes.

**You have the right to request or receive confidential communications from us by alternative means or at a different address.**
Alternate or confidential communication is available if disclosure of your PHI to the address on file could endanger you. You may be required to provide us with a statement of possible danger,

as well as specify a different address or another method of contact. Please make this request in writing to the address noted at the end of this notice.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.**
You have a right to an accounting of disclosures with some restrictions. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons, certain law enforcement purposes or disclosures made as part of a limited data set. Please contact us at the number at the end of this notice if you would like to receive an accounting of disclosures or if you have questions about this right.

**You have the right to get this notice by email.**
A copy of this notice is posted on the Delta Dental website. You may also request an email copy or paper copy of this notice by calling our Customer Service number listed at the bottom of this notice.

**You have the right to be notified following a breach of unsecured protected health information.**

Delta Dental will notify you in writing, at the address on file, if we discover we compromised the privacy of your PHI.

## COMPLAINTS
You may file a complaint with Delta Dental and/or with the U. S. Secretary of Health and Human Services if you believe Delta Dental has violated your privacy rights. Complaints to Delta Dental may be filed by notifying the contact below. We will not retaliate against you for filing a complaint.

## CONTACTS
You may contact Delta Dental at 866-530-9675, or you may write to the address listed below for further information about the complaint process or any of the information contained in this notice.
Delta Dental
P.O. Box 997330
Sacramento, CA 95899-7330

This notice is effective on and after January 1, 2016.

***Note: Delta Dental's privacy practices reflect applicable federal law as well as known state law and regulations. If applicable state law is more protective of information than the federal privacy laws, Delta Dental protects information in accordance with the state law.***

**LANGUAGE ASSISTANCE**

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at the Member/Customer Service telephone number on the back of your Delta Dental ID card, or 1-866-530-9675.

IMPORTANTE**:** ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda gratuita, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Delta Dental o al 1-866-530-9675. (Spanish)

重要通知：您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。
這封信也可以用您所講的語言書寫。如需幫助，請立即撥打登列在您的Delta Dental ID卡背面上的會員/客戶服務部的電話，或者撥打電話 1-866-530-9675。
(Chinese)

**Last Significant Changes to this notice:**

- Clarified that Delta Dental does not use your PHI for fundraising purposes. Effective January 1, 2016
- Clarified that Delta Dental's privacy policy reflect federal and state requirements. – effective January 1, 2015
- Updated contact information (mailing address and phone number) – effective July 1, 2013
- Updated Delta Dental's duty to notify affected individuals if a breach of their unsecured PHI occurs – effective July 1, 2013
- Clarified that Delta Dental does not and will not sell your information without your express written authorization – effective July 1, 2013
- Clarified several instances where the law requires individual authorization to use and disclose information (e.g., fundraising and marketing as noted above) – effective July 1, 2013

**DELTA DENTAL AND ITS AFFILIATES**

Delta Dental of California offers and administers fee-for-service dental programs for groups headquartered in the state of California.

Delta Dental of New York offers and administers fee-for-service programs in New York.

Delta Dental of Pennsylvania and its affiliates offer and administer fee for-service dental programs in Delaware, Maryland, Pennsylvania, West Virginia and the District of Columbia.

Delta Dental of Pennsylvania's affiliates are Delta Dental of Delaware; Delta Dental of the District of Columbia and Delta Dental of West Virginia.

Delta Dental Insurance Company offers and administers fee-for-service dental programs to groups headquartered or located in Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas and Utah and vision programs to groups headquartered in West Virginia.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, ME, MI, NC, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN and WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.
Dentegra Insurance Company.

DELTA DENTAL

# Your dental benefits statement

January 5, 2015

010515DPGASEOBTA - 234

DONALD FITZPATRICK
123 MAIN STREET
ANY TOWN GA 30023-1809

**Plan underwritten and administered by:**
Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809

**CAN WE HELP?**
Visit our website
**deltadentalins.com**

Call Customer Service **800-521-2651**
TDD/TTY **888-373-3582**
Mon to Fri 7:15 a.m. to 8:00 p.m. Eastern Time

**DONALD FITZPATRICK**

**Your ID number:** 12345678910
**Group name:** ACME BENEFIT TRUST
**Group number:** 12345-00123

## Summary of your claim

| | |
|---|---|
| Total amount of claims | $155.00 |
| Amount paid by Delta Dental | $140.00 |
| Amount paid by another plan | $0.00 |
| Amount you owe your dental provider | $0.00 |

**Important Notice**
These services were performed by a contracting/participating provider who agrees to Delta Dental's determination of the accepted fee.

Go paperless to reduce waste and clutter! You will be able to view all your claims online. When new documents are ready, you will receive email alerts. To sign up, log in to your Online Services account. Learn more at deltadentalins.com/paperless.

### About your dental benefits statement

This statement explains how we have processed the claims listed in this document. The amounts shown as payable by you and by Delta Dental are in accordance with the terms of your dental plan and the terms of our agreement with your dental provider. Your portion is to be paid directly to your dental provider. **Please do not send any money to Delta Dental.**

DELTA DENTAL

# Claim for SARA FITZPATRICK

Relationship: Spouse

## #1 Claim number: 12345678910123456789

| PROCEDURE NUMBER AND TYPE OF SERVICE | SUBMITTED FEE ($) | ACCEPTED FEE ($) | MAXIMUM CONTRACT ALLOWANCE ($) | AMOUNT APPLIED TO DEDUCTIBLE ($) | PAID BY ANOTHER PLAN ($) | CONTRACT BENEFIT LEVEL | DELTA DENTAL PAYS ($) | PATIENT PAYS ($) |
|---|---|---|---|---|---|---|---|---|
| Date of service: December 10, 2014<br>Treatment type: Diagnostic<br>(D01520) PERIODIC ORAL EVALUATION | 70.00 | 60.00 | 60.00 | 0.00 | -- | 100% | 60.00 | 0.00 |
| | | | | | Treating provider: MELVILLE BROWNLEE DDS | | | |
| Date of service: December 10, 2014<br>Treatment type: Preventative<br>(D1120) CLEANING - CHILD | 85.00 | 80.00 | 80.00 | 0.00 | -- | 100% | 80.00 | 0.00 |
| | | | | | Treating provider: MELVILLE BROWNLEE DDS | | | |
| **Claim total for SARA FITZPATRICK** | **155.00** | **140.00** | **140.00** | **0.00** | **0.00** | | **140.00** | **0.00** |

**ATTN**: If your calculations differ from the amount indicated by Delta Dental, carefully read your Evidence of Coverage or Summary Plan Description and review the conditions which can affect the calculation of payment, such as deductibles, maximums, optional services and services provided by non-Delta Dental providers. If an adjustment has been made by Delta Dental, it will be indicated in the detail section of this notice. The adjustment notice outlines the specific reason(s) and the specific plan provision(s) on which the determination was based. Any questions of ineligibility should be handled directly between you and your group.

If you need additional clarification, you may contact your dental provider or call Delta Dental using the telephone number(s) on page 1 of this notice. If your claim has been denied or an adjustment or disallowance has been made, you or your dental provider may make written request for review of your case to Delta Dental within 180 days after the receipt of this notice, by mailing such request to Delta Dental at the address indicated on page 1. If you do not request a review within this 180 days period, you will lose your right to further review of the claim determination.

You should state the reasons for your request and include the ENROLLEE ID NUMBER and the CLAIM NUMBER found on this notice. You should include any additional information you have that would support your claim for benefits. You or your dental provider may also request, free of charge, copies of any pertinent documents that are relevant to the claim. Upon request and free of charge, Delta Dental will provide to you a copy of any internal rule, guideline or protocol, and/or an explanation of the scientific or clinical judgement if relied upon in denying your claim. Certain cases may be referred to one of Delta Dental's regional consultants, to a review committee of the dental society in your area or to the state dental association for evaluation. You will receive a written decision on your request for review within 60 days.

The review will take into account all the comments, documents, records or other information, regardless of whether such information was submitted or considered initially. The review shall be conducted by Delta Dental by a person who is neither the individual who made the claim denial that is the subject of the review, nor the subordinate of such individual. If the review of a claim denial is based in whole or in part on a lack of dental necessity, experimental treatment, or a clinical judgment in applying the terms of the contract terms, Delta Dental shall consult with a dental provider who has appropriate training and experience. The identity of such dental consultant is available upon request whether or not the advice was relied upon. In making the review, Delta Dental will not afford deference to the initial decision.

*continued next page*

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If you believe that you need further review of your claim, you may contact your state insurance regulatory agency if applicable or bring a civil action under section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA) if your group health plan is subject to ERISA.

**Delta Dental takes fraud seriously.**
Learn how you can protect yourself from fraud at deltadentalins.com/individuals.

To access important privacy and legal notices that describe your rights as a health plan subscriber, please visit our website at deltadentalins.com or call our Customer Service number at 866-530-9675.

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DELTA DENTAL

# Smile Wherever You Are

## Access dental services away from home

If you have a dental emergency while you're traveling, Delta Dental makes it easy for you to access services. Most Delta Dental plans include coverage for emergency care,[1] but always check your plan booklet before seeking treatment from an out-of-network dentist.[2]

### Request reimbursement

Here's how to request reimbursement for out-of-network dental care. Reimbursement may not cover the entire treatment cost. See your plan booklet for details.

1. Ask the dental office for a detailed receipt or billing statement, including:
   - Amount paid (in original currency)
   - Services provided and teeth treated
   - Name and address of dentist
   - Date of service
2. Submit a claim to Delta Dental.
   - Download and print a claim form from **deltadentalins.com/enrollees**.
   - Complete the form and submit with your detailed receipt. For non-English documents, provide a translation or a patient statement in English.

### Need help?

If you have questions about emergency coverage, contact Customer Service.

**Online**

Go to **deltadentalins.com**, click **Contact Us**, select the company in charge of your benefits and choose the customer service form.

**By telephone (toll-free)**

DeltaCare® USA: **800-422-4234**

Delta Dental PPO℠ and Delta Dental Premier®:

- Delta Dental of California: **800-765-6003**
- California School District Employees: **866-499-3001**
- Delta Dental of Delaware; Delta Dental of the District of Columbia; Delta Dental of New York; Delta Dental of Pennsylvania (and Maryland); Delta Dental of West Virginia: **800-932-0783**
- Delta Dental Insurance Company (Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas, Utah): **800-521-2651**

[1] Under some plans, emergency treatment is covered only to relieve pain. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

[2] Certain plans let you visit any licensed dentist for services, but you usually save money when visiting a network dentist. Some plans require you to visit a network dentist. You can find a network dentist at deltadentalins.com. If you are not sure of your plan, register or log in to Online Services.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA – Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Delta Dental Premier and Delta Dental PPO are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental PPO is underwritten as a Dental Provider Organization (DPO) plan.

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EF15 #104742A (rev. 4/17)

DELTA DENTAL

Delta Dental PPO™

# Elevate Your Smile

## 7 ways to make the most of your dental plan

### 1 Save with PPO.

Visit a dentist from the PPO[1] network to maximize your savings.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a PPO dentist at **deltadentalins.com.**

### 2 Seek preventive care.

Regular exams and cleanings are available at low or no cost. These services help catch problems before they require costly and extensive treatment.

### 3 Set up an online account.

Get information about your plan anytime, anywhere by signing up for an online account. Available once your coverage kicks in, this free service lets you find a network dentist, view or print your ID card and more. The one-time registration process takes only a minute.

### 4 Go paperless.

Receive an email when a new dental benefits statement is available. Save time, reduce clutter and preserve environmental resources. To enroll, log in to your account and update your settings.

## Newly covered?

Visit **deltadentalins.com/welcome**

[1] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

[2] You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist.

[3] You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

We keep you smiling®

deltadentalins.com/enrollees

## 5 Coordinate benefits.

Are you covered under a second dental plan? Ask your dentist to include information about both plans with your claim, and we'll handle the rest.[4]

## 6 Talk to your dentist.

From pregnancy to diabetes, overall health can affect your dental health. Start each visit with a quick chat about any issues.

## 7 Stay informed.

Get tools and tips at our SmileWay® Wellness site (**mysmileway.com**). Don't forget to subscribe to *Grin!*, our free dental wellness e-magazine.

[4] Group- and state-specific exceptions may apply. Please review your plan booklet for details about coordination of benefits, including rules for determining primary and secondary coverage.

# Contact us

**Online assistance:**

For quick and easy online assistance, go to **deltadentalins.com/contact**, select the Delta Dental company and choose the applicable customer service form.

**Telephone assistance:**

Delta Dental of California: **800-765-6003**

California School District Employees: **866-499-3001**

Delta Dental of Delaware; Delta Dental of the District of Columbia; Delta Dental of New York; Delta Dental of Pennsylvania (and Maryland); Delta Dental of West Virginia: **800-932-0783**

Delta Dental Insurance Company (Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas, Utah): **800-521-2651**

**Got a simple question?** Use our automated phone system, available 24/7. You can check your coverage levels, remaining maximum and more. Just call one of the customer service numbers listed above and follow the prompts.

Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc.

**LEGAL NOTICES:** Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html.

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EF17_PPO #112725K (rev. 5/18)

DELTA DENTAL

# Keep Smiling

## Delta Dental PPO™

### Save with PPO

Visit a dentist in the PPO[1] network to maximize your savings.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a PPO dentist at **deltadentalins.com**.

### Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at **deltadentalins.com**. This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

### Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.[4] You can find this date by logging in to your online account.

### Newly covered?

Visit **deltadentalins.com/welcome**.

## Save with a PPO dentist

PPO

NON-PPO

[1] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

[2] You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

[3] You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

[4] Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

**LEGAL NOTICES:** Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html.

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HL_PPO #112725A (rev. 4/18)

DELTA DENTAL®

# Need Dental Coverage?

## Delta Dental may be just what you're looking for

### 5 reasons to enroll

1. **Save money.** You'll get preventive care, like regular cleanings and exams, at low or no cost. Even basic procedures are covered at a fraction of the price you'd pay out of pocket.[1]
2. **Prevent future problems.** By getting regular care today, you can avoid costly, extensive dental work tomorrow. Did you know that the price of a small cavity can balloon to over a thousand dollars if left untreated?[2]
3. **Protect your health.** Taking care of your teeth and gums makes you less likely to develop cavities, lose teeth and worsen other health conditions, like diabetes and heart disease.[3]
4. **Get quality care.** Delta Dental has been providing great dental coverage for decades. Our networks feature dentists you can count on for professional, reliable care.
5. **Enjoy peace of mind.** When you've got dental coverage, you can rest easy, knowing that you're prepared for even the unexpected.

### Individual and Family Plans

**DeltaCare® USA**
With this prepaid option, you'll get access to a reliable network of quality dentists. Enjoy predictable copayments, no deductibles, maximums or waiting periods. This plan is available in California, District of Columbia, Florida, Maryland, New York, Pennsylvania, Texas and Utah.

**Delta Dental PPO™**
Under this preferred provider organization plan, you can visit any licensed dentist and receive coverage. Choose between the Basic and Premium options. This plan is offered in Alabama, California, Delaware, District of Columbia, Florida, Georgia, Louisiana, Maryland, Mississippi, Montana, Nevada, New York, Pennsylvania, Texas, Utah and West Virginia.

Sign up at **deltadentalins.com/plans.**

### More plan choices

For information about membership and government plans, visit **deltadentalins.com/affiliate-plans**.

[1] Please refer to your plan details for more information about your coverage.

[2] Glover, Lacie (2016). How much does a root canal cost? NerdWallet. https://www.nerdwallet.com/blog/health/how-much-does-a-root-canal-cost

[3] Periodontitis: from microbial immune subversion to systemic inflammation. Nature Reviews Immunology. 2015;15(1):30.

DeltaCare USA Individual/Family Dental Plan: DeltaCare USA is underwritten in these states by these entities: CA — Delta Dental of California; DC and FL — Delta Dental Insurance Company; MD and TX — Alpha Dental Programs, Inc.; UT — Alpha Dental of Utah, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

In Florida, Delta Dental Insurance Company provides DeltaCare USA Plan benefits as a Prepaid Limited Health Service Organization as described in Chapter 636 of the Florida Statutes.

Delta Dental Individual & Family™ - Delta Dental PPO Basic Plan for Families and Delta Dental PPO Premium Plan for Families: Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

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EF50 #112725O (rev. 5/18)

DELTA DENTAL

# Go PPO!

## 6 great reasons to stay in-network

Your Delta Dental PPO™ plan lets you visit any licensed dentist, but you'll maximize plan value by taking advantage of our robust, nationwide PPO network.[1] Here are six great reasons to "go PPO":

1 **Greater savings.** PPO dentists have agreed to reduced fees, which leaves more money in your pocket. You can find a PPO dentist at **deltadentalins.com.**

2 **Quality assurance.** Make sure your smile gets the care it deserves. We monitor PPO dentists to ensure that proper licensing, cleanliness and safety procedures are followed and send regular updates on policies and contracting requirements.

3 **No balance billing.** PPO dentists can't charge you more than their set fees. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's contracted rate — a process known as "balance billing."

4 **Avoid unbundling.** PPO dentists agree not to "unbundle" services that are part of a treatment, like tooth preparation or local anesthesia. Out-of-network dentists may charge for these services separately, making their overall charges higher.

5 **Less paperwork.** PPO dentists handle all claim forms and other paperwork for you. If you choose an out-of-network dentist, you may need to submit a claim yourself.

6 **No prepayment required.** When you choose a PPO dentist, you'll pay only your portion of the bill.[2] We'll pay our share directly to your dentist. Out-of-network dentists may require you to pay the full cost of treatment up front and request reimbursement from Delta Dental.

## Save with a PPO dentist

PPO

NON-PPO

[1] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.
[2] You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.
[3] NetMinder Dental Network Trend Report, March 2018. Delta Dental Premier is the largest dentist network nationwide, based on total unique dentists.

Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc.

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EF12 #112725H (rev. 5/18)

DELTA DENTAL

# Take the Challenge

deltadentalins.com/challenge

**Assess your risk.** Our risk assessment tool gives you an oral health score that you can share with your dentist at your next visit.

**Test your habits.** Are you at risk for cavities or gum disease? Take our interactive quizzes to find out.

**Expand your knowledge.** Read articles or watch short videos on dental health–related topics, from acid reflux to x-rays. Get tips for preventive care, tooth-friendly recipes and more!

**Stay connected.** Keep in touch with us for dental health articles and fun facts:

- Sign up for *Grin!*, our dental wellness e-magazine
- Follow us on Facebook, Twitter and Google Plus

## The SmileWay® Challenge: 6 easy steps.

Empower yourself with oral health tips and tricks! By taking the SmileWay Challenge, you'll learn about everything from braces to gum disease in six easy steps.

1. Assess your risk using our dentist-approved tool.
2. Take the cavity and gum disease quizzes.
3. Read at least three dental health articles.
4. Watch at least three dental health videos.
5. Follow Delta Dental on social media.
6. Subscribe to *Grin!*, our wellness e-magazine.

SmileWay®
Your smile. Your health. Your way.

We keep you smiling®
deltadentalins.com/enrollees

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of the District of Columbia — DC, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, FL, GA, LA, MS, MT, NV, TX and UT.

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EF53 #109930 (rev. 10/17)

DELTA DENTAL

# Your Smile, Your Choice

## Delta Dental PPO™ & DeltaCare® USA

Your company lets you choose between two dental plans from Delta Dental. Either way, you'll get reliable dentist networks and affordable preventive care. Your options are:

**Delta Dental PPO[1]**
This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a Delta Dental PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

**DeltaCare USA**
Under this HMO-type plan, you'll have your choice of skilled primary care dentists from the DeltaCare USA network. Select a primary care dentist, who will then coordinate any needed referrals to a specialist.[2] Covered services provided by your DeltaCare USA dentist have preset copayments (dollar amounts), which are listed in your plan booklet. There are no maximums or deductibles.[3]

Turn the page for more details to help you choose the best plan for your needs.

[1] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

[2] In WY, you do not need to select a primary care dentist, but you must visit a network dentist to receive benefits. In the following states, you can maximize your savings when you visit a network dentist, although you may visit any licensed dentist and receive out-of-network coverage: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT. Refer to your plan booklet for details about your out-of-network benefits.

[3] Refer to your plan booklet for more information about covered services, deductibles and maximums.

# Compare Plan Features

| | Delta Dental PPO | DeltaCare USA |
|---|---|---|
| **Can I go to any dentist?** | You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist. | You must select a DeltaCare USA primary care dentist and visit this dentist to receive benefits.[2] |
| **What procedures are covered?** | Your plan covers a wide range of services, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, is offered at low or no cost. | Your plan covers over 300 procedures, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, has low or no copayments. |
| **Are there deductibles and maximums?** | Yes, most plans have an annual deductible and maximum. | No, there are no annual deductibles or maximums.[4] |
| **Am I covered for treatment I began under a different employer-sponsored dental plan?** | Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule. | Coverage is provided only for treatment started and completed after your effective date.[5] Orthodontic treatment may be an exception to this rule. |
| **What if I started orthodontic treatment under my previous dental plan?** | Typically, Delta Dental pays the remaining benefit not paid by your prior dental plan. | You are responsible for the copayments and fees subject to the provisions of your prior dental plan. |
| **What happens if I need to see a specialist?** | You do not need a referral from your dentist. | Contact your DeltaCare USA primary care dentist to coordinate your referral.[6] |
| **What is my out-of-area coverage?** | You can visit any licensed dentist. | You have a limited benefit to go out of network for emergency care. |
| **How do I change my dentist?** | You can change your dentist at any time without contacting us. | You can change your selected or assigned primary care dentist online or by telephone.[7] |
| **Do I need to fill out claims?** | If you visit a Delta Dental dentist, the dental office will file the claim for you. If you go to a non–Delta Dental dentist, you may have to submit the claim yourself. | There are generally no claim forms under your plan.[8] |

[4] In AK, CT, ND and SD, you have an out-of-network calendar year maximum of $500 when you visit an out-of-network dentist.

[5] Except in Texas; please refer to your plan booklet for details.

[6] Most services not performed by your primary care dentist must be authorized by Delta Dental. In some states, specialty care benefits are only available for services performed by an in-network specialist. Refer to your plan booklet for details.

[7] In the following states, you can change your dentist any time without contacting Delta Dental: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT, WY.

[8] You may have to complete a claim form if you visit an out-of-network dentist, such as for limited emergency treatment or in the following states: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA – Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA — Delta Dental of California; PA, MD — Delta Dental of Pennsylvania; NY — Delta Dental of New York, Inc.; DE — Delta Dental of Delaware, Inc.; WV — Delta Dental of West Virginia, Inc.

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DELTA DENTAL

# Keep Smiling

## Delta Dental PPO℠

### Stay in network to save

Visit a dentist in the PPO[1] network to maximize your savings.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a PPO dentist at **deltadentalins.com**.

If you can't find a PPO dentist, Delta Dental Premier® dentists offer the next best opportunity to save. Unlike non–Delta Dental dentists, they have agreed to set fees, and you won't get charged more than your expected share of the bill.

### Set up an online account

Get information about your plan anytime, anywhere by signing up for an Online Services account at **deltadentalins.com**. Available once your coverage kicks in, this free service lets you check benefits and eligibility information, find a network dentist and more.

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your plan, they will need to provide your information. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

### Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.[4] You can find this date by logging in to Online Services.

### Newly covered?

Visit **deltadentalins.com/welcome**.

## Save with a PPO dentist

PPO

PREMIER

NON–DELTA DENTAL

[1] In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

[2] You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

[3] You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

[4] Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

**LEGAL NOTICES:** Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html.

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HL_PPO-PRE #104383H (rev. 7/17)

**Plan Benefit Highlights for:** Sample Group

**Group No:** 12345

DELTA DENTAL PPO℠

BENEFIT HIGHLIGHTS

| Eligibility | Primary enrollee, spouse and eligible dependent children to age 26 | | | |
|---|---|---|---|---|
| **Deductibles** | $25 per person / $75 per family each calendar year | | | |
| Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics? | Yes | | | |
| **Maximums** | $1,500 per person each calendar year | | | |
| D & P counts toward maximum? | Yes | | | |
| **Waiting Period(s)** | Basic Benefits None | Major Benefits None | Prosthodontics None | Orthodontics None |

| Benefits and Covered Services* | Delta Dental PPO dentists** | Delta Dental Premier dentists** | Non-Delta Dental dentists** |
|---|---|---|---|
| **Diagnostic & Preventive Services (D & P)** Exams, cleanings and x-rays | 100 % | 100 % | 100 % |
| **Basic Services** Fillings and sealants | 80 % | 70 % | 60 % |
| **Endodontics (root canals)** Covered Under Basic Services | 80 % | 70 % | 60 % |
| **Periodontics (gum treatment)** Covered Under Basic Services | 80 % | 70 % | 60 % |
| **Oral Surgery** Covered Under Basic Services | 80 % | 70 % | 60 % |
| **Major Services** Crowns, inlays, onlays and cast restorations | 50 % | 50 % | 40 % |
| **Prosthodontics** Bridges and dentures | 50 % | 50 % | 40 % |
| **Orthodontic Benefits** Dependent children | 50 % | 50 % | 50 % |
| **Orthodontic Maximums** | $1,500 Lifetime | $1,500 Lifetime | $1,500 Lifetime |

* 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, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental PPO 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_3COL_DDIC (Rev. 11/08/2017)

SAMPLE

**DENTAL ADMINISTRATIVE SERVICES CONTRACT**

This Contract is entered into between **[Name of Company]** (Contractholder) and **Delta Dental Insurance Company** (hereinafter referred to as Delta Dental).

Whereas, Contractholder has adopted an employee dental benefit plan (the Plan), which is set forth in the employee benefit booklet, as shown in Section 7, mutually agreed upon by Contractholder and Delta Dental, and for which Contractholder retains all liabilities;

Whereas, Contractholder has requested Delta Dental to provide certain administrative services to the Plan and Delta Dental has agreed to provide such services in accordance with this Contract and, without assuming any liability of the Contractholder under the Plan;

Now therefore, in consideration of the mutual promises and covenants contained in this Contract, it is hereby agreed as follows:

**SECTION 1. DEFINITIONS**

Terms with capital letters appearing in this Agreement shall have the meaning given to them in the Plan attached hereto as shown in Section 7. In addition, the following terms shall have these meanings:

1.01 **Contract** means this agreement between Delta Dental and Contractholder including the attached appendices, endorsements and riders, if any. This Contract constitutes the entire agreement between the parties.

1.02 **Contract Term** means the period during which this Contract is in effect. The Contract Term is shown in Appendix A.

1.03 **Plan** means the self-funded dental benefits program for Contractholder's employees or members and their eligible dependents as set forth in Section 7.

**SECTION 2. DUTIES OF DELTA DENTAL**

For the administrative charge set forth in Appendix A, Delta Dental will provide Contractholder with the following services for the administration and operation of the Plan:

2.01 **Claims Services**
Delta Dental shall provide the following claim services:

a) Evaluate and process claims presented for Benefits described in the employee dental benefit booklet approved by Delta Dental and Contractholder. Claims shall be processed in accordance with Delta Dental's standard processing policies and the employee dental plan booklet as shown in [Section 7] of this Contract. Services shall not be covered when received by a patient who is not an Enrollee at the time of treatment except for Single Procedures started while the patient was covered. Proof of loss must be furnished to Delta Dental within 12 months after care is received. Failure to furnish proof of loss within this time period shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof of loss within such time and that such proof of loss was furnished as soon as reasonably possible. Proof of loss must be given no later than one (1) year from such time (unless the claimant was legally incapacitated). All written proof of loss must be given to Delta Dental within 12 months of the termination of the Contract.

b) Predetermine the amount of Benefits payable under the Contract. Pre-Treatment Estimate will be valid for 365 days from the date of the Pre-Treatment Estimate, or until an earlier occurrence of any one of the following events:
- the date this Contract terminates;
- the date the Enrollee's coverage ends; or
- the date the Delta Dental Premier® Provider's (Premier Provider) or Delta Dental PPO Provider's (PPO Provider) agreement with Delta Dental ends.

c) Investigate claims when appropriate. This includes, but is not limited to, referring claims to professional consultants. In addition, Delta Dental may obtain to the extent permitted by XXXX law, from any Provider or from hospitals in which a Provider's care is provided, such information and records relating to an Enrollee as Delta Dental may require to determine the claim, or Delta Dental may require that an Enrollee be examined by a dental consultant retained by Delta Dental in or near his community or residence. Such information and records will be kept confidential.

d) Coordinate Benefit coverage when Benefits are being provided under two (2) or more group benefit plans or group health care programs as described in the employee benefit booklet prepared by Delta Dental and approved by Contractholder.

e) Delta Dental may suspend claims for Enrollees if it does not receive all amounts due, in the amount and manner required by Section 3 and Appendix A. Also, Delta Dental shall not pay claims for any person unless included on the monthly eligibility list when the dental services are performed. However, a child shall be covered if notice of birth and payment are received within 31 days after birth. All payments for services performed by a PPO or Premier Provider will be made directly to the Provider. With regard to services performed by a Non-Delta Dental Provider, the Primary Enrollee may request in writing when filing proof of loss to have the payment made to the Provider. All other payments shall be payable to the Primary Enrollee, or to the estate, except that if the person is a minor or otherwise not competent to give a valid release, payment may be made payable to his parent, guardian or other person actually supporting him, unless otherwise specified by a valid court order.

f) Document claim payments to providers for the purpose of reporting to the Internal Revenue Service.

g) Furnish to any Provider or any Enrollee, on request, a Claim Form to make a claim for payment for services under the Plan.

h) Notify the Primary Enrollee if any Benefits are denied for services submitted on a Claim Form. An Enrollee has 180 days after receiving a notice of denial to appeal it by writing to Delta Dental giving reason why the denial is disputed. The Enrollee may also ask Delta Dental to examine any records to aid an appeal. Delta Dental will review the denial in accordance with the Plan and render a decision. Should the Primary Enrollee further appeal Delta Dental's decision to Contractholder, Delta Dental shall assist Contractholder by providing information necessary to conduct its review.

i) Provide Contractholder with an annual projection of paid claims.

j) Provide Contractholder with standard claim activity reports.

2.02 **Dental Care Booklet**
Delta Dental shall be responsible for drafting an employee dental care booklet which summarizes the Benefits and to whom Benefits are payable. Delta Dental is also responsible for providing this booklet to the Contractholder in an electronic format. The booklet is non-assignable and the Benefits are non-assignable prior to a claim. If any amendment to this Contract shall materially affect any Benefits described in such booklet, new booklets or amendments showing the change shall be issued.

2.03 **Identification Card**
Delta Dental will mail identification cards to all Primary Enrollees to their home address and will make identification card available for Primary Enrollees to download from Delta Dental's website (deltadentalins.com).

2.04 **PPO Providers and Premier Providers**
Delta Dental will provide access to PPO Provider and Premier Provider network listings on the Internet. Delta Dental's website address is deltadentalins.com.

a) Contractholder understands and agrees that any agreement between Delta Dental and a network dentist is that of an independent contractor. Delta Dental shall not be responsible for any care rendered or not rendered. Delta Dental shall provide Contractholder with an electronic version of the PPO Provider Directory.

b) Any information relating to PPO Providers and Premier Providers will be considered the sole property of Delta Dental and shall not be distributed to third parties or for any purpose other than one which is reasonably necessary to carry out the terms of the Contract.

c) Delta Dental does not guarantee the availability of any Provider nor is it required that dental services be provided by any specific Provider.

## SECTION 3. DUTIES OF CONTRACTHOLDER

3.01 **Eligibility**

On or before the Effective Date, Contractholder will furnish to Delta Dental, in writing or in electronic media format agreed by Delta Dental and the Contractholder, a listing of eligible Primary Enrollees and Dependent Enrollees. The listing must show the names, Enrollee ID numbers, dates of hire, dates of birth, dependent status and location codes, if any. The eligibility list shall include all active employees unless the employee waives coverage in writing or the Eligible Employee enrolls in an alternate dental plan offered by Contractholder.

Thereafter, before the 10th of each month, Contractholder must furnish to Delta Dental in the format agreed to above, a listing indicating specific additions, changes or terminations made during the prior month.

Contractholder will notify Delta Dental in writing of any requests for administrative fee adjustments for Enrollees who should have been terminated in the event Delta Dental was not previously notified of the termination(s). Said termination date will be adjusted retroactively to the immediately preceding 3 months plus the current month, provided:

a) no claims were submitted to be processed on said Enrollee subsequent to the date of retroactive termination; and
b) The administrative fees were actually paid for the Enrollee subsequent to the date of retroactive termination.

Delta Dental will notify the Contractholder in writing of the revised termination date and administrative fees will be adjusted accordingly.

Delta Dental will not pay any Benefits for an Enrollee or Dependent Enrollee if proof of eligibility is not submitted. Also, Delta Dental will not pay Benefits for an Enrollee if the administrative fees are not paid for the month in which dental services are rendered.

3.02 **Audits**

Contractholder shall permit Delta Dental to audit its records to determine whether the lists of Primary Enrollees are correct and to verify the monthly payments match the administrative charges. Delta Dental shall give Contractholder written notice within a reasonable time before the audit date.

3.03 **Printing and Distribution**

Contractholder agrees to consult with Delta Dental to the extent reasonably practical concerning any material published or distributed relating to the Contract. No such material shall be published or distributed which is contrary to the terms of the Contract.

Contractholder will make the dental booklet(s) drafted by Delta Dental available to each Primary Enrollee via its internal computer network or through its website. Contractholder will neither change nor revise these booklets without the prior written approval of Delta Dental.

3.04 **Electronic Transfer of Funds**

Delta Dental will produce a weekly summary of claims paid. This information will be transmitted weekly by fax or email to the Contractholder. Contractholder will initiate a weekly to Delta Dental's account within one (1) business day of receiving the weekly summary of claims paid by Delta Dental.

Delta Dental may suspend claims payments at any time if the requested electronic funds transfer is not received within the allotted time frame.**]**

## SECTION 4. RELATIONSHIP OF THE PARTIES

4.01 Delta Dental is an independent contractor with Contractholder.

4.02 Delta Dental shall be responsible for fulfilling all administrative duties and obligations set forth in this Agreement. Notwithstanding the foregoing, Delta Dental may, in its discretion, delegate one or more functions or tasks to one or more subsidiaries or affiliated companies (companies under common control with or by Delta Dental), however, such delegation shall not in any way affect Delta Dental's continuing obligation to perform its stated duties and obligations.

4.03 **Indemnification**

Contractholder shall indemnify, defend and hold harmless Delta Dental, its directors, officers, employees, agents and affiliated companies against any and all claims, demands, liabilities, costs, damages and causes of action or administrative proceedings whatsoever, including reasonable attorney's fees, arising from Contractholder's negligent performance or non-performance of its obligations under this Contract.

Delta Dental shall indemnify, defend and hold harmless the Contractholder, its directors, officers, employees, agents and affiliated companies against any and all claims, demands, liabilities, costs, damages and causes of action or administrative proceedings whatsoever, including reasonable attorney's fees, arising from Delta Dental's negligent performance or non-performance of its obligations under this Contract.

4.04 **Impossibility of Performance**
Neither party shall be liable to the other or be deemed to be in breach of this Contract for any failure or delay in performance arising out of causes beyond its reasonable control. Such causes are strictly limited to include acts of God or of a public enemy, explosion, fires, or unusually severe weather. Dates and times of performance shall be extended to the extent of the delays excused by this paragraph, provided that the party whose performance is affected notifies the other promptly of the existence and nature of the delay.

**SECTION 5. GENERAL PROVISIONS**

5.01 If during the Contract Term any new or increased tax, assessment, or fee is imposed on the amounts payable to, or by, Delta Dental under this Contract or any immediately preceding contract between Delta Dental and the Contractholder, the amount stated in Appendix A will be increased by the amount of any such new or increased tax, assessment, or fee by written notice to Contractholder, and the Contract shall thereby be modified on the date set forth in the notice.

5.02 The parties agree that all questions regarding interpretation or enforcement of the Contract shall be governed by the laws of the State of XXXX, where the Contract was entered into and is to be performed. Any provision of the Contract which, on its Effective Date, is in conflict with statutes of said state is hereby amended to conform to minimum requirements of such statutes.

5.03 Delta Dental is a member of the Delta Dental of California Holding Company System (the “Enterprise”). There are service agreements between and among the controlled member companies of the Enterprise. Delta Dental is a party to some of these service agreements, and it is expected that the services, which include certain ministerial tasks, will continue to be performed by these controlled member companies, which operate under strict confidentiality and/or business associate agreements. All such service agreements have been approved by the respective regulatory agencies.

5.04 Delta Dental will not be responsible or liable for any incorrect, obsolete or unreadable data or information supplied to Delta Dental including, but not limited to, eligibility and enrollment information.

5.05 All formal notices required under the Contract must be in writing and sent by first-class United States Mail, overnight delivery service or personal delivery. Notice by first class United States Mail shall be effective forty-eight (48) hours after mailing.

Notice to Delta Dental shall be to: Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

Notice to Contractholder shall be to: Groups Name
Address
City, ST, Zip

5.06 Both parties to the Contract agree to permit and encourage the professional relationship between Provider and patient to be maintained without interference.

5.07 The Contract may not be amended, except in writing by mutual consent of Delta Dental and Contractholder.

5.08 If any portion of the Contract or any amendment thereto shall be determined by a court or other competent authority to be illegal, void or unenforceable, such determination shall not abrogate the Contract or any portion thereof other than such portion determined to be illegal, void or unenforceable, and all other portions of the Contract shall remain in full force and effect.

5.09 Contractholder shall comply in all respects with applicable federal, state and local laws and regulations relating to administrative simplification, security and privacy of individually identifiable Enrollee information. The Contractholder agrees that this Contract may be amended as necessary to comply with federal regulations issued under the Health Insurance Portability and Accountability Act of 1996 or to comply with any other enacted administrative simplifications, security or privacy laws or regulations.

5.10 Absent fraud, each statement made by the Contractholder or Enrollee is considered to be a representation and not a warranty.

**SECTION 6. TERMINATION AND RENEWAL**

6.01 The term of the Contract shall be for the period set forth in Appendix A.

6.02 The Contract may be terminated only for the following causes:

a) By Delta Dental, upon Contractholder's failure (i) to furnish Delta Dental with a list of all Primary Enrollees and Dependent Enrollees as required under Section 3.01; (ii) to permit the inspection of records as called for under Section 3.02; or (iii) to pay all amounts due, in the amount and manner required by Section 3 and Appendix A.

b) By either Contractholder or Delta Dental, upon expiration of a Contract Term.

c) By Delta Dental, in the event that the number of Primary Enrollees reported by Contractholder to Delta Dental shall be less than the minimum number of Primary Enrollees (shown in Appendix A) in each of three (3) consecutive months, but only upon written notice, given not more than 15 days after receipt of the list of Primary Enrollees which indicates that such grounds for termination exist, effective as of the last day of the month in which notice of termination is given.

d) By Delta Dental, in the event that the bank account for claim payment remains under funded as a result of insufficient funds for more than 15 days. The Contract shall terminate as of the last day of the month after the fifteen days under funding has occurred.

6.03 In the event of termination by Delta Dental, all Benefits shall terminate and Delta Dental shall be released from all further obligations of the Contract, effective on the last day of the month in which written notice of termination is given. Contractholder shall remain liable for claims incurred, paid or otherwise discharged during the term of the Contract and during the 12-month claims run-out period.

6.04 The Contract may be terminated at the end of a Contract Term only by at least 60 days written notice.

6.05 Delta Dental will notify the Contractholder in writing within 60 days prior to the end of each Contract Term of the renewal information.

6.06 In the event of termination by the Contractholder, upon 30 days written notice by the terminating party to the other party of such termination in which event Delta Dental shall be paid its compensation for services performed to termination date, including all reimbursable expenses then due or incurred to the date of termination. Termination for cause shall include, but not be limited to, misuse of funds, fraud, lack of compliance with applicable rules, laws, regulations, and ordinances, and failure to perform in a timely manner any provision of this Agreement.

Delta Dental and the Contractholder understand and agree that at the expiration of this Agreement or any extension thereto, the Contractholder shall in no way be further obligated to Delta Dental and shall remain liable for claims incurred, paid or otherwise discharged during the term of the Contract and during the 12-month claims run-out period.

**SECTION 7. ATTACHMENTS**

The following documents are attached to this Contract and made a part hereof:

**Appendix A** **Administrative Contract Variables**

**Appendix B** **Employee Benefit Booklet**

**SECTION 8. SIGNATURES**

The terms of this Contract are agreed to by:

| **DELTA DENTAL INSURANCE COMPANY** | **NAME** |
|---|---|
| Belinda Martinez | |
| Belinda Martinez | Name of Officer: |
| President | Title: |
| January 1, 2015 | Date: |

## APPENDIX A

## ADMINISTRATIVE CONTRACT VARIABLES

A. Contract Number:

B. The administrative services performed by Delta Dental under this Contract shall be effective commencing on _____.

C. The Contract Term shall be for the period commencing on _____ and concluding on _____.

D. The monthly administrative charge is based on _____ covered employees and the composition of the Contractholder's group at the beginning of each Contract Term. Delta Dental may propose a choice of changes in administrative charges for a [15] percent change in composition during the Contract Term, such as an increase or decrease in enrollment, change in location, change in job classifications, change in mix of active versus retiree enrollment or other similar change in the Contractholder's group composition that lasts three (3) months in a row or longer and results in an increase in cost per person of the Contractholder's group. Within 31 days of receipt of the proposed change(s), Contractholder will select one of the choices by written notice to Delta Dental. If Contractholder fails to do so, Delta Dental may select one of the choices by written notice to Contractholder. This Contract will be modified for all dental services predetermined and incurred after notice.

E. [Delta Dental on a monthly basis will reconcile and bill for the administration of the Plan. Contractholder shall furnish to Delta Dental monthly payments of $_____ for each Primary Enrollee as compensation for administering the program. Any payment received after 90 days of the due date shall be subject to interest equal to one percentage point above the then current three month U.S. Treasury Bill rate.

The cost of claims submitted by Premier Providers as shown on the weekly summary of claims paid will be calculated using the lesser of the submitted charge or the [90th] percentile. Contractholder agrees that any difference between the invoiced amount of claims paid and the contracted fee paid to Premier Providers will be retained or absorbed by Delta Dental as the administrative charge.]

[Delta Dental on a monthly basis will reconcile and bill for the administration of the Plan.Contractholder shall furnish to Delta Dental monthly payments of $_____ for each Primary Enrollee as compensation for administering the program. Any payment received after 90 days of the due date shall be subject to interest equal to one percentage point above the then current three month U.S. Treasury Bill rate.

The cost of claims submitted by Premier Providers as shown on the weekly summary of claims paid will be calculated using the lesser of the submitted charge or the [90th] percentile. Contractholder agrees that [xx] percent of the difference between the invoiced amount of claims paid and the contracted fee paid to Premier Providers will be retained or absorbed by Delta Dental as part of the administrative charge.]

[Delta Dental on a monthly basis will reconcile and bill for the administration of the Plan. Contractholder shall furnish to Delta Dental monthly payments of % of paid claims as compensation for administering the program. Any payment received after 90 days of the due date shall be subject to interest equal to one percentage point above the then current three month U.S. Treasury Bill rate.]

[Delta Dental on a monthly basis will invoice the Contractholder for the claims activity and the administration of the Plan. Contractholder shall furnish to Delta Dental monthly payments of % of paid claims as compensation for administering the program. Any payment received after 90 days of the due date shall be subject to interest equal to one percentage point above the then current three month U.S. Treasury Bill rate.]

F. Delta Dental may change the amounts charge whenever the Contract is amended or whenever the Contractholder requests a change in Benefits or eligibility or when applicable under 5.01. Any change in amounts due shall not be effective during a Contract Term unless Contractholder and Delta Dental agree in writing (except as provided in D and E above or when applicable under 5.01).

G. The minimum number of Primary Enrollees for termination purposes is less than 10 or a reduction of 30% or more over three (3) consecutive months.

**APPENDIX B**

**EMPLOYEE BENEFIT BOOKLET**

# [GROUP NAME]

deltadentalins.com

**Group No:**

**Effective Date:**

**Revised:**

## Table of Contents

INTRODUCTION ..... 1
DEFINITIONS ..... 1
COST OF COVERAGE ..... 4
ELIGIBILITY AND ENROLLMENT ..... 2
CONDITIONS UNDER WHICH BENEFITS ARE PROVIDED ..... 6
SELECTING YOUR PROVIDER ..... 9
CLAIMS APPEAL ..... 9
GENERAL PROVISIONS ..... 11

## Attachments

ATTACHMENT A: DEDUCTIBLES, MAXIMUMS AND CONTRACT BENEFIT LEVELS
ATTACHMENT B: SERVICES, LIMITATIONS AND EXCLUSIONS

# INTRODUCTION

We are pleased to welcome you to the group dental plan for [group name]. Your plan is self-funded by your employer and your claims are administered by Delta Dental. Our goal is to provide you with the highest quality dental care and to help you maintain good dental health. We encourage you not to wait until you have a problem to see the Provider, but to see him/her on a regular basis.

This Employee Benefit Booklet is a summary of your group dental program. Please read it carefully. It only summarizes the detailed provisions of the group dental contract issued by Delta Dental Insurance Company ("Delta Dental") and cannot modify the Contract in any way.

## Using This Employee Benefit Booklet

This Employee Benefit Booklet, which includes Attachment A, Deductibles, Maximums and Contract Benefit Levels (Attachment A) and Attachment B, Services, Limitations and Exclusions (Attachment B), discloses the terms and conditions of your coverage and is designed to help you make the most of your dental plan. It will help you understand how the plan works and how to obtain dental care. Please read this booklet completely and carefully. Keep in mind that "you" and "your" mean the individuals who are covered. "We," "us" and "our" always refer to Delta Dental. In addition, please read the Definitions section, which will explain any words that have special or technical meanings under the Contract.

The benefit explanations contained in this booklet are subject to all provisions of the Contract on file with your employer, trust fund, or other entity ("Contractholder") and do not modify the terms and conditions of the Contract in any way, nor shall you accrue any rights because of any statement in or omission from this booklet. This booklet is *not* a Summary Plan Description to meet the requirements of ERISA.

**Notice:** *This booklet is a summary of your group dental plan and must be in effect at the time covered dental services are provided. This information is not a guarantee of covered benefits, services or payments.*

## Contact Us

For more information please visit our website at deltadentalins.com or call our Customer Service Center. A Customer Service Representative can answer questions you may have about obtaining dental care, help you locate a Delta Dental Provider, explain benefits, check the status of a claim, and assist you in filing a claim.

You can access our automated information line at 800-521-2651 during regular business hours to obtain information about Enrollee eligibility and benefits, group benefits, or claim status, or to speak to a Customer Service Representative for assistance. If you prefer to write us with your question(s), please mail your inquiry to the following address:

*Delta Dental Insurance Company*
*P.O. Box 1809*
*Alpharetta, GA 30023*

## DEFINITIONS

Terms when capitalized in your Employee Benefit Booklet have defined meanings, given in the section below or throughout the booklet sections.

**Accepted Fee:** the amount the attending Provider agrees to accept as payment in full for services rendered.

**Benefits:** covered dental services provided under the terms of the Contract.

**Calendar Year:** the 12 months of the year from January 1 through December 31.

**Claim Form:** the standard form used to file a claim or request Pre-Treatment Estimate.

**Contract:** the agreement between Delta Dental and the Contractholder, including any attachments.

**Contract Benefit Level:** the percentage of the Maximum Contract Allowance that Delta Dental will pay after the Deductible has been satisfied as shown in Attachment A.

**Contractholder:** the employer, union or other organization or group as named herein contracting to obtain Benefits.

**Contract Year:** the 12 months starting on the Effective Date and each subsequent 12 month period thereafter.

**Deductible:** a dollar amount that an Enrollee and/or the Enrollee's family (for family coverage) must pay for certain covered services before Delta Dental begins paying Benefits.

**Delta Dental Premier® Provider (Premier Provider):** a Provider who contracts with Delta Dental or any other member company of the Delta Dental Plans Association and agrees to accept the Delta Dental Premier Contracted Fee as payment in full for covered services provided under a plan. A Premier Provider also agrees to comply with Delta Dental's administrative guidelines.

**Delta Dental Premier Contracted Fee:** the fee for a Single Procedure covered under the Contract that a Premier Provider has contractually agreed to accept as payment in full for covered services.

**Delta Dental PPO℠ Provider (PPO Provider):** a Provider who contracts with Delta Dental or any other member company of the Delta Dental Plans Association and agrees to accept the Delta Dental PPO Contracted Fee contracted fees as payment in full for covered services provided under a PPO dental plan. A PPO Provider also agrees to comply with Delta Dental's administrative guidelines.

**Delta Dental PPO Contracted Fee:** the fee for a Single Procedure covered under the contract that a PPO Provider has contractually agreed to accept as payment in full for covered services.

**Dependent Enrollee:** an Eligible Dependent enrolled to receive Benefits.

**Effective Date:** the original date the Contract starts. This date is given on this booklet's cover and Attachment A.

**Eligible Dependent:** a dependent of an Eligible Employee eligible for Benefits.

**Eligible Employee:** any employee or retiree as eligible for Benefits.

**Enrollee:** an Eligible Employee ("Primary Enrollee") or an Eligible Dependent ("Dependent Enrollee") enrolled to receive Benefits.

**Enrollee Pays:** Enrollee's financial obligation for services calculated as the difference between the amount shown as the Accepted Fee and the portion shown as "Delta Dental Pays" on the claims statement when a claim is processed.

**Enrollee's Effective Date of Coverage:** the date the Contractholder reports coverage will begin for each Primary Enrollee and each Dependent Enrollee.

**Maximum:** is the maximum dollar amount ("Maximum Amount" or "Maximum") Delta Dental will pay toward the cost of dental care. Enrollees must satisfy costs above this amount. Delta Dental will pay the Maximum Amount(s), if applicable, shown in Attachment A for Benefits under the Contract.

**Maximum Contract Allowance:** the reimbursement under the Enrollee's benefit plan against which Delta Dental calculates its payment and the Enrollee's financial obligation. Subject to adjustment for extreme difficulty or unusual circumstances, the Maximum Contract Allowance for services provided:

**PPO/PRE/PROGRAM ALLOWANCEA**

- by a PPO Provider is the lesser of the Provider's Submitted Fee or the Delta Dental PPO Contracted Fee.
- by a Premier Provider is the lesser of the Provider's Submitted Fee or the Delta Dental Premier Contracted Fee.
- by a Non-Delta Dental Provider is the lesser of the Provider's Submitted Fee or the Program Allowance.

PPO/PPO/PPO

- by a PPO Provider is the lesser of the Provider's Submitted Fee or the Delta Dental PPO Contracted Fee.
- by a Premier Provider is the lesser of the Provider's Submitted Fee or the Delta Dental PPO Contracted Fee for a PPO Provider in the same geographic area.
- by a Non-Delta Dental Provider is the lesser of the Provider's Submitted Fee or the Delta Dental PPO Contracted Fee for a PPO Provider in the same geographic area.

TABLE OF ALLOWANCE

- by a PPO Provider is the lesser of the Provider's Submitted Fee or the Delta Dental PPO Contracted Fee or the amount shown on the Table of Allowances.
- by a Premier Provider is the lesser of the Provider's Submitted Fee or the Delta Dental Premier Contracted Fee or the amount shown on the Table of Allowances.
- by a Non-Delta Dental Provider is the lesser of the Provider's Submitted Fee or the amount shown on the Table of Allowances.

Non-Delta Dental Provider: a Provider who is not a PPO Provider or a Premier Provider and is not contractually bound to abide by Delta Dental's administrative guidelines.

**Open Enrollment Period:** the month of the year during which employees may change coverage for the next Contract Year.

**Pre-Treatment Estimate:** an estimation of the allowable Benefits under the Contract for the services proposed, assuming the person is an eligible Enrollee.

**Primary Enrollee:** an Eligible Employee enrolled in the plan to receive Benefits; may also be referred to as "Enrollee".

**Procedure Code:** the Current Dental Terminology© (CDT) number assigned to a Single Procedure by the American Dental Association.

**Program Allowance:** the maximum amount Delta Dental will reimburse for a covered procedure. Delta Dental sets the Program Allowance for each procedure through a review of proprietary data by geographic area. The Program Allowance may vary by the contracting status of the Provider and/or the Program Allowance selected by the Contractholder.

**Provider:** a person licensed to practice dentistry when and where services are performed. A Provider shall also include a dental partnership, dental professional corporation or dental clinic.

**Qualifying Status Change:** a change in:

- marital status (marriage, divorce, legal separation, annulment or death);
- number of dependents (a child's birth, adoption of a child, placement of child for adoption, addition of a step or foster child or death of a child);
- employment status (change in employment status of Enrollee or Eligible Dependent);
- dependent child ceases to satisfy eligibility requirements;
- residence (Enrollee, dependent Spouse or child moves);

- a court order requiring dependent coverage; or
- any other current or future election changes permitted by Internal Revenue Code Section 125.]

**Single Procedure:** a dental procedure that is assigned a separate Procedure Code.

**Spouse:** a person related to or a partner of the Primary Enrollee:

- as defined and as may be required to be treated as a Spouse by the laws of the state where the Contract is issued and delivered;
- as defined and as may be required to be treated as a Spouse by the laws of the state where the Primary Enrollee resides; and
- as may be recognized by the Contractholder.

**Submitted Fee:** the amount that the Provider bills and enters on a claim for a specific procedure.

## COST OF COVERAGE

You are [not] required to contribute towards the cost of your coverage.

You are [not] required to contribute towards the cost of your Dependent Enrollee's coverage.

We may cancel the Contract 30 days after written notice to the Contractholder if the cost of coverage is not paid when due.

## ELIGIBILITY AND ENROLLMENT

### Eligibility Requirements

**[**All present, permanent employees working the XX hours per week are eligible on the Effective Date.

All future permanent employees working XX hours per week shall become eligible ……..

If your dependents are covered, they will be eligible when you are or as soon as they become dependents.

- Dependents are the Primary Enrollee's Spouse and [unmarried] dependent children from birth to age **[**19**]**, or to age **[**25**]** if enrolled as full-time students in an accredited school, college or university.**]**
- Children include natural children, stepchildren, foster children, adopted children, children placed for adoption and children of a partner as recognized by the Contractholder. [Children must be dependent upon Primary Enrollee for support and maintenance.] The dependents of Primary Enrollees are eligible to enroll on the same date that the employee, of whom they are a Dependent, becomes a Primary Enrollee. Later-acquired dependents become eligible as soon as they acquire dependent status.
- An overage **[**unmarried**]** dependent child may be eligible if:
  (1) he or she is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness or condition that began prior to reaching the limiting age;
  (2) he or she is chiefly dependent on the eligible employee for support; and
  (3) proof of dependent child's disability is provided within **[**31**]** days of request. Such requests will not be made more than once a year following a two year period after this dependent reaches the limiting age. Eligibility will continue as long as the dependent relies on the eligible employee for support because of a physically or mentally disabling injury, illness or condition that began before he or she reached the limiting age.]

Dependents serving active military duty are not eligible, as they are typically covered under health and dental coverage provided by the military while they are on active duty.

## Enrollment Requirements

If the Contractholder is paying all coverages for you and your dependents, everyone is automatically enrolled.

If you are paying all or a portion of the coverage for yourself or your dependents then:

- You must enroll within 31 days after the date you become eligible or during an Open Enrollment Period.
- All dependents must be enrolled within 31 days after they become eligible or during an Open Enrollment Period.
- If you elect dependent coverage, you must enroll all of your Dependent Enrollees for coverage.
- You must pay the cost of coverage in the manner elected by the Contractholder and approved by us. Coverage cannot be dropped or changed other than during an Open Enrollment Period or because of a Qualifying Status Change.
- If you pay the cost of coverage for your Dependent Enrollees, you must pay in the manner elected by the Contractholder and approved by us until your dependents are no longer eligible or until you choose to drop dependent coverage. Coverage may not be changed at any time other than during an Open Enrollment Period or if there is a Qualifying Status Change.
- [If both you and your Spouse are eligible persons, one of you may not enroll as a Dependent Enrollee of the other. Dependent children may enroll as Dependent Enrollees of only one Primary Enrollee.]
- A child who is eligible as a Primary Enrollee and a dependent can be insured under the Contract as a Primary Enrollee or as a Dependent Enrollee but not both at the same time.

## Loss of Eligibility

[Your coverage ends on the earlier of the last day of the month you stop working for the Contractholder, are no longer an Eligible Employee of the Contractholder or immediately when the Contract ends. Your Spouse loses coverage when your coverage ends or when dependent status is lost. Your dependent children lose coverage when your coverage ends or [the last day of the month/the end of the Calendar Year] when dependent status is lost.]

## Continuation of Benefits

We will not pay for any services/treatment received after your coverage ends. However, we will pay for covered services incurred while you were eligible if the procedures were completed within 31 days of the date your coverage ended.

A dental service is incurred:

- for an appliance (or change to an appliance), at the time the impression is made;
- for a crown, bridge or cast restoration, at the time the tooth or teeth are prepared;
- for root canal therapy, at the time the pulp chamber is opened; and
- for all other dental services, at the time the service is performed or the supply furnished.

## Strike, Lay-off and Leave of Absence

You and your dependents will not be covered for any dental services received while you are on strike, lay-off or leave of absence, other than as required under the Family & Medical Leave Act of 1993 or other applicable state or federal law*.

Benefits for you and your Dependent Enrollees will resume as follows:

- if coverage is reactivated in the same Calendar Year, Deductibles and maximums will resume as if you were never gone; or
- if coverage is reactivated in a different Calendar Year, new Deductibles and maximums will apply.

Coverage will resume provided the Contractholder submits a request to Delta Dental that coverage be reactivated.

*Coverage for you and your dependents is not affected if you take a leave of absence allowed under the Family & Medical Leave Act of 1993 or other applicable state or federal law. If you are currently paying any part of your

cost of coverage, you may choose to continue coverage. If you do not continue coverage during the leave, you can resume that coverage on your return to active work as if no interruption occurred.

**Important:** The Family & Medical Leave Act of 1993 does not apply to all companies, only those that meet certain size guidelines. See your Human Resources Department for complete information.

If you are rehired within the same Calendar Year, Deductibles and maximums will resume as if you were never gone.]

### Continued Coverage under USERRA

As required under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), if you are covered by the Contract on the date your USERRA leave of absence begins, you may continue dental coverage for yourself and any covered dependents. Continuation of coverage under USERRA may not extend beyond the earlier of:

- 24 months, beginning on the date the leave of absence begins, or;
- the date you fail to return to work within the time required by USERRA.

For USERRA leave that extends beyond 31 days, the cost of coverage for continuation of coverage will be the same as for COBRA coverage.

### Continuation of Coverage Under COBRA

COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) provides a way for you and your Dependent Enrollees who lose employer-sponsored group health plan coverage to continue coverage for a period of time. COBRA does not apply to all companies, only those that meet certain size guidelines. See your Human Resources Department for complete information.

We do not assume any of the obligations required by COBRA of the Contractholder or any employer (including the obligation to notify potential beneficiaries of their rights or options under COBRA).

## CONDITIONS UNDER WHICH BENEFITS ARE PROVIDED

We will pay Benefits for the dental services described in Attachment B. We will pay Benefits only for covered services. The Contract covers several categories of dental services when a Provider provides them and when they are necessary and within the standards of generally accepted dental practice standards. Claims will be processed in accordance with our standard processing policies. The processing policies may be revised at the beginning of a Calendar Year to comply with annual CDT changes made by the American Dental Association and to reflect changes in generally accepted dental practice standards. Delta Dental will provide advance notice of such changes to the Contractholder who will then distribute to Primary Enrollees.

We will use the processing policies that are in effect at the time the claim is processed. We may use dentists (dental consultants) to review treatment plans, diagnostic materials and/or prescribed treatments to determine generally accepted dental practices and to determine if treatment has a favorable prognosis. Limitations and Exclusions will be applied for the period the person is an Enrollee under any Delta Dental program or prior dental care program provided by the Contractholder subject to receipt of such information from the Contractholder or at the time a claim is submitted. Additional eligibility periods, if any, are listed in Attachment A. If you receive dental services from a Provider outside the state of XXXXXXXXX, the Provider will be paid according to Delta Dental's network payment provisions for said state according to the terms of the Contract.

If a primary dental procedure includes component procedures that are performed at the same time as the primary procedure, the component procedures are considered to be part of the primary procedure for purposes of determining the Benefit payable under the Contract. Even if the Provider bills separately for the primary procedure and each of its component parts, the total Benefit payable for all related charges will be limited to the maximum Benefit payable for the primary procedure.

## Enrollee Coinsurance

We will pay a percentage of the Maximum Contract Allowance for covered services, as shown in Attachment A and you are responsible for paying the balance. What you pay is called the enrollee coinsurance ("Enrollee Coinsurance") and is part of your out-of-pocket cost. You pay this even after a Deductible has been met.

The amount of your Enrollee Coinsurance will depend on the type of service and the Provider providing the service (see section titled "Selecting Your Provider"). Providers are required to collect Enrollee Coinsurance for covered services. Your group has chosen to require Enrollee Coinsurances under this program as a method of sharing the costs of providing dental Benefits between the Contractholder and Enrollees. If the Provider discounts, waives or rebates any portion of the Enrollee Coinsurance to you, we will be obligated to provide as Benefits only the applicable percentages of the Provider's fees or allowances reduced by the amount of the fees or allowances that are discounted, waived or rebated.

It is to your advantage to select PPO Providers because they have agreed to accept the Maximum Contract Allowance as payment in full for covered services, which typically results in lower out-of-pocket costs for you. Please refer to the sections titled "Selecting Your Provider" and "How Claims Are Paid" for more information.

## Deductible

Your dental plan features a Deductible. This is an amount you must pay out-of-pocket before Benefits are paid. The Deductible amounts are listed in Attachment A. Deductibles apply to all benefits unless otherwise noted. Only the Provider's fees you pay for covered Benefits will count toward the Deductible.

## Maximum Amount

Most dental plans have a Maximum Amount. A Maximum Amount is the maximum dollar amount we will pay toward the cost of dental care. You are responsible for paying costs above this amount. The Maximum Amount payable is shown in Attachment A. Maximums may apply on a yearly basis, a per services basis, or a lifetime basis.

## Pre-Treatment Estimate

Pre-Treatment Estimate requests are not required; however, your Provider may file a Claim Form before beginning treatment, showing the services to be provided to you. We will estimate the amount of Benefits payable under the Contract for the listed services. By asking your Provider for a Pre-Treatment Estimate from us before you agree to receive any prescribed treatment, you will have an estimate up front of what we will pay and the difference you will need to pay. The Benefits will be processed according to the terms of the Contract when the treatment is actually performed. Pre-Treatment Estimates are valid for 365 days unless other services are received after the date of the Pre-Treatment Estimate, or until an earlier occurrence of any one of the following events:

- the date the Contract terminates;
- the date Benefits under the Contract are amended if the services in the Pre-Treatment Estimate are part of the amendment;
- the date your coverage ends; or
- the date the Provider's agreement with Delta Dental ends.

A Pre-Treatment Estimate does not guarantee payment. It is an estimate of the amount we will pay if you are enrolled and meet all the requirements of the program at the time the treatment you have planned is completed and may not take into account any Deductibles, so please remember to figure in your Deductible if necessary.

## Coordination of Benefits

**STANDARD COB**

[We coordinate the Benefits under the Contract with an Enrollee's benefits under any other group or pre-paid plan or Benefit plan designed to fully integrate with other policies. If this plan is the "primary" plan, we will not reduce Benefits. If this plan is the "secondary" plan, we may reduce Benefits otherwise payable under the Contract so that the total benefits paid or provided by all plans do not exceed 100 percent of total allowable expense.]

**NON DUPLICATION**

[We coordinate the Benefits under the Contract with your benefits under any other group or pre-paid plan or Benefit plan designed to fully integrate with other policies. Benefits under this plan may be reduced so that combined coverage does not exceed our portion of the Maximum Contract Allowance. If this plan is the "primary" plan, we will not reduce Benefits, but if the other plan is the primary one, Delta Dental will reduce Benefits otherwise payable under the Contract. The reduction will be the amount paid for or provided under the terms of the primary plan for covered services in Attachment A and in Attachment B.]

- How do we determine which plan is the "primary" program?
  - (1) The plan covering you as an employee is primary over a plan covering you as a dependent.
  - (2) The plan covering you as an employee is primary over a plan which covers the insured person as a dependent; except that: if the insured person is also a Medicare beneficiary, and as a result of the rule established by Title XVIII of the Social Security Act and implementing regulations, Medicare is:
    - a) secondary to the plan covering the insured person as a dependent and
    - b) primary to the plan covering the insured person as other than a dependent (e.g. a retired employee), then the benefits of the plan covering the insured person as a dependent are determined before those of the plan covering that insured person as other than a dependent.
  - (3) Except as stated below, when this plan and another plan cover the same child as a dependent of different persons, called parents:
    - a) The benefits of the plan of the parent whose birthday falls earlier in a year are determined before those of the plan of the parent whose birthday falls later in that year, but
    - b) If both parents have the same birthday, the benefits of the plan which covered one parent longer are determined before those of the plan which covered the other parent for a shorter period of time.
    - c) However, if the other plan does not have the birthday rule described above, but instead has a rule based on the gender of the parent, and if, as a result, the plans do not agree on the order of benefits, the rule in the other plan will determine the order of benefits.
  - (4) In the case of a dependent child of legally separated or divorced parents, the plan covering the Enrollee as a dependent of the parent with legal custody, or as a dependent of the custodial parent's Spouse (i.e. step-parent) will be primary over the plan covering the Enrollee as a dependent of the parent without legal custody. If there is a court decree which would otherwise establish financial responsibility for the health care expenses with respect to the child, the benefits of a plan which covers the child as a dependent of the parent with such financial responsibility will be determined before the benefits of any other policy which covers the child as a dependent child.
  - (5) If the specific terms of a court decree state that the parents will share joint custody, without stating that one of the parents is responsible for the health care expenses of the child, the plans covering the child will follow the order of benefit determination rules outlined in (3) a) through (3) c).
  - (6) The Benefits of a plan which covers an insured person as an employee who is neither laid off nor retired are determined before those of a plan which covers that insured person as a laid off or retired employee. The same would hold true if an insured person is a dependent of a person covered as a retiree and an employee. If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this rule is ignored.
  - (7) If an insured person whose coverage is provided under a right of continuation pursuant to federal or state law also is covered under another plan, the following will be the order of benefit determination:
    - a) First, the Benefits of a plan covering the insured person as an employee or Primary Enrollee (or as that insured person's dependent);
    - b) Second, the Benefits under the continuation coverage.

    If the other plan does not have the rule described above, and if, as a result, the plans do not agree on the order of benefits, this rule is ignored.

(8) If none of the above rules determine the order of benefits, the benefits of the plan which covered you longer are determined before those of the plan which covered you for the shorter term.

(9) When determination cannot be made in accordance with the above, the benefits of a plan that is a medical plan covering dental as a benefit shall be primary to a dental-only plan.

## SELECTING YOUR PROVIDER

### Free Choice of Provider

You may see any Provider for your covered treatment whether the Provider is a PPO Provider, Premier Provider or a Non-Delta Dental Provider. **This plan is a PPO plan and the greatest benefits – including out-of-pocket savings – occur when you choose a PPO Provider.** To take full advantage of your Benefits, we highly recommend you verify a Provider's participation status within a Delta Dental network with your dental office before each appointment. Review this section for an explanation of Delta Dental payment procedures to understand the method of payments applicable to your Provider selection and how that may impact your out-of-pocket costs.

### Locating a PPO Provider

You may access information through our website at deltadentalins.com. You may also call our Customer Service Center and one of our representatives will assist you. We can provide you with information regarding a Provider's network participation, specialty and office location.

### Choosing a PPO Provider

A PPO Provider potentially allows the greatest reduction in Enrollees' out-of-pocket expenses since this select group of Providers will provide dental Benefits at a charge that has been contractually agreed upon. Payment for covered services performed by a PPO Provider is based on the Maximum Contract Allowance.

### Choosing a Premier Provider

[A Premier Provider is a Delta Dental Provider; however, the Premier Provider has not agreed to the features of the PPO plan. The amount charged may be above that accepted by PPO Providers, and Enrollees will be responsible for balance billed amounts. Payment for covered services performed by a Premier Provider is based on the Maximum Contract Allowance, and the Enrollee may be balance billed up to the Premier Provider's Contracted Fee.]

[A Premier Provider is a Delta Dental Provider who has not agreed to the features of the PPO plan. Payment for covered services performed by a Premier Provider is based on the Maximum Contract Allowance. The amount charged by a Premier Provider may be above that accepted by PPO Providers but no more than the Delta Dental Premier Contracted Fee.]

### Choosing a Non-Delta Dental Provider

If a Provider is a Non-Delta Dental Provider, the amount charged to Enrollees may be above that accepted by PPO or Premier Providers, and Enrollees will be responsible for balance billed amounts. Payment for covered services performed by a Non-Delta Dental Provider is based on the Maximum Contract Allowance, and the Enrollee may be balance billed up to the Provider's Submitted Fee.

### Additional Obligations of PPO and Premier Providers

- The PPO Provider or Premier Provider must accept assignment of Benefits, meaning these Providers will be paid directly by Delta Dental after satisfaction of the Deductible and Enrollee Coinsurance. The Enrollee does not have to pay all the dental charges while at the dental office and then submit the claim for reimbursement.
- The PPO Provider or Premier Provider will complete the dental Claim Form and submit it to Delta Dental for reimbursement.
- [The PPO Provider will accept contracted fees as payment in full for covered services and will not balance bill if there is a difference between Submitted Fees and Delta Dental PPO Contracted Fees.]

- [PPO and Premier Providers accept contracted fees as payment in full for covered services and will not balance bill if there is a difference between Submitted Fees and contracted fees.]]

### How to Submit a Claim

Claims for Benefits must be filed on a standard Claim Form that is available in most dental offices. PPO and Premier Providers will fill out and submit your claims paperwork for you. Some Non-Delta Dental Providers may also provide this service upon your request. If you receive services from a Non-Delta Dental Provider who does not provide this service, you can submit your own claim directly to us. Please refer to the section titled "Notice of Claim Form" for more information.

Your dental office should be able to assist you in filling out the Claim Form. Fill out the Claim Form completely and send it to:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023

### Payment Guidelines

We do not pay PPO or Premier Providers any incentive as an inducement to deny, reduce, limit or delay any appropriate service.

If you or your Provider files a claim for services more than 12 months after the date you received the services, payment may be denied. If the services were received from a Non-Delta Dental Provider, you are still responsible for the full cost. If the payment is denied because your PPO Provider failed to submit the claim on time, you may not be responsible for that payment. However, if you did not tell your PPO Provider that you were covered under a Delta Dental Policy at the time you received the service, you may be responsible for the cost of that service.

If you have any questions about any dental charges, processing policies and/or how your claim is paid, please contact us.

### Provider Relationships

Enrollees and Delta Dental agree to permit and encourage the professional relationship between Provider and Enrollee to be maintained without interference. Any PPO, Premier or Non-Delta Dental Provider, including any Provider or employee associated with or employed by them, who provides dental services to an Enrollee does so as an independent contractor and shall be solely responsible for dental advice and for performance of dental services, or lack thereof, to the Enrollee.

## CLAIMS APPEAL

We will notify you and your Provider if Benefits are denied for services submitted on a Claim Form, in whole or in part, stating the reason(s) for denial. You have at least 180 days after receiving a notice of denial to request an appeal or grievance by writing to us giving reasons why you believe the denial was wrong. You and your Provider may also ask Delta Dental to examine any additional information provided that may support the appeal or grievance.

Send your appeal or grievance to us at the address shown below:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023

We will send you a written acknowledgment within 5 days upon receipt of the appeal or grievance. We will make a full and fair review and may ask for more documents during this review if needed. The review will take into account all comments, documents, records or other information, regardless of whether such information was submitted or considered initially. If the review is of a denial based in whole or in part on lack of dental necessity, experimental treatment or clinical judgment in applying the terms of the Contract, we shall consult with a dentist who has appropriate training and experience. The review will be conducted for us by a person who is neither the individual who made the claim denial that is subject to the review, nor the subordinate of such individual. We will send the Enrollee a decision within 30 days after receipt of the Enrollee's appeal or grievance.

If the Enrollee believes he/she needs further review of their appeal or grievance, he/she may contact his/her state regulatory agency if applicable. If the group health plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the Enrollee may contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of the claim or if the Enrollee has questions about the rights under ERISA. The Enrollee may also bring a civil action under section 502(a) of ERISA. The address of the U.S. Department of Labor is: U.S. Department of Labor, Employee Benefits Security Administration (EBSA), 200 Constitution Avenue, N.W. Washington, D.C. 20210.

## GENERAL PROVISIONS

### Non-Discrimination

Delta Dental is committed to ensuring that no person is excluded from, or denied the benefits of our services, or otherwise discriminated against on the basis of race, color, national origin, disability, age, genetic testing, sexual orientation or gender identity. Any person who believes that he or she has individually, or as a member of any specific class of persons, been subjected to discrimination may file a complaint in writing to:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023

### Clinical Examination

Before approving a claim, we will be entitled to receive, to such extent as may be lawful, from any attending or examining Provider, or from hospitals in which a Provider's care is provided, such information and records relating to attendance to or examination of, or treatment provided to, you as may be required to administer the claim, or have you be examined by a dental consultant retained by us at our expense, in or near your community or residence. We will in every case hold such information and records confidential.

### Notice of Claim Form

We will give you or your Provider, on request, a Claim Form to make claim for Benefits. To make a claim, the form should be completed and signed by the Provider who performed the services and by the patient (or the parent or guardian if the patient is a minor) and submitted to us at the address above.

If the form is not furnished by us within 15 days after requested by you or your Provider, the requirements for proof of loss set forth in the next paragraph will be deemed to have been complied with upon the submission to us, within the time established in said paragraph for filing proofs of loss, of written proof covering the occurrence, the character and the extent of the loss for which claim is made. You or your Provider may download a Claim Form from our website.

### Written Notice of Claim/Proof of Loss

We must be given written proof of loss within [12 months] after the date of the loss. If it is not reasonably possible to give written proof in the time required, the claim will not be reduced or denied solely for this reason, provided proof is filed as soon as reasonably possible. In any event, proof of loss must be given no later than one year from such time (unless the claimant was legally incapacitated).

All written proof of loss must be given to us within [12 months] of the termination of the Contract.

### Time of Payment

Claims payable under the Contract for any loss other than loss for which the Contract provides any periodic payment will be processed no later than 30 days after written proof of loss is received. We will notify you and your Provider of any additional information needed to process the claim within this 30 day period.

### To Whom Benefits Are Paid

It is not required that the service be provided by a specific dentist. Payment for services provided by a PPO or Premier Provider will be made directly to the dentist. Any other payments provided by the Contract will be made to you, unless you request when filing a proof of claim that the payment be made directly to the dentist providing the services. All Benefits not paid to the Provider will be payable to you, the Primary Enrollee, or Dependent

Enrollee, or to your estate, or to an alternate recipient as directed by court order, except that if the person is a minor or otherwise not competent to give a valid release, Benefits may be payable to his or her parent, guardian or other person actually supporting him or her.

## Misstatements on Application: Effect

In the absence of fraud or intentional misrepresentation of material fact in applying for or procuring coverage under the Contract, all statements made by you or the Contractholder will be deemed representations and not warranties. No such statement will be used in defense to a claim under the Contract, unless it is contained in a written application.

Any misrepresentation, omission, concealment of fact or incorrect statement which is material to the acceptance of risk may prevent recovery if, had the true facts been known to us, we would not in good faith have issued the contract at the same coverage rate. If any misstatement would materially affect the rates, we reserve the right to adjust the coverage rate to reflect your actual circumstances at enrollment.

## Legal Actions

No action at law or in equity will be brought to recover on the Contract prior to expiration of 60 days after proof of loss has been filed in accordance with requirements of the Contract, nor will an action be brought at all unless brought within three (3) years from expiration of the time within which proof of loss is required by the Contract.

## Attachment A
## Deductibles, Maximums and Contract Benefit Levels

| Deductibles & Maximums | |
|---|---|
| **Annual Deductible** | [$ per Enrollee each [Contract Year/Calendar Year]<br>[$] per family each [Contract Year/Calendar Year]] |
| [Deductibles waived for | [Diagnostic and Preventive, Basic and Orthodontic Services] |
| [Deductible Takeover | [Any annual Deductible amount satisfied by the Enrollees under the Contractholder's previous dental care plan from January 1st to the Effective Date will be credited towards the annual Deductible under the Contract.] |
| **[Annual Maximum** | [$5] [unlimited] per Enrollee per [Calendar Year/Contract Year]] |
| **[Lifetime Orthodontic Maximum** | $ per Enrollee/dependent child Enrollee to age [19-30]] per [lifetime/Calendar Year/Contract Year]] |
| [Maximum Takeover Credit] | [Delta Dental will receive credit for any amount paid under the Contractholder's previous dental care plan from January 1st to the Effective Date. These amounts will be credited towards the Annual Maximum.]<br><br>[Delta Dental will receive credit for any amount paid under the Contractholder's previous dental care plan, if applicable, for [Orthodontic, Implant, TMJ, Services. These amounts will be credited towards the lifetime maximum amounts payable for [Orthodontic, Implant, TMJ, Services.]] |

| Contract Benefit Levels | | |
|---|---|---|
| **Dental Service Category** | **Delta Dental PPO Provider [and Delta Dental Premier®] Providers†** | **[Delta Dental Premier and] Non-Delta Dental Providers†** |
| Delta Dental will pay or otherwise discharge the Contract Benefit Level shown below for the following services: | | |
| **Diagnostic and Preventive Services** | % | % |
| **Basic Services** | % | % |
| **Major Services** | % | % |
| **Orthodontic Services** | % | % |
| **Implants Services** | % | % |

**PPO/PRE/PROGRAM ALLOWANCE**

† Reimbursement is based on PPO Contracted Fees for PPO Providers, Premier Contracted Fees for Premier

Providers and Program Allowance for Non-Delta Dental Providers.

**PPO/PPO/PPO**

† Reimbursement is based on PPO Contracted Fees for PPO Providers, PPO Contracted Fees for Premier Providers and PPO Contracted Fees for Non-Delta Dental Providers.]

## Attachment B
## Services, Limitations and Exclusions

***Description of Dental Services***
Delta Dental will pay or otherwise discharge the Contract Benefit Level shown in Attachment A for the following services:

- **Diagnostic and Preventive Services**

| | | |
|---|---|---|
| (1) | Diagnostic: | procedures to aid the Provider in determining required dental treatment. |
| (2) | Preventive: | cleaning (including scaling in the presence of generalized moderate or severe gingival inflammation-full mouth, which is considered to be a Diagnostic and Preventive Benefit, and periodontal maintenance, which is considered to be a Basic Benefit for payment purposes), topical application of fluoride solutions, space maintainers. |
| [(3) | Sealants: | topically applied acrylic, plastic or composite materials used to seal developmental grooves and pits in permanent molars for the purpose of preventing decay.] |

- **[Basic Services**

| | | |
|---|---|---|
| (1) | Oral Surgery: | extractions and other surgical procedures (including pre- and post-operative care). |
| (2) | General Anesthesia or IV Sedation: | when administered by a Provider for covered Oral Surgery or selected endodontic and periodontal surgical procedures. |
| (3) | Endodontics: | treatment of diseases and injuries of the tooth pulp. |
| (4) | Periodontics: | treatment of gums and bones supporting teeth. |
| (5) | Palliative: | emergency treatment to relieve pain. |
| (6) | Restorative: | amalgam and resin-based composite restorations (fillings) [and prefabricated crowns] for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of decay). |
| (7) | Denture Repairs: | repair to partial or complete dentures, including rebase procedures and relining. |
| (8) | Specialist Consultations: | opinion or advice requested by a general dentist. |

- **Major Services**

| | | |
|---|---|---|
| (1) | Crowns and Inlays/Onlays: | treatment of carious lesions (visible decay of the hard tooth structure) when teeth cannot be restored with amalgam or resin-based composites. |
| (2) | Prosthodontics: | procedures for construction of fixed bridges, partial or complete dentures and the repair of fixed bridges; [implant surgical placement and removal; and for implant supported prosthetics, including implant repair and recementation.] |

- **Orthodontic Services**
  Procedures performed by a Provider using appliances to treat malocclusion of teeth and/or jaws which significantly interferes with their function.

- **Note on additional Benefits during pregnancy**
  When an Enrollee is pregnant, Delta Dental will pay for additional services to help improve the oral health of the Enrollee during the pregnancy. The additional services each Calendar Year while the Enrollee is covered under the Contract include one (1) additional oral exam and either one (1) additional routine cleaning; one (1) additional periodontal scaling and root planing per quadrant; or one (1) additional periodontal maintenance procedure. Written confirmation of the pregnancy must be provided by the Enrollee or her Provider when the claim is submitted.

***Limitations***

(1) Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services". Optional Services also include the use of specialized techniques instead of standard procedures.

Examples of Optional Services:
a) a composite restoration instead of an amalgam restoration on posterior teeth;
b) a crown where a filling would restore the tooth;
c) an inlay/onlay instead of an amalgam restoration;
d) porcelain, resin or similar materials for crowns placed on a maxillary second or third molar, or on any mandibular molar (an allowance will be made for a porcelain fused to high noble metal crown); or
e) an overdenture instead of denture.

If an Enrollee receives Optional Services, an alternate Benefit will be allowed, which means Delta Dental will base Benefits on the lower cost of the customary service or standard practice instead of on the higher cost of the Optional Service. The Enrollee will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

(2) Exam and cleaning limitations
a) Delta Dental will pay for oral examinations (except after-hours exams and exams for observation) and cleanings (including scaling in presence of generalized moderate or severe gingival inflammation-full mouth, periodontal maintenance in the presence of inflamed gums or any combination thereof) no more than twice in a Calendar Year.
b) **[**A full mouth debridement is allowed once in a lifetime when the Enrollee has no history of prophylaxis, scaling and root planing, periodontal surgery or periodontal maintenance procedures within three (3) years. When allowed a full mouth debridement counts toward the maintenance frequency in the year provided.**]**
c) Note that periodontal maintenance, Procedure Codes that include periodontal maintenance and full mouth debridement are covered as a Basic Benefit and that routine cleanings (including scaling in the presence of generalized moderate or severe gingival inflammation-full mouth) are covered as a Diagnostic and Preventive Benefit. See note on additional Benefits during pregnancy.
d) Caries risk assessments are allowed once in 36 months.

(3) X-ray limitations:
a) Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for a complete intraoral series when the fees for any combination of intraoral x-rays in a single treatment series meet or exceed the Accepted Fee for a complete intraoral series.
b) When a panoramic film is submitted with supplemental film(s), Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for a complete intraoral series.
c) If a panoramic film is taken in conjunction with an intraoral complete series, Delta Dental considers the panoramic film to be included in the complete series.
d) A complete intraoral series and panoramic film are each limited to once every 60 months.
e) Bitewing x-rays are limited to two (2) times in a Calendar Year when provided to Enrollees under age 18 and one (1) time each Calendar Year for Enrollees age 18 and over. Bitewings of any type are disallowed within 12 months of a full mouth series unless warranted by special circumstances.

(4) Topical application of fluoride solutions is limited to Enrollees to age 19 and no more than twice in a Calendar Year.

(5) Space maintainer limitations:
   a) Space maintainers are limited to the initial appliance and are a Benefit for an Enrollee to age 14. However, a distal shoe space maintainer-fixed-unilateral is limited to children eight (8) and younger. A separate/additional space maintainer can be allowed after the removal of a unilateral distal shoe.
   b) Recementation of space maintainer is limited to once per lifetime.
   c) The removal of a fixed space maintainer is considered to be included in the fee for the space maintainer; however, an exception is made if the removal is performed by a different Provider/Provider's office.

(6) Pulp vitality tests are allowed once per day when definitive treatment is not performed.

(7) Cephalometric x-rays, oral/facial photographic images and diagnostic casts are covered once per lifetime in conjunction with Orthodontic Services only when Orthodontic Services are a covered benefit. If Orthodontic Services are covered, see Limitations as age limits may apply. However, 3D x-rays are not a covered benefit.

(8) Sealants are limited as follows:
   a) to permanent first molars through age eight (8) and to permanent second molars through age 15 if they are without caries (decay) or restorations on the occlusal surface.
   b) repair or replacement of a Sealant on any tooth within 24 months of its application is included in the fee for the original placement.

(9) Specialist Consultations, screenings of patients, and assessments of patients are limited to once per lifetime per Provider and count toward the oral exam frequency.

(10) Delta Dental will not cover replacement of an amalgam or resin-based composite restorations (fillings) or prefabricated crowns within 24 months of treatment if the service is provided by the same Provider/Provider office. Replacement restorations within 24 months are included in the fee for the original restoration.

(11) Protective restorations (sedative fillings) are allowed once per tooth per lifetime when definitive treatment is not performed on the same date of service.

(12) Prefabricated crowns are allowed on baby (deciduous) teeth and permanent teeth up to age 16. Replacement restorations within 24 months are included in the fee for the original restoration.

(13) Therapeutic pulpotomy is limited to once per lifetime for baby (deciduous) teeth only and is considered palliative treatment for permanent teeth.

(14) Pulpal therapy (resorbable filling) is limited to once in a lifetime. Retreatment of root canal therapy by the same Provider/Provider office within 24 months is considered part of the original procedure.

(15) Apexification is only benefited on permanent teeth with incomplete root canal development or for the repair of a perforation. Apexification visits have a lifetime limit per tooth of one (1) initial visit, four (4) interim visits and one (1) final visit to age 19.

(16) Retreatment of apical surgery by the same Provider/Provider office within 24 months is considered part of the original procedure.

(17) Palliative treatment is covered per visit, not per tooth, and the fee includes all treatment provided other than required x-rays or select Diagnostic procedures.

(18) Periodontal limitations:
   a) Benefits for periodontal scaling and root planing in the same quadrant are limited to once in every 24-month period. See note on additional Benefits during pregnancy. No more than two quadrants of scaling and root planing will be covered on the same date of service.

b) Periodontal surgery in the same quadrant is limited to once in every 36-month period and includes any surgical re-entry or scaling and root planing performed within 36-months by the same Provider/Provider office.
c) Periodontal services, including bone replacement grafts, guided tissue regeneration, graft procedures and biological materials to aid in soft and osseous tissue regeneration are only covered for the treatment of natural teeth and are not covered when submitted in conjunction with extractions, periradicular surgery, ridge augmentation or implants. Guided tissue regenerations and/or bone grafts are not benefited in conjunction with soft tissue grafts in the same surgical area.
d) Periodontal surgery is subject to a 30 day wait following periodontal scaling and root planing in the same quadrant.
e) Cleanings (regular and periodontal) and full mouth debridement are subject to a 30 day wait following periodontal scaling and root planing if performed by the same Provider office.
**[**f) When implant procedures are a covered benefit, scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure is covered as a [Basic Service] and are limited to once in a 24-month period.**]**

(19) Oral Surgery services are covered once in a lifetime except removal of cysts and lesions and incision and drainage procedures, which are covered once in the same day.

(20) The following Oral Surgery procedure is limited to age 19 (or orthodontic limiting age): transseptal fiberotomy/supra crestal fiberotomy, by report.

(21) The following Oral Surgery procedures are limited to age 19 (or orthodontic limiting age) provided Orthodontic Services are covered: surgical access of an unerupted tooth, placement of device to facilitate eruption of impacted tooth, and surgical repositioning of teeth.

(22) Crowns and Inlays/Onlays are limited to Enrollees age 12 and older and are covered not more often than once in any 60 month period except when Delta Dental determines the existing Crown or Inlay/Onlay is not satisfactory and cannot be made satisfactory because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues.

(23) Core buildup, including any pins, are covered not more than once in any 60 month period.

(24) Post and core services are covered not more than once in any 60 month period.

(25) Crown repairs are covered not more than twice in any 60 month period. Crowns, inlays/onlays and fixed bridges include repairs for 24 months following installation.

(26) Denture Repairs are covered not more than once in any six (6) month period except for fixed Denture Repairs which are covered not more than twice in any 60 month period.

(27) Prosthodontic appliances, implants and/or implant supported prosthetics that were provided under any Delta Dental program will be replaced only after [60 months] have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Fixed prosthodontic appliances are limited to Enrollees age 16 and older. Replacement of a prosthodontic appliance and/or implant supported prosthesis not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory. Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment. Delta Dental's payment for implant removal is limited to one (1) for each implant during the Enrollee's lifetime whether provided under Delta Dental or any other dental care plan.

(28) When a posterior fixed bridge and a removable partial denture are placed in the same arch in the same treatment episode, only the partial denture will be a Benefit.

(29) Recementation of Crowns, Inlays/Onlays or bridges is included in the fee for the Crown, Inlay/Onlay or bridge when performed by the same Provider/Provider office within six (6) months of the initial placement.

After six (6) months, payment will be limited to one (1) recementation in a lifetime by the same Provider/Provider office.

(30) Delta Dental limits payment for dentures to a standard partial or complete denture (Enrollee Coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means and includes routine post delivery care including any adjustments and relines for the first six (6) months after placement.
   a) Denture rebase is limited to one (1) per arch in a 24-month period] and includes any relining and adjustments for six (6) months following placement.
   b) Dentures, removable partial dentures and relines include adjustments for six (6) months following installation. After the initial six (6) months of an adjustment or reline, adjustments are limited to two (2) per arch in a Calendar Year and relining is limited to one (1) per arch in a six (6) month period.
   c) Tissue conditioning is limited to two (2) per arch in a 12-month period. However, tissue conditioning is not allowed as a separate Benefit when performed on the same day as a denture, reline or rebase service.
   d) Recementation of fixed partial dentures is limited to once in a lifetime.

(31) Limitations on Orthodontic Services
   a) The maximum amount payable for each Enrollee is shown in Attachment A.
   b) Benefits for Orthodontic Services will be provided in periodic payments based on the Enrollee's continuing eligibility.
   c) Benefits are not paid to repair or replace any orthodontic appliance received under this plan.
   d) Benefits are not paid for orthodontic retreatment procedures.
   e) [Benefits for Orthodontic Services are limited to dependent child Enrollees under the age of [X] or [X] if full-time student.]

***Exclusions***

**Delta Dental does not pay Benefits for:**

(1) treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.

(2) cosmetic surgery or procedures for purely cosmetic reasons.

(3) maxillofacial prosthetics.

(4) provisional and/or temporary restorations (except an interim removable partial denture to replace extracted anterior permanent teeth during the healing period for children 16 years of age or under). Provisional and/or temporary restorations are not separately payable procedures and are included in the fee for completed service.

(5) services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn children for medically diagnosed congenital defects or birth abnormalities.

(6) treatment to stabilize teeth, treatment to restore tooth structure lost from wear, erosion, or abrasion or treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion. Examples include but are not limited to: equilibration, periodontal splinting, complete occlusal adjustments or Night Guards/Occlusal guards and abfraction.

(7) any Single Procedure provided prior to the date the Enrollee became eligible for services under this plan.

(8) prescribed drugs, medication, pain killers, antimicrobial agents, or experimental/investigational procedures.

(9) charges for anesthesia, other than General Anesthesia and IV Sedation administered by a Provider in connection with covered Oral Surgery or selected Endodontic and Periodontal surgical procedures. Local anesthesia and regional/or trigeminal bloc anesthesia are not separately payable procedures.

(10) extraoral grafts (grafting of tissues from outside the mouth to oral tissues).

(11) laboratory processed crowns for Enrollees under age 12.

(12) fixed bridges and removable partials for Enrollees under age 16.

(13) interim implants and endodontic endosseous implant.

(14) indirectly fabricated resin-based Inlays/Onlays.

(15) charges by any hospital or other surgical or treatment facility and any additional fees charged by the Provider for treatment in any such facility.

(16) treatment by someone other than a Provider or a person who by law may work under a Provider's direct supervision.

(17) charges incurred for oral hygiene instruction, a plaque control program, preventive control programs including home care times, dietary instruction, x-ray duplications, cancer screening or tobacco counseling.

(18) dental practice administrative services including, but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks or relaxation techniques such as music.

(19) procedures having a questionable prognosis based on a dental consultant's professional review of the submitted documentation.

(20) any tax imposed (or incurred) by a government, state or other entity, in connection with any fees charged for Benefits provided under the Contract, will be the responsibility of the Enrollee and not a covered Benefit.

(21) Deductibles, amounts over plan maximums and/or any service not covered under the dental plan.

(22) services covered under the dental plan but exceed Benefit limitations or are not in accordance with processing policies in effect at the time the claim is processed.

(23) services for Orthodontic treatment (treatment of malocclusion of teeth and/or jaws) except as provided under the Orthodontic Services section, if applicable.

(24) [services for any disturbance of the Temporomandibular (jaw) Joints (TMJ) or associated musculature, nerves and other tissues) except as provided under the TMJ Benefit section, if applicable.]

(25) missed and/or cancelled appointments.

(26) actions taken to schedule and assure compliance with patient appointments are inclusive with office operations and are not a separately payable service.

(27) the fees for care coordination are considered inclusive in overall patient management and are not a separately payable service.

(28) dental case management motivational interviewing and patient education to improve oral health literacy.

(29) non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum.

(30) extra-oral – 2D projection radiographic image and extra-oral posterior dental radiographic image.

# Welcome to Delta Dental

## Employees Retirement System of Texas

DELTA DENTAL®

# Why
# Delta D

# Delta Dental keeps you smiling

That’s why 75 million enrollees choose us

More savings

More dentists

More satisfaction

DELTA DENTAL®

# Stay smiling with Delta Dental

**94%**

of enrollees are satisfied with Delta Dental

**97%**

of enrollees stay with Delta Dental

DELTA DENTAL®

# Service
## with a smile

# Contact Customer Service

## Get help by phone or online

- ✓ Call us toll-free at 800-521-2651 (PPO) or

Contact Us > Delta Dental Insurance Company > Customer Service Form

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# ¿Habla español?

## Nosotros también

- ✓ Ayuda para inscribirse
- ✓ Información sobre la salud dental
- ✓ Detalles de los beneficios
- ✓ Representantes de servicio al cliente
- ✓ Servicio de asistencia en su idioma
- ✓ Sitio web en **es.deltadentalins.com**

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# The Delta Dental Difference®

# Delta Dental PPO℠

## The Delta Dental Difference®

DELTA DENTAL®

# Network advantage

## The Delta Dental Difference®

2 levels of savings:

**PPO network**

25-35%

average discount

**Premier network**

8-16%

average discount

160,000 network dentists

352,000 locations

79% of all U.S. dentists are in a Delta Dental network

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# Choose PPO to save

## Claim example: Crown, covered at 50%

| | Delta Dental PPO℠ | Delta Dental Premier® | Non-Delta Dental dentist |
|---|---|---|---|
| **Dentist charges** | $1,200 | $1,200 | $1,200 |
| **Plan allowance** | $700 | $900 | $900 |
| **Your plan pays** | $350 | $450 | $450 |
| **You pay** | **$350** | **$450** | **$750** |

This is for illustrative purposes only. Assume no maximums or deductibles apply.

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# Compare PPO and DeltaCare USA

## Deductibles and maximums

| | Delta Dental PPO℠ | DeltaCare® USA |
|---|---|---|
| Deductible<br>Per calendar year | $xx per person<br>$xx per family<br>Waived for D&P | None |
| Annual maximum<br>Per calendar year | $x,xxx per person | None |
| Orthodontic lifetime maximum | $x,xxx per person | None |

# Comprehensive coverage

## DeltaCare® USA: a prepaid, fixed copayment plan

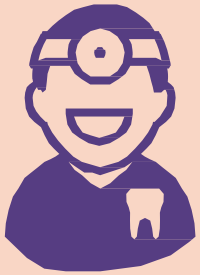
- ✓
- ✓
- ✓
- ✓

DELTA DENTAL®

# How DeltaCare USA works

## Getting dental care is easy

1

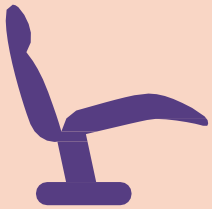


Choose a primary care dentist online or by phone

2

Make an appointment

3



Visit the dentist

4

Pay your copayment (if any)

# Specialty and emergency coverage

## DeltaCare® USA

- ✓ If you need specialty care, your primary care dentist will refer you
- ✓ Your primary care dentist requests authorization for specialty services
- ✓ Plan includes out-of-network coverage for emergencies

DELTA DENTAL®

# Enjoy expanded coverage

DeltaCare® USA

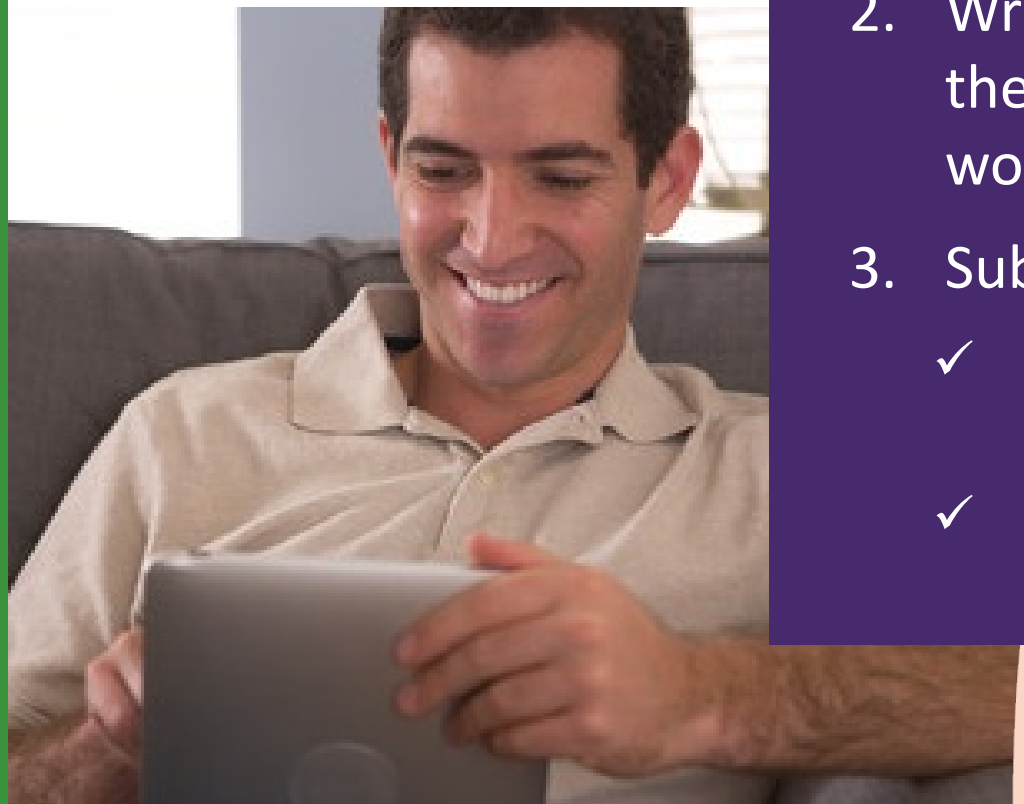
Your plan includes coverage for:

- ✓ Topical fluoride treatment
- ✓ Veneers for front teeth

DELTA DENTAL®

# How to pick your dentist

DeltaCare® USA



1. Go to **deltadentalins.com** to browse the DeltaCare USA dentists in your area.
2. Write down the facility number of the primary care dentist you would like.
3. Submit your request.
   - ✓ Online: Create an Online Services account at **deltadentalins.com**
   - ✓ By phone: Call Customer Service at **800-422-4234**

DELTA DENTAL®

# Switch from another plan

## DeltaCare® USA

- ✓ Coverage begins when your plan starts.
- ✓ Pre-existing conditions and missing teeth are covered.
- ✓ If you're undergoing orthodontic treatment, you may be able to stay with your current orthodontist.

DELTA DENTAL®

# All about braces

DeltaCare® USA

DELTA DENTAL®

# What’s covered?

Sample DeltaCare® USA plan

## Deductibles and maximums

None

## Diagnostic and preventive services

| | |
|---|---|
| **Cleanings** | $x |
| **Exams** | $x |
| **Bitewing x-rays** | $x |

# Delta Dental PPO℠

# Your smile is covered

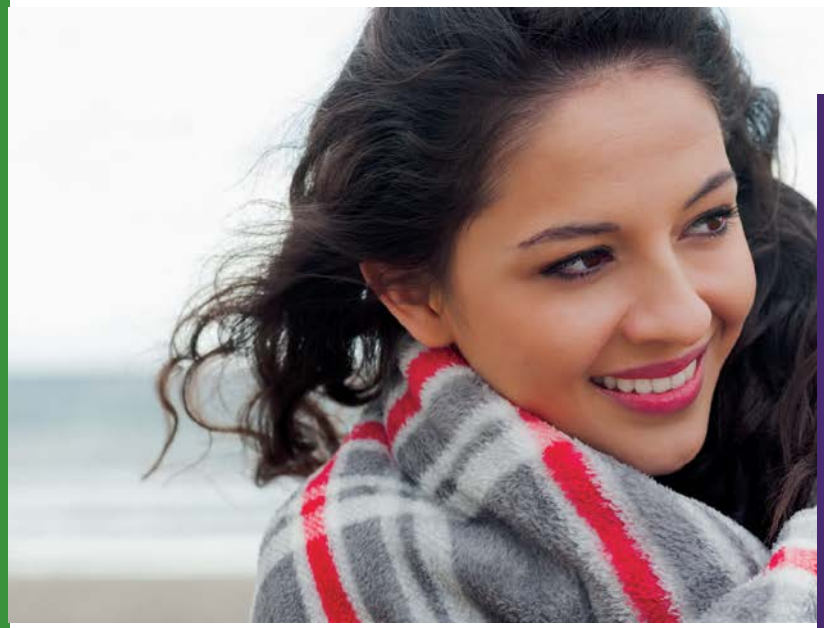
## Delta Dental PPO℠

- ✓ You can visit any licensed dentist
  - ✓ Visit a PPO dentist to save the most.
  - ✓ You won’t be charged more than your expected share of the bill.

DELTA DENTAL®

# Your smile is covered

## Delta Dental PPO℠



- ✓ You don’t need an ID card to check in.
- ✓ We’ll coordinate dual coverage.
- ✓ Create an Online Services account to check your benefits and claims online.

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# Pre-treatment estimate

It’s easy to plan for dental expenses

Ask your dentist for an estimate

Dentist sends details to Delta Dental

You and your dentist receive a cost estimate

DELTA DENTAL®

# Emergency coverage

- Visit any dentist worldwide and receive benefits
- Submit a claim for reimbursement

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# Web/mobile resources

# Check out the website

deltadentalins.com

- ✓ Search for a network dentist in

DELTA DENTAL

# Sign up for an online account

## Check your benefits information online

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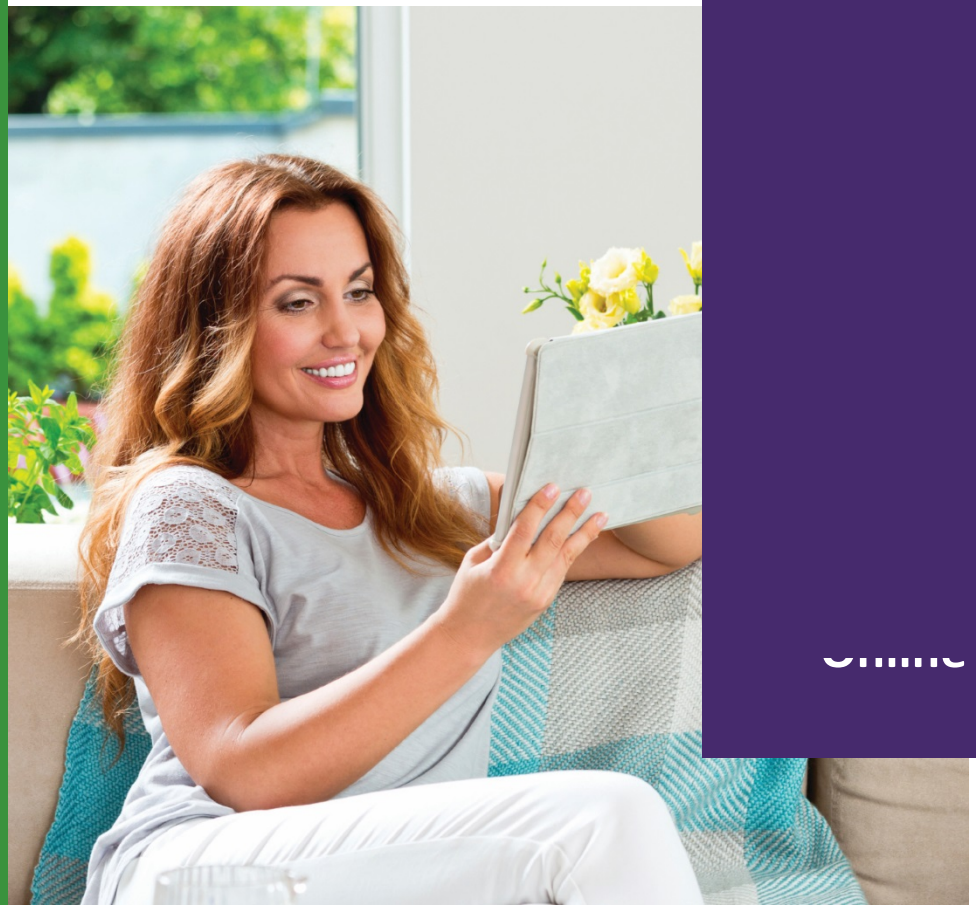
# Go paperless

View your documents online: claims, pre-treatment estimates and plan details



Online setting.

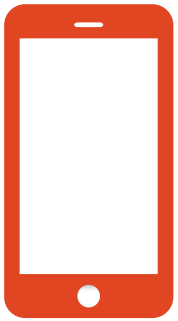
DELTA DENTAL®

# Go mobile

Visit the mobile-optimized site or download the app

| | Find a dentist | Coverage details | Electronic ID card | Cost estimator | Musical timer |
|---|---|---|---|---|---|
| Mobile-optimized site | ✓ | ✓ | ✓ | ✓ | |
| Delta Dental app | ✓ | ✓ | ✓ | ✓ | ✓ |

Visit the mobile-optimized site on your smartphone at **deltadentalins.com**, or download the **Delta Dental** app from Google Play or the App Store.



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# Where's my ID card?

## Check in without a dental plan ID card

- ✓ You do[illegible] at the
- ✓ Just te[illegible] Delta [illegible]
- ✓ Provid[illegible]
  - ✓ You[illegible]
  - ✓ You[illegible]
  - ✓ You[illegible]
  - ✓ The name of your employer

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# Print an ID card at home

It’s easy to make your own ID card

- ✓ Go to **deltadentalins.com**.
- ✓ Log in to your account.
- ✓ Click on “Print ID card” in the left-hand sidebar.

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# Find a network dentist

## Use the online dentist search

1. Go to **deltadentalins.com** and log in.
2. Select **Find a Dentist**.
3. Search by name, address, landmark, city or ZIP code.
4. Get a map and driving directions.

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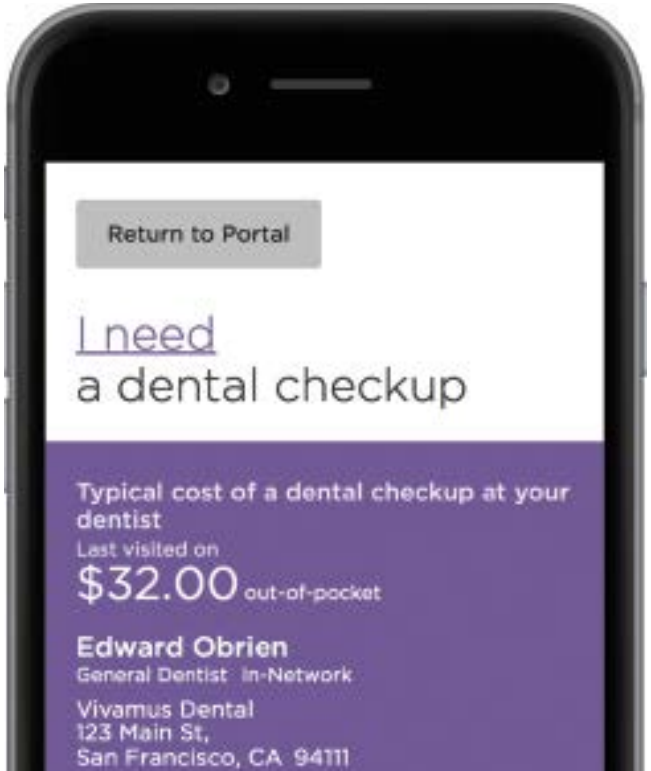
# Cost Estimator

Budget for dental expenses with personalized estimates

Available on desktop and mobile




- ✓ **Personalized.** Estimates are based on your benefits, including maximums and deductibles.
- ✓ **Insightful.** Compare the cost of the same procedure at different dentists.
- ✓ **Economical.** See how choosing an in-network dentist can help you save.

DELTA DENTAL

# Oral health and wellness

# Online wellness resources

Learn about dental health from Delta Dental

DELTA DENTAL®

# SmileWay® Wellness Site

## Increase your dental knowledge

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- Conditions
- Dental Treatments

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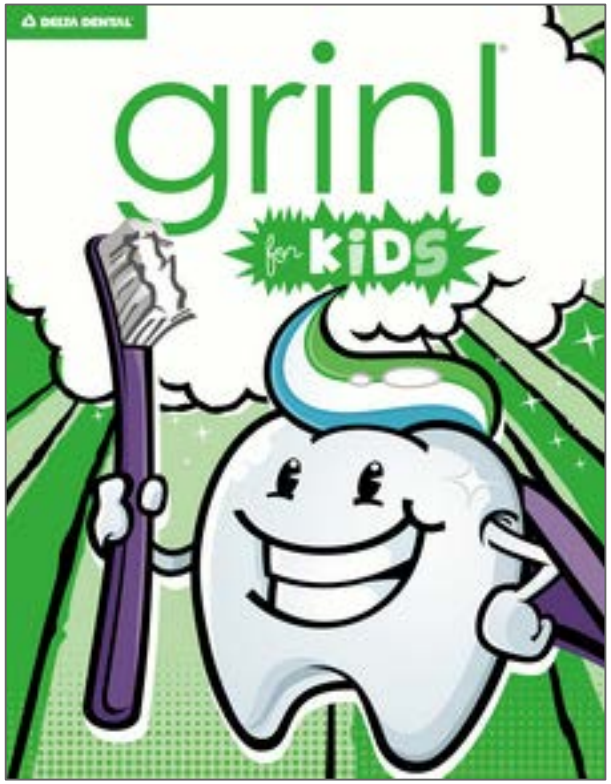
Download *Grin! for Kids* for a fun way to learn

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# Stay connected

Get the latest from Delta Dental

DELTA DENTAL®

# Thank you for your time

We're pleased to take your questions

DELTA DENTAL®

09-08-2016
Plan: TX10A
Group Number: 00052-00001
Primary Enrollee Number: 115494536901
Effective Date: 09-01-2016

DeltaCare® USA

**Alpha Dental Programs, Inc**

P.O. Box 1803
Alpharetta, GA 30023
800-422-4234

000106

FirstName LastName
4321 MyStreet Rd
Anytown, TX 92883

Welcome to DeltaCare® USA! Enclosed are your ID cards and plan booklet. Your coverage details are on the back of this letter. Review these materials for accuracy and keep them for future reference.

**Visit your DeltaCare USA dentist.** You must visit your selected primary care general dentist to receive benefits. This dentist will refer you to a specialist, if needed. View your dentist under "facilities" on the back of this letter. Easily change dentists online or by calling Customer Service. Changes made by the 21st of the month are effective the first day of the following month.

**Access your account online.** Visit our website at **deltadentalins.com/enrollees** and choose "Register Today" to create a free, secure Online Services account. Access your plan information; view or change your primary care dentist; view or print your ID card – and more.

**No ID card is needed.** Provide your name, date of birth and social security or enrollee ID number to the dental office. Coverage for eligible dependents is verified through your information.

Proof

**Need help?** Select "Contact Us" on the top right-hand side of the website home page to send a secure online message to our Customer Service team. Or, call 800-422-4234 (toll-free). Customer Service representatives are available Monday-Friday 8 a.m. to 9 p.m. Eastern time. Our interactive voice response system is available seven days a week, 24 hours a day.

*In HI, ID, IL, IN, KY, MD, MO, NJ, OH and TX, the DeltaCare USA plan is underwritten by Alpha Dental Programs, Inc. and administered by Delta Dental Insurance Company. These companies are financially responsible for their own products.*

Enclosure: Continuation of Services with Terminated or Out-of-Network Dentist

**ABOUT YOUR PLAN**

DeltaCare USA features set copayments, no deductibles and no maximums for covered benefits. You select a general dentist in the DeltaCare USA network from whom you receive primary care, as in a traditional dental HMO.

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DeltaCare® USA

**Primary Enrollee:** FirstName LastName

**Enrollee Number:** 115494536901

**Group Number:** 00052-00001

ALPHA DENTAL PROGRAMS
**TDI**

P.O. Box 1803
Alpharetta, GA 30023
For enrollee information, call:
800-422-4234

DeltaCare® USA

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P.O. Box 1803
Alpharetta, GA 30023
For enrollee information, call:
800-422-4234

**PLANS**

**Current Plan Name**
TX10A

**COVERAGE DETAILS**

| Enrollee | Coverage Effective | Current Facility |
|---|---|---|
| FirstName LastName | 09-01-2016 | 016236 |

**FACILITIES**

016236
TEXAS
8008 Walerga Rd Ste 100
Antelope TX 95843-9003
916-725-4530

Proof

Para una explicación de esta correspondencia en español, por favor comuníquese con nuestro departamento de servicio de cliente, al numero 800-422-4234.

*In HI, ID, IL, IN, KY, MD, MO, NJ, OH and TX, the DeltaCare USA plan is underwritten by Alpha Dental Programs, Inc. and administered by Delta Dental Insurance Company. These companies are financially responsible for their own products.*

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Visit our website:
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Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 1-800-422-4234 (TTY: 711).

¿Puede leer este documento? Si no, podemos hacer que alguien lo lea por usted. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 1-800-422-4234 (servicio de retransmisión TTY deben llamar al 711). (Spanish)

您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 1-800-422-4234 (TTY: 711)。(Chinese)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 1-800-422-4234 (TTY: 711). (Vietnamese)

Proof

이 문서를 읽으실 수 있습니까? 그렇지 않다면, 다른 사람이 대신 읽어드리도록 도와드릴 수 있습니다. 또한 이 문서를 귀하의 모국어로 번역해드릴 수 있습니다. 무료 지원을 요청하시려면, 1-800-422-4234 (TTY: 711)번으로연락하십시오. (Korean)

Mababasa mo ba ang dokumentong ito? Kung hindi, mayroong makatutulong sa iyo na basahin ito. Maaaring makuha mo rin ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 1-800-422-4234 (TTY: 711). (Tagalog)

Вы можете прочитать этот документ? Если нет, то вы можете попросить кого-нибудь в нашей компании помочь вам прочитать этот документ. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 1-800-422-4234 (телетайп: 711). (Russian)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع, يمكننا أن نُوفّر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك. للمساعدة المجانية اتصل بـ 1-800-422-4234 (TTY: 711). (Arabic)

Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posiblite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 1-800-422-4234 (TTY: 711). (Haitian Creole)

Pouvez-vous lire ce document ? Si ce n’est pas le cas, nous pouvons faire en sorte que quelqu’un vous aide à le lire. Vous pouvez également obtenir ce document écrit dans votre langue. Pour obtenir de l’assistance gratuitement, veuillez appeler le 1-800-422-4234 (TTY : 711). (French)

Możesz przeczytać ten dokument? Jeśli nie, możemy Ci w tym pomóc. Możesz także otrzymać ten dokument w swoim języku ojczystym. Po bezpłatną pomoc zadzwoń pod numer 1-800-422-4234 (TTY: 711). (Polish)

Você consegue ler este documento? Se não, podemos pedir para alguém ajudá-lo a ler. Você também pode receber este documento escrito em seu idioma. Para obter ajuda gratuita, ligue 1-800-422-4234 (TTS: 711). (Portuguese)

Non riesci a leggere questo documento? In tal caso, possiamo chiedere a qualcuno di aiutarti a farlo. Potresti anche essere in grado di ricevere questo documento scritto nella tua lingua. Per assistenza gratuita, chiama il numero 1-800-422-4234 (TTY: 711). (Italian)

この文書をお読みになれますか？お読みになれない場合には、読むためのお手伝いをさせていただけます。この文書をご希望の言語に訳したものをお送りできる場合もあります。無料のサポートについては、1-800-422-4234（TTY: 711）までご連絡ください。(Japanese)

Können Sie dieses Dokument lesen? Falls nicht, können wir Ihnen einen Mitarbeiter zur Verfügung stellen, der Sie dabei unterstützen wird. Möglicherweise können Sie dieses Dokument auch in Ihrer Sprache erhalten. Rufen Sie für kostenlose Hilfe bitte folgende Nummer an: 1-800-422-4234 (Schreibtelefon: 711). (German)

هیا تا دراز شخصی بخوا مںید، ما قادریاه نمی تںوک نید؟ در صورتیںابخںو ار نںمںتںنںیا نیداآیا می توابه شما نںمںتںنںیا نںند کنیدابںتںو تںسا نںمںمںکںنںند. همچنیںکںم انںیںنید. برںکںتںخود دریافںنںبںه زبا ار نںمتای کںر کںمںابںگیرید سںتںما مںشںمںار نںیا با نںیںگںا: 1-800-422-4234 (TTY: 711). (Persian Farsi) خو

קענט איר לייענען דעם דאָזיקן דאָקומענט? אויב ניט, עמעצער דו קען אייך העלפן לייענען. איר קענט מעגליך אויך באקומען דעם דאָזיקן דאָקומענט אין אייער שפּראַך. פאַר אומזיסטע הילף, ביטע קלינגט: 1-800-422-4234 (טעלעפאָן פאַר מענטשן וואָס הערן ניט: 711). (Yiddish)

Díísh yíníłta’go bííníghah? Doo bííníghahgóó éí nich’į’ yídóołtahígíí nihee hółǫ́. Díí naaltsoos t’áá Diné bizaad k’ehjí ályaago ałdó’ nich’į’ ádoolnı́ı́łgo bíighah. T’áá jíík’e shíká i’doolwoł nínízingo kojį’ béésh holdíílnih 1-800-422-4234 (TTY: 711) (Navajo)

# Keep Smiling

## DeltaCare® USA
provided by
## Alpha Dental Programs, Inc.

SAMPLE

### Dental benefits made easy!

When you enroll in a DeltaCare USA[1] DHMO plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.[2]

- No restrictions on pre-existing conditions
- Access to specialty care and out-of-area emergency care

### A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

- Low or no copayments for services like cleanings and exams

### Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums[3] for covered services
- Pay only your copayment (if any) at the time of treatment

### Convenient services

We make it easy for you — there are no claim forms to complete, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your primary care dentist by phone or online

LEGAL NOTICES: Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html

[1] DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, MI, MN, NE, OR, RI, SC, WA, WI — Dentegra Insurance Company; DC, DE, FL, GA, KS, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

[2] Verify that the dentist is your selected DeltaCare USA primary care dentist before each appointment.

[3] Plans with an Accidental Injury Rider have a $1600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.

We keep you smiling®

deltadentalins.com/enrollees

# FAQ+A

## Answers to frequently asked questions about your DeltaCare® USA plan

SAMPLE

### GETTING STARTED

1. **How do I enroll in a DeltaCare USA plan?**
   Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. **How do I get started using my DeltaCare USA plan?**
   Once we process your enrollment, we'll mail you welcome materials that will include:

   - **The name, address and phone number of your selected primary care dentist:** Simply call the dental facility to make an appointment. **Important note:** In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
   - **Your Evidence/Certificate of Coverage (plan booklet):** This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
   - **An ID card:** This card is for your records only — you do not need to present it in order to receive treatment.

3. **How long will it take to get an appointment with my primary care dentist?**
   Two to four weeks[1] is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. **How much will my dental treatments cost? How do I pay?**
   With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact our Customer Service department. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

### CHOOSING A DENTIST

5. **How do I select my primary care dentist?**
   When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at **deltadentalins.com** and select DeltaCare USA as your network. If you do not select a dentist when you enroll, we will choose one for you.

6. **Does everyone in my family have to choose the same primary care dentist?**
   No. Each family member can select his or her own primary care network dentist.

7. **Can I change my primary care dentist?**
   Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your Online Services account or call or write to Customer Service. Change requests received by the 21st of the month will become effective the first day of the following month.

[1] In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment.In TX, there is no limit on the number of miles or on the dollar amount per emergency.

8. **My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services?**
No. You must visit your selected primary care network dentist to receive benefits under this plan. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists.

9. **What should I do if I need to see a specialist?**
If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

## GENERAL PLAN INFORMATION

10. **If I'm traveling, is emergency treatment covered under my plan?**
You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles[2] from your primary care dentist. Your out-of-area emergency benefit (typically limited to $100 per enrollee[3]) is for services to relieve pain until you can return to your primary care network dentist. Standard plan limitations, exclusions and copayments may apply.

11. **Can I access my plan online?**
Yes. Visit **deltadentalins.com/enrollees** to create a free, secure Online Services account. On our website, you can access your plan benefits and ID card, select (or change) your primary care dentist — and more.

12. **Does my plan cover pre-existing conditions? What about treatments that are in progress?**
Treatment for pre-existing conditions (except work in progress[3]), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

13. **Does my plan cover teeth whitening?**
Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

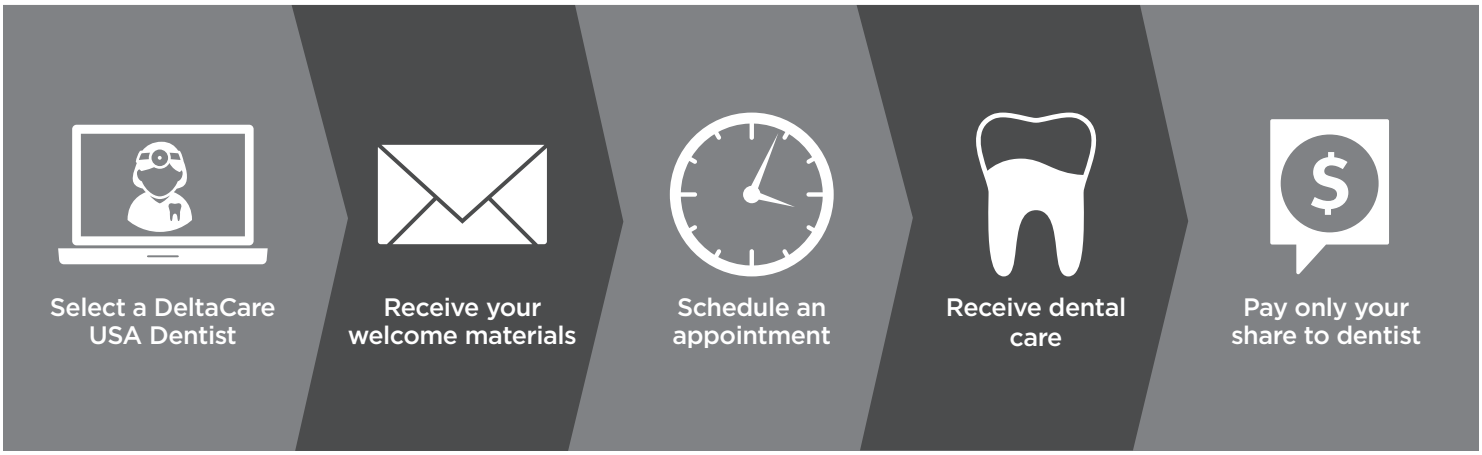
14. **Does my plan cover tooth-colored fillings and crowns?**
Yes. Porcelain and other tooth-colored materials are included in this plan.

15. **What if I have additional questions about my plan?**
Please contact us for additional support. Our Customer Service agents can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

[2] In TX, there is no limit on the number of miles or on the dollar amount per emergency.
[3] In TX, there is no exception for work in progress for covered DeltaCare USA benefits.

SAMPLE

# We make it easy for you!

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FAQ_DCU_USA_STD #104190A (rev. 3/17)

## SCHEDULE B

### Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments.*

2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional $100.00 above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).

4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Alpha, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

6. Benefits for dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this Program are limited as follows:

   Upon request of a newly covered Enrollee, Alpha will provide Benefits for the completion of covered services begun prior to the time his or her coverage became effective. Alpha will not provide coverage for incomplete services that are not otherwise Benefits under the terms and conditions of the Contract. Enrollees may request completion of treatment in progress by calling the Customer Service department at 800 422-4234 during normal business hours, or by sending a written request to Alpha.

   Whenever possible, an Enrollee should complete treatment in progress with the Dentist who initiated the service. If such Dentist is an out-of-network Dentist, that Dentist must agree to the same terms and conditions that apply to an in-network Dentist in order for Alpha to provide Benefits. Copayments and other cost sharing components will apply. Benefits may be adjusted so that the total paid by the Enrollee and/or coverage provided by all plans is not more than 100% of total Allowable Expenses (as defined in the Coordination of Benefits section of the Contract).

   Should the Enrollee be unable to complete treatment with the Dentist who initiated the service, Alpha will make reasonable and appropriate arrangements for completion of such treatment by a Contract Dentist.

7. Orthodontic treatment in progress is limited to new Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under this Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Alpha is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

SAMPLE

### Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A*, *Description of Benefits and Copayments*.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Dental Services* as described in *Schedule A*.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Lost, stolen or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedure D9940 (occlusal guard, by report).
16. Composite or ceramic brackets, lingual adaption of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

SAMPLE

# Glossary

The following dental terms have the meanings indicated:

**Abrasion** - The abnormal wearing away of the tooth by chewing, incorrect brushing methods, grinding or similar causes.

**Alveoloplasty** - A surgical procedure to reshape the jaw bones to achieve normal bone contour in preparation for tooth replacement via denture, partials or bridges.

**Amalgam** - A metal alloy used in filling teeth.

**Apicoectomy** - The surgical removal of the root tip.

**Appliance** - A device used to provide function or therapeutic effect.

**Attrition** - The normal loss of tooth substance resulting from friction during chewing.

**Banding** - Application of preformed stainless steel rings that are fitted around the teeth and cemented in place.

**Banding dentition** - Treatment of a tooth which involves banding (for orthodontic purposes).

**Cephalometric x-rays** - X-rays used in studying the measurements of the head in relation to specific soft tissue and bony reference points.

**Cleft palate** - A birth defect resulting in an incomplete closure or formation of the palate.

**Debridement** - The removal of plaque and tartar, above and below the gumline, which makes the ability to evaluate the gum condition difficult.

**Equilibration** - Changing the occlusal forms of the teeth by selective grinding, with the interest of balancing occlusal stresses more evenly on the teeth.

**Erosion** - Chemical or mechanical destruction of tooth substance, the mechanism of which is incompletely known, that leads to the creation of a depression in the tooth surface at the gumline.

**Exostosis** - An excessive growth of bone.

**Expansion appliance** - An appliance used to widen a dental arch to increase the room available for permanent teeth and/or to correct the bite.

**Frenum** - The fibers that attach the cheek, lips or tongue to the tissue lining the mouth.

**Frenectomy** - Surgical removal or loosening of the frenum.

**Functional appliance** - An appliance used to achieve minor tooth movement, to strengthen the muscles of the oral cavity or to maintain space created by the loss or delayed eruption of the teeth.

**Gingiva** - The soft tissue which covers a tooth or the gum surrounding a tooth.

**Gingivectomy** - The surgical removal of the unsupported gingiva to the level where it is attached.

**Gingivoplasty** - Surgical contouring of the gingiva to facilitate maintenance of tissue health and integrity.

**Headgear** - An apparatus encircling the head or neck that provides attachment for an intraoral appliance in use of extraoral anchorage.

**Implant** - A device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement of a missing tooth.

**Lingual** - Pertaining to the tongue.

SAMPLE

**Macrognathia** - A definite overgrowth of the mandible and maxilla.

**Mandible** - The lower jaw.

**Mandibular** - Pertaining to the lower jaw.

**Maxilla** - The upper jaw.

**Maxillary** - Pertaining to the upper jaw.

**Micrognathia** - An abnormal smallness of the jaws, especially the mandible.

**Myofunctional therapy** - Training to curb or eliminate abnormal muscle function of the oral cavity.

**Occlusal** - The chewing surfaces of the posterior teeth.

**Occlusion** - The contact between the upper and lower teeth when in a closed position.

**Orthodontic appliance** - Any appliance used to apply forces for tooth movement during orthodontic treatment.

**Palate** - The roof of the mouth.

**Palatal** - Pertaining to the roof of the mouth.

**Palliative** - Action that relieves pain but does not cure the cause of the pain.

**Panoramic film** - An x-ray that offers a full view of the entire length of the jaws in a single x-ray.

**Pediatric** or **Pedodontic** - Pertaining to children.

**Periapical** - The area surrounding or enclosing the root tip of a tooth.

**Periodontitis** - Gingival changes that occur due to infection and loss of attachment between the tooth and gums. Periodontitis is a long-term progressive disease.

**Periradicular** - Around the root.

**Pontic** - The term used for the artificial tooth on a bridge.

**Prophylaxis** - The removal of plaque, tartar and stains on the crown portion of the teeth, including polishing.

**Pulp cap** - The covering of an exposed dental nerve with material that protects it from foreign irritants.

**Quadrant** - One of the four equal sections into which the dental arches can be divided; begins at the middle of the arch and goes to the last tooth on either side.

**Rebase** - Process of refitting a denture by replacing the acrylic base material.

**Resin** - Broad term used to indicate an organic substance that is usually tooth colored. Composite resin used in filling teeth, most often in the front of the mouth.

**Retainer** - An appliance used to maintain the positions of the teeth and jaws gained by orthodontic procedures.

**Retrograde filling** - A method of sealing the root canal by preparing and filling it from the root tip.

**Root planing** - A procedure designed to remove bacteria, tartar and diseased root tissue from the root surfaces. Often referred to as “deep cleaning.”

**Sealant** - Application of a resin material to the biting surfaces of the permanent molars to seal the surface crevices to prevent the formation of decay.

**Study model** - A positive likeness of dental structures (teeth and adjoining tissues) for the purpose of study and treatment planning.

SAMPLE

**Supernumerary** - Any tooth in excess of the 32 normal permanent teeth.

**Temporomandibular joint** - The joint formed by the connection of the lower jaw to the skull.

**Tracing** - As it relates to orthodontic treatment, a tracing is a line drawing of pertinent features of a cephalometric x-ray made on a piece of transparent paper placed over an x-ray. The tracing provides measurements of soft tissue and bony reference points that aid in predicting growth patterns and orthodontic diagnosis and treatment planning.

**Trigeminal nerve** - The main nerve that provides feeling to the muscles and tissues of the face, jaws and teeth.

**Vertical demension** - The vertical height of the face with teeth in occulusion.

SAMPLE

# Useful information at your fingertips

**Check out our SmileWay® Wellness program**
Find oral health resources, including a risk self-assessment tool, quizzes, articles, videos and a subscription to *Grin!*, our free dental wellness e-magazine, at **mysmileway.com**.

**Find a network dentist near you**
Use our convenient "Find a Dentist" tool and select DeltaCare USA as your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

**Sign up for an online account**
Use your mobile device or desktop to sign up for a free, secure Online Services account.

- Review your plan benefits
- Access your ID card

## Contact us

Need help? Let us know.

**Online:** Visit **deltadentalins.com/about/contact/contactUs_ddic.html** and choose the "DeltaCare USA Customer Service" form.

**Write to:**
Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

**Call toll-free:** 800-422-4234
Customer Service agents are available Monday through Friday, 8 a.m. to 9 p.m., Eastern time. Or, use our automated phone system, available 24/7.

SAMPLE

**Underwritten by:**
[Underwriter Company Name]
[Underwriter Address]
[City], [State] [Zip code]

**Administered by:**
Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

**NOTE: This is only a brief summary of your plan.**
This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the "Description of Benefits and Copayments" and "Limitations and Exclusions of Benefits" in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.

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HL_DCU_SHELL_EN #92056M (rev. 7/16)

DELTA DENTAL

DeltaCare® USA

# Elevate Your Smile

## 8 ways to make the most of your dental plan

1 **Visit your DeltaCare USA dentist.** You must visit your selected DeltaCare USA primary care dentist to receive benefits under your plan.[1] Find or change your dentist[2] at **deltadentalins.com** or by calling Customer Service.

- You don't need a dental plan ID card when you visit the dentist. Simply provide your name, birth date and enrollee ID or social security number. If your family members are covered under your plan, they will need to provide your information.
- There are no claims forms to complete — just pay your copayment, if any, at the time of treatment.[3]
- If you require treatment from a specialist, your primary care dentist will coordinate a referral for you.[4]

2 **Seek preventive care.** Regular exams and cleanings are available at low or no cost. These services help catch problems before they require costly and extensive treatment.

3 **Set up an online account.** Get information about your plan anytime, anywhere by signing up for an Online Services account. This free service lets you find a network dentist, view or print your ID card and more. The one-time registration process takes only a minute.

## Newly covered?

Visit **deltadentalins.com/welcome**

[1] In WY, you do not need to select a primary care dentist, but you must visit a DeltaCare USA dentist to receive benefits. In the following states, you can maximize your savings when you visit a DeltaCare USA dentist, although you may visit any licensed dentist and receive out-of-network coverage: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT. Refer to your plan booklet for details about your out-of-network benefits.

[2] Changes received by the 21st of the month will be effective the first day of the following month. Verify that the dentist is your selected DeltaCare USA primary care dentist before each appointment. In the following states, you can change your dentist any time without contacting Delta Dental: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT, WY.

[3] You may have to complete a claim form if you visit an out-of-network dentist, such as for limited emergency treatment or in the following states: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT.

[4] Most services not performed by your primary care dentist must be authorized by Delta Dental. In some states, specialty care benefits are only available for services performed by a DeltaCare USA specialist. Refer to your plan booklet for more information.

We keep you smiling®

deltadentalins.com/enrollees

## 4 Get to know your plan.

Many DeltaCare USA plans have no exclusions for pre-existing conditions, including missing teeth.[5] Read your plan booklet for a complete list of covered procedures, copayments, plan limitations and exclusions.

## 5 Coordinate benefits.

Are you covered under a second dental plan? Ask your dentist to include information about both plans with your claim, and we'll handle the rest.[5]

## 6 Complete in-progress orthodontic care.

If you began orthodontic treatment under a previous employer-sponsored plan, you may be covered for continuing treatment with your current orthodontist. The copayments and fees of your previous plan would apply.[5]

## 7 Talk to your dentist.

From pregnancy to diabetes, overall health can affect your dental health. Start each visit with a quick chat about any issues.

## 8 Stay informed.

Get oral health tools and tips at our SmileWay® Wellness site (**mysmileway.com**). Don't forget to subscribe to *Grin!*, our free dental wellness e-magazine.

[5] This provision may not apply to all plans. Please refer to your plan booklet for specific coverage details.

## Contact us

**Online assistance:**

For quick and easy online assistance, go to **deltadentalins.com** > **Contact Us**, select the Delta Dental company and choose the applicable customer service form.

**Telephone assistance:**

DeltaCare USA: **800-422-4234 (toll-free)**

- Use our interactive voice response system, available 24/7.
- Speak to a Customer Service representative: Monday – Friday, 8 a.m. – 9 p.m. Eastern time.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA – Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

**LEGAL NOTICES:** Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html.

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EF17_DCU #109655A (rev. 10/17)

DELTA DENTAL®

# Smiles All Around

## 6 essential steps for your dental routine

1 **Gather your tools.**
Make sure you have fluoride toothpaste, dental floss and a toothbrush with soft, rounded bristles.

2 **Set a schedule.**
Dentists recommend brushing at least twice a day and flossing at least once. When possible, brush immediately after eating sweet or starchy foods, but wait half an hour after eating acidic foods to avoid damaging your softened enamel.

3 **Be thorough.**
Brush for at least two minutes each session, angling your toothbrush at 45 degrees and using short, circular strokes. Apply just enough pressure to feel the bristles without squishing them. When you're done, brush your tongue to remove bacteria.

4 **Don't forget to floss.**
Floss removes plaque from between teeth and below the gumline. Don't worry if your gums feel tender or bleed at first. By flossing, you're fighting the source of the problem: the bacteria causing your sensitive gums.

5 **Rinse to refresh.**
After brushing and flossing, vigorously rinse your mouth with mouthwash or water to remove any loosened plaque and food particles.

6 **Go pro.**
Twice-a-year dental cleanings are an important part of maintaining your oral and overall health. Call your dentist for an appointment today.

Oral health is essential at every stage of life. Find out more.

We keep you smiling®
deltadentalinscom/enrollees

# Help your teeth last a lifetime

## Protect your teeth

- **Eat wisely.** Consider your teeth when choosing meals and snacks. Eat a balanced diet including enamel-strengthening calcium and vitamins A and C. Avoid sugary treats and drinks — but if you do indulge, remember to brush afterwards.
- **Flourish with fluoride.** Fluoride is a cost-effective cavity fighter. Always choose fluoride toothpaste, and if your tap water isn't fluoridated (or if you drink bottled or filtered water), ask your dentist about supplemental tablets, drops, lozenges or professionally applied treatments.
- **Say 'no' to tobacco.** Tobacco breaks down gum tissue, causing infection and tooth loss. If you're a heavy smoker, you're over twice as likely to lose teeth, and whether you chew or smoke tobacco, you're at higher risk for oral, pharyngeal, head and neck cancers.[1]

## Tips for kids

- **Keep baby teeth clean.** Clean children's teeth and gums with a soft, damp cloth as soon as the first tooth is visible (around 6 months). If your baby sleeps with a bottle, it should only contain water.
- **Build strong bones early.** Swap candy and sugary treats for calcium-rich snacks like yogurt and cheese.
- **Defend the mouth.** If your child plays sports, invest in a mouthguard from your sports store or dentist.[2]
- **Stay safe with sealants.** Ask your dentist to apply sealants to your child's molars. These plastic coatings seal off teeth from decay and are covered under most Delta Dental plans.[2]

## Tips for seniors

- **Visit the dentist regularly.** Preventive care is a must at any age, and seniors are especially at risk for untreated dental problems. Family members should help you schedule regular dental visits if you are homebound or live in a nursing home.
- **Know your medications.** Some drugs adversely interact with dental anesthesia. Keep your dentist informed about any health changes, especially new medications.
- **Keep dentures clean.** Plaque sticks to dentures as well as natural teeth. Talk to your dentist about the best way to keep your dentures clean to avoid discomfort, infection and bone loss.

SmileWay®
Your smile. Your health. Your way.

Visit **mysmileway.com** — a one-stop-shop for oral health-related tools and tips, including interactive quizzes, a risk assessment tool and a subscription to *Grin!*, our free oral wellness e-magazine.

[1] Warnakulasuriya S, Dietrich T, Bornstein MM, et al. Oral health risks of tobacco use and effects of cessation. Int Dent J. 2010;60(1):7-30.
[2] Please refer to your plan details for more information about your coverage.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

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EF2 #104739A (rev. 4/17)

DELTA DENTAL®

# Take the Challenge

deltadentalins.com/challenge

**Assess your risk.** Our risk assessment tool gives you an oral health score that you can share with your dentist at your next visit.

**Test your habits.** Are you at risk for cavities or gum disease? Take our interactive quizzes to find out.

**Expand your knowledge.** Read articles or view short videos on dental health–related topics, from acid reflux to x-rays. Get tips for preventive care, tooth-friendly recipes and more!

**Stay connected.** Keep in touch with us for dental health articles and fun facts:

- Sign up for *Grin!*, our dental wellness e-magazine
- Follow us on Facebook, Twitter and Google Plus

## The SmileWay® Challenge: 6 easy steps.

Empower yourself with oral health tips and tricks! By taking the SmileWay Challenge, you'll learn about everything from braces to gum disease in six easy steps.

1. Assess your risk using our dentist-approved tool
2. Take the cavity and gum disease quizzes
3. Read at least three dental health articles
4. Watch at least three dental health videos
5. Follow Delta Dental on social media
6. Subscribe to the wellness e-magazine *Grin!*

SmileWay®
Your smile. Your health. Your way.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of the District of Columbia — DC, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, FL, GA, LA, MS, MT, NV, TX and UT.

Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and our affiliated companies form one of the nation's largest dental benefits delivery systems, covering 34.5 million enrollees. All of our companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 73 million people in the U.S.

We keep you smiling®
deltadentalins.com/enrollees

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EF53 #97352 (rev. 6/16)

DELTA DENTAL

# Stay Connected

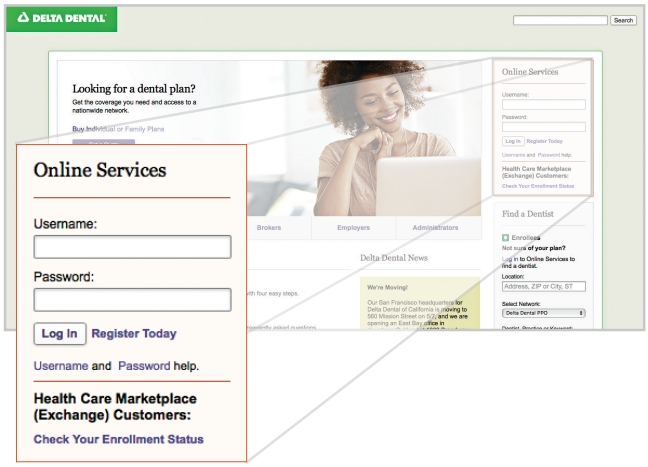
At **deltadentalins.com**, all the information you need is at your fingertips. You can check your plan details, find an in-network dentist and more.

## Create an account

1. Go to **deltadentalins.com**.
2. Click on **Register Today** in the **Online Services** section.

With an online account, you can:

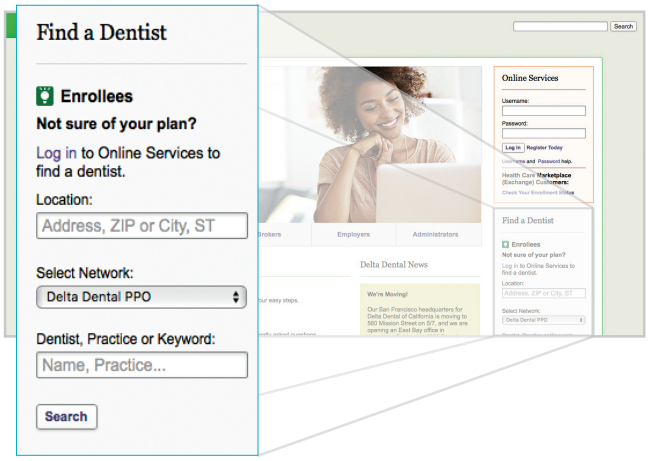
- Check your plan details and eligibility
- Review claim statements and plan documents
- View or print your ID card




## Find a dentist

1. Go to **deltadentalins.com**.
2. In the **Find the Dentist** section, enter your address and select your network from the drop-down menu.
3. Click **Search**.

Browse Yelp reviews, check office hours and see the address on a map.



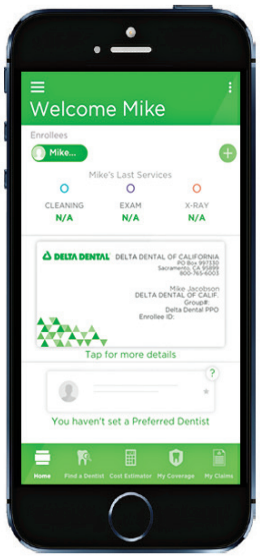

For more online resources, turn the page.

We keep you smiling®
deltadentalins.com/enrollees

## Download the app

1. Open the **App Store** or **Google Play**.
2. Search for "**Delta Dental**."
3. Download the free app titled **Delta Dental** by Delta Dental Plans Association.

Review your plan details, pull up your ID card and try out the musical toothbrush timer.




## Get answers

Got a question? We've got answers.

### Learn how your dental plan works:

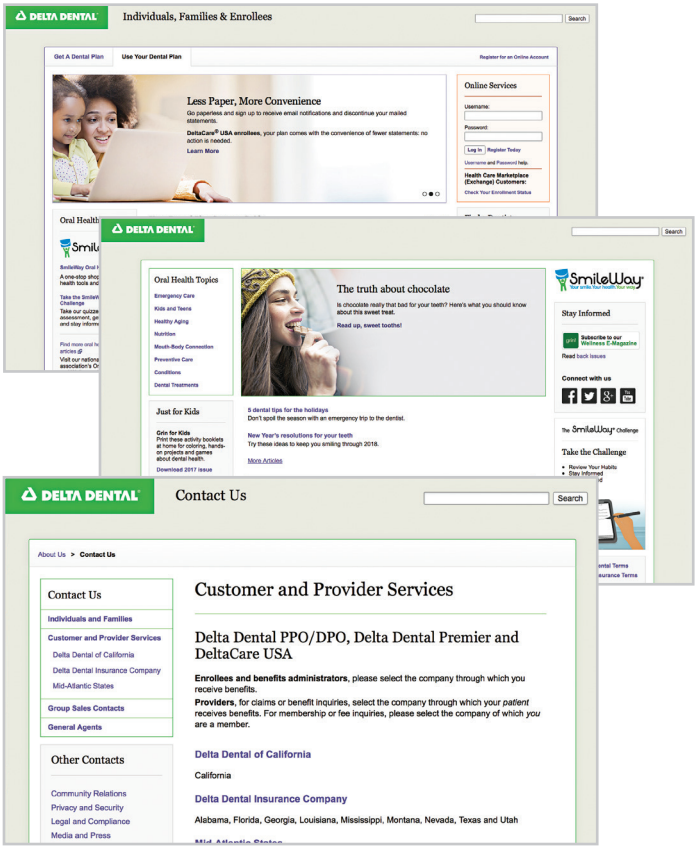
Visit **deltadentalins.com/enrollees** for the 101 on dental benefits.

### Improve your dental health:

Check out **mysmileway.com** for the latest recipes, articles and videos.

### Contact Customer Service:

Submit an online question at **deltadentalins.com/contact**.




Website available on desktop, mobile and tablet

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT. These enterprise companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 75 million people in the U.S. The website deltadentalins.com is the home of the Delta Dental companies listed above. For other Delta Dental companies, visit the Delta Dental Plans Association website at deltadental.com.

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# By the numbers

Why Delta Dental[1]? Let us count the ways.

**73M+** enrollees in 129,000 groups nationwide[2]

**100%** client satisfaction[5]

**95%** enrollee satisfaction[5]

**98%** enrollee retention[5]

Nearly **42%** of Fortune 1000 companies offer Delta Dental benefits[2]

**2 great products**

Almost infinite combination of plan options and features

Delta Dental PPO[SM3]

DeltaCare® USA[4]

About **88¢** of every benefit dollar directly paid dental claims[5]

**$4.4B+** saved from network fee agreements and cost protections[5]

**98%+** of phone inquiries resolved on first call[5]

**44M+** claims processed[5]

Nearly **98%** accuracy rate[5]

**10 years** rated best dental coverage in *Benefits Selling Magazine* Readers' Choice Awards[6]

1 Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and our affiliated companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies.
2 Delta Dental Plans Association Fact Sheet, Sept. 2016
3 Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA — Delta Dental of California; PA, MD — Delta Dental of Pennsylvania; NY — Delta Dental of New York, Inc.; DE — Delta Dental of Delaware, Inc.; WV — Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a Dental Provider Organization (DPO) plan.
4 DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; CA — Delta Dental of California; DC, DE, FL, GA, LA, MS, MT, WV — Delta Dental Insurance Company; MD, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.
5 Delta Dental Annual Report, 2015, for enterprise companies
6 Benefits Selling Magazine Readers' Choice Awards, 2005-15

deltadentalins.com

DELTA DENTAL®

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PF6 #101783 (rev. 10/16)

# DeltaCare® USA

## Q+A: Continuous Orthodontic Coverage with your DeltaCare USA Plan

**Welcome to your DeltaCare USA plan!**
If you or an eligible member of your family has started orthodontic treatment under a previous plan sponsored by an employer/organization, you may be able to continue that coverage when you switch to a DeltaCare USA plan.

**How does it work?**
Through a provision called *orthodontic treatment in progress*, your DeltaCare USA plan allows you to continue treatment you started under your previous dental plan sponsored by an employer/organization. You have the convenience of visiting the same orthodontist and enjoying the same coverage and copayments as your previous plan. You pay the same amount that you would have paid under your previous coverage, as long as you remain eligible for coverage under your DeltaCare USA plan.

**How do I qualify?**
If you started orthodontic treatment under your previous dental plan, and if banding has taken place, you are eligible for continuous coverage under your DeltaCare USA plan and may continue to visit the same orthodontist.

If banding has not occurred, you are not eligible for continuous orthodontic coverage. In that case, orthodontic treatment must be provided by a DeltaCare USA network orthodontist in accordance with the copayments, limitations and exclusions defined in your DeltaCare USA plan.[1]

**What if I am about to begin orthodontic treatment?**
To begin orthodontic treatment, you must select a DeltaCare USA network orthodontist to receive your DeltaCare USA orthodontic benefits. Your copayments, limitations and exclusions are determined by your DeltaCare USA plan.[1]

**How do I sign up for continuous orthodontic coverage?**
Please have your treating orthodontist complete and submit the form below along with a claim form within 30 days of your plan effective date. We will coordinate benefits as necessary with your orthodontist.

[1] Upon enrollment in a DeltaCare USA plan, you will receive an Evidence/Certificate of Coverage (EOC/COC) booklet. Please review your EOC/COC for details about your plan. Retain this flyer and keep it with your EOC/COC.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA – Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

---

## Continuous Orthodontic Coverage Form (To be completed by the treating orthodontist)

If your patient's previous orthodontic coverage was through an employer-sponsored dental plan and the patient meets all of the above conditions, please provide the following information:

Primary enrollee's name: _____ Previous dental plan end date: _____

Primary enrollee's ID #: _____ Banding date of patient: _____

Name of employer/organization: _____ Orthodontist's name: _____

Patient's name _____ Orthodontist's address: _____

Previous dental plan carrier: _____ Orthodontist's phone number: _____

Previous plan's total financial obligation: _____

**In addition, please include the following required documents and information:**

- Completed claim form, including the banding date.
- Explanation of Benefits showing how much the previous plan has paid to date and amount remaining.

**Mail to:** DeltaCare USA
Claims Department
P.O. Box 1810
Alpharetta, GA 30023

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EF91 #97815 (rev. 5/16)

# DeltaCare® USA

Dental Health Care Program for Eligible Employees and Dependents

***Combined Evidence of Coverage and Disclosure Form***

**TX10A**

Proof

*Provided by:*
Alpha Dental Programs, Inc.
1701 Shoal Creek, Suite 240
Highland Village, TX 75077

*Administered by:*
Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023
800-422-4234

deltadentalins.com

# EVIDENCE OF COVERAGE

# DISCLOSURE FORM

This booklet is a Combined Evidence of Coverage and Disclosure Form ("EOC") for your Dental HMO Program ("Program") provided by:

Alpha Dental Programs, Inc. ("ALPHA") dba DeltaCare USA
A Single Service Health Maintenance Organization ("HMO")
1701 Shoal Creek, Suite 240
Highland Village, TX 75077
800-422-4234

The Program has been established and is administered in accordance with the provisions of a Group Dental Service Contract ("Contract") issued by ALPHA.

Administrative functions described throughout this booklet may be performed by Delta Dental Insurance Company ("Delta Dental"), a Third Party Administrator, as designated by ALPHA.

This EOC describes the provisions of the Contract between your Group and ALPHA. THE EOC CONSTITUTES ONLY A SUMMARY OF THE PROGRAM. THE CONTRACT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF COVERAGE. A COPY OF THE CONTRACT WILL BE FURNISHED UPON REQUEST. ANY DIRECT CONFLICT BETWEEN THE CONTRACT AND THE EOC WILL BE RESOLVED ACCORDING TO THE TERMS WHICH ARE MOST FAVORABLE TO YOU. PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW HOW TO OBTAIN DENTAL BENEFITS.

Proof

The telephone number where you may obtain information about benefits is 800-422-4234. These calls will be answered by ALPHA's Administrator, Delta Dental.

# TEXAS NOTICE OF COMPLAINT

## IMPORTANT NOTICE

To obtain information or make a complaint, you may call ALPHA's toll-free telephone number at:

**1-800-422-4234**

You may also write to ALPHA at:

P.O. Box 1860
Alpharetta, GA 90023

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance at:

P.O. Box 149104
Austin, TX 78714-9104
Fax (512) 475-1771

Web: http//www.tdi.state.tx.us

E-mail: ConsumerProtection@tdi.state.tx.us

**PREMIUM OR CLAIM DISPUTES:** Should you have a dispute concerning your premium or about a claim you should contact the agent or the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR POLICY:** This notice is for information only and does not become a part or condition of the attached document.

## AVISO IMPORTANTE

Para obtener informacion o para someter una queja, usted pueda llamar al numero de telefono gratis de ALPHA al:

**1-800-422-4234**

Usted tambien puede escribir a ALPHA:

P.O. Box 1860
Alpharetta, GA 90023

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

**1-800-252-3439**

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax (512) 475-1771

Web: http//www.tdi.state.tx.us

E-mail: ConsumerProtection@tdi.state.tx.us

**DISPUTAS SOBRE PRIMAS O RECLAMOS**: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente o la compania primero. Si no se resuelve la disputa, puede entonces communicarse con el departamento (TDI).

**UNA ESTE AVISO A SU POLIZA:** Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

Proof

## Table Of Contents

Definitions..... 1

Eligibility for Benefits..... 2

Premiums..... 3

How to use the Program - Choice of Contract Dentist..... 3

Benefits, Limitations and Exclusions..... 4

Copayments and Other Charges..... 4

Emergency Dental Services..... 4

Specialized Services..... 4

Claims for Reimbursement..... 5

Coordination of Benefits..... 5

Enrollee Complaint Procedure..... 6

Renewal and Termination of Benefits..... 9

Cancellation of Enrollment..... 9

Optional Continuation of Coverage..... 10

Entire Contract..... 13

Incontestability..... 13

Conformity with State Law..... 13

Description of Benefits and Copayments..... 14

Limitations of Benefits..... 27

Exclusions of Benefits..... 29

Glossary..... 31

Proof

## Definitions

As used in this booklet:

**Administrator** means Delta Dental Insurance Company ("Delta Dental"), licensed as a Third Party Administrator in the State of Texas. Administrative functions described in the Contract and in this booklet may be performed by Delta Dental, as designated by Alpha. The mailing address for Delta Dental is P.O. Box 1803, Alpharetta, GA 30023. Delta Dental will answer calls directed to 800-422-4234.

**Benefits** mean those dental services available under the terms of the Group Dental Service Contract and described in this booklet.

Proof

**Client** means the applicant (employer or other organization) contracting to obtain Benefits for Eligible Employees.

**Contract Dentist** means a Dentist who provides services in general dentistry, and who has agreed to provide Benefits to Enrollees under this Program.

**Contract Orthodontist** means a Dentist who specializes in orthodontics, and who has agreed to provide Benefits to Enrollees under this Program.

**Contract Specialty Care Dentist** means a Dentist who provides Specialized Services, and has agreed to provide Benefits to Enrollees under this Program.

**Copayment** means the amount charged to an Enrollee by a Dentist for the Benefits provided under this Program.

**Dentist** means a duly licensed Dentist legally entitled to practice dentistry at the time and in the state or jurisdiction in which services are performed.

**Eligible Dependent** means any dependent of an Eligible Employee who is eligible for Benefits as described in this booklet.

**Eligible Employee** means any employee or group member who is eligible for Benefits as described in this booklet.

**Emergency Dental Services** means procedures administered in a Dentist's facility, emergency dental clinic, or other comparable facility, to evaluate and stabilize dental conditions of a recent onset and severity accompanied by excessive bleeding, severe pain, or acute infection that would lead a prudent layperson possessing an average knowledge of dentistry to believe that immediate care is needed.

**Enrollee** means an Eligible Employee ("Primary Enrollee") or an Eligible Dependent ("Dependent Enrollee") enrolled to receive Benefits.

**Open Enrollment Period** means the period preceding the date of commencement of the contract term or the 30-day period immediately preceding the annual anniversary of the commencement of the contract term or a period as otherwise requested by the Client and agreed to by Alpha.

**Optional** means any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the Contract.

**Preauthorization** means the process by which Alpha determines if a procedure or treatment is a referable Benefit under the Enrollee's plan.

**Service Area** means the State of Texas, **except** for the following counties:

> Bailey, Brewster, Collingsworth, Concho, Culberson, Dallam, Edwards, Hall, Hansford, Hemphill, Jeff Davis, Kinney, Lipscomb, Loving, McCulloch, Menard, Motley, Ochiltree, Pecos, Presidio, Reeves, Roberts, Schleicher, Sherman, Sutton, Terrell, Tom Green, Val Verde, and Wheeler.

**Specialized Services** mean services performed by a Dentist who specializes in the practice of oral surgery, endodontics, periodontics or pediatric dentistry and which must be preauthorized by us.

**We, Us or Our** means Alpha or the Administrator, as appropriate.

## Eligibility for Benefits

Eligible Employees and Eligible Dependents receive Benefits as soon as they are enrolled in the Program. Subject to cancellation as provided under this Program, enrollment of Eligible Employees and Eligible Dependents is for a minimum period of one year.

You are eligible to enroll as an Eligible Employee if you meet the eligibility requirements defined by the Client.

Proof

Eligible Dependents become eligible on:

1) the date you are eligible for coverage;
2) as soon as an Eligible Dependent becomes your dependent, or at any time subject to a change in legal custody or lawful order to provide Benefits.

Eligible Dependents include:

1) spouse (unless legally separated or divorced);
2) unmarried children from birth up to age 25;

Children include natural children, stepchildren, adopted children, foster children, and grandchildren provided all such children are dependent on you for support. Grandchildren must reside with you to be eligible. Newborn children (including newborn adopted children) are covered from and after the moment of birth. Notice of birth must be received within 31 days after the date of birth for coverage to continue beyond 31 days. Foster children are eligible from and after the moment the child is placed in your physical custody. Legally adopted children (other than newborns) are eligible from and after the moment you file suit for adoption.

An unmarried dependent child may continue eligibility if:

1) he or she is incapable of self-support because of a physical disability or mental incapacity that began before age 25;
2) he or she is chiefly dependent on you for support; and
3) proof of dependent's disability is provided within 31 days of request. Such requests will not be made more than once a year after this dependent reaches the limiting age. Eligibility will continue as long as the dependent relies on you for support because of a mental or physical disability that began before he or she reached the limiting age.

Proof

Dependents in active military service are not eligible. No Eligible Dependent may be enrolled under more than one Eligible Employee. Medicare eligibility shall not affect the eligibility of an Eligible Employee or an Eligible Dependent.

You must live or work in Alpha's Service Area. The permanent legal residence of any enrolled dependent must be the same as yours, or you must live or work in the Service Area and the residence of any enrolled dependent must be:

1) in Alpha's Service Area with the person having temporary or permanent conservatorship or guardianship of such dependents, where you have legal responsibility for the health care of such dependents; or
2) in Alpha's Service Area under other circumstances where you are legally responsible for the health care of such dependents; or
3) in Alpha's Service Area with your spouse; or
4) anywhere in the United States for a child whose coverage under the Program is required by a medical support order.

## Premiums

This Program requires premiums to be paid to us. If you are required to pay all or any portion of the premiums, you will be advised of the amount prior to enrollment and it will be deducted from your earnings by payroll deduction, or you will be requested to pay it directly. The Client will be responsible for sending all payments of premiums to us except payments you are requested to pay directly. Should you voluntarily cancel enrollment and subsequently desire to re-enroll, all premiums retroactive to the date of cancellation (but not to exceed 12 months) must be paid before you can re-enroll.

## How to use the Program - Choice of Contract Dentist

To enroll in this Program, you must select a Contract Dentist for both yourself and any Dependent Enrollee from the list of Contract Dentists furnished during the enrollment process. If you fail to select a Contract Dentist or the Contract Dentist selected becomes unavailable, we will request the selection of another Contract Dentist or assign you to a Contract Dentist. You may change your assigned Contract Dentist by directing a request to the Customer Service department at 800-422-4234. In order to ensure that your Contract Dentist is notified and our eligibility lists are correct, changes in Contract Dentists must be requested prior to the 21st of the month for changes to be effective the first day of the following month.

EACH ENROLLEE MUST GO TO HIS OR HER ASSIGNED CONTRACT DENTIST TO OBTAIN COVERED SERVICES, EXCEPT FOR SERVICES PROVIDED BY A SPECIALTY CARE DENTIST PREAUTHORIZED BY US, OR FOR EMERGENCY DENTAL SERVICES (REFER TO SCHEDULE A). SPECIALIZED SERVICES THAT ARE NOT AUTHORIZED BY US MAY NOT BE COVERED. ANY OTHER TREATMENT PROVIDED BY AN OUT-OF-NETWORK DENTIST IS NOT COVERED UNDER THIS PROGRAM.

If your assigned Contract Dentist's agreement with Alpha terminates, that Contract Dentist will complete (a) a partial or full denture for which final impressions have been taken, and (b) all work on every tooth upon which work has started (such as completion of root canals in progress and delivery of crowns when teeth have been prepared).

Proof

## Benefits, Limitations and Exclusions

This Program provides the Benefits described in the *Description of Benefits and Copayments* subject to the limitations and exclusions. The services are performed as deemed appropriate by your attending Contract Dentist. A Contract Dentist may provide services either personally or through associated Dentists, technicians or hygienists who may lawfully perform the services.

## Copayments and Other Charges

You are required to pay any Copayments listed in the *Description of Benefits and Copayments* directly to the Dentist who provides treatment.

## Emergency Dental Services

You should contact your Contract Dentist for Emergency Dental Services for covered dental procedures whenever possible. If you require Emergency Dental Services and are unable to reach your Contract Dentist, you should call Customer Service at 800-422-4234 for assistance in obtaining urgent care; or during non-business hours, you may seek immediate treatment from another Dentist and we will reimburse you for the cost of Emergency Dental Services which exceeds your Copayment(s). Emergency Dental Services are limited to listed procedures and as described in code D9110 "Palliative (emergency) treatment of dental pain." Further treatment must be obtained from the assigned Contract Dentist. (Refer to *Schedule A*).

## Specialized Services

Specialized Services for oral surgery, endodontics, periodontics or pediatric dentistry must be referred by the assigned Contract Dentist and preauthorized by us. All preauthorized Specialized Services will be paid by us less any applicable Copayments. (Refer to *Schedule A*).

IF YOU REQUIRE SPECIALIZED SERVICES AND THERE IS NO CONTRACT SPECIALTY CARE DENTIST TO PROVIDE THESE SERVICES WITHIN 35 MILES OF YOUR HOME ADDRESS, YOUR ASSIGNED CONTRACT DENTIST MUST RECEIVE PREAUTHORIZATION FROM US TO REFER YOU TO AN OUT-OF-NETWORK DENTIST TO PROVIDE THE SPECIALZED SERVICES. SPECIALIZED SERVICES PERFORMED BY AN OUT-OF-NETWORK DENTIST THAT ARE NOT PREAUTHORIZED MAY NOT BE COVERED.

If the services of a Contract Orthodontist are needed, please refer to Orthodontics in the *Description of Benefits and Copayments*, and the limitations and exclusions to determine which procedures are covered under this Program.

## Claims for Reimbursement

Claims for covered Emergency Dental Services or preauthorized Specialized Services must be submitted to us within 90 days of the end of treatment. Valid claims received after the 90 day period will be reviewed if you can show that it was not reasonably possible to submit the claim within that time. All claims must be received within one year of the treatment date.

Proof

We will acknowledge receipt of Enrollee claims in writing and initiate investigation of claims within 15 days. The Enrollee will be requested to provide additional information, if required.

Claims submitted with all necessary information will be accepted or rejected within 15 business days of receipt. Notice of rejected claims will state the reason for the rejection. In the event additional information is required and a determination cannot be made, you will receive written notification within this 15-day period stating the reason for the delay.

All claims will be accepted or rejected within 45 days of that notice. Accepted claims will be paid not later than the fifth business day following notice of acceptance. If payment is subject to performance of an act by the Enrollee, the claim will be paid not later than the fifth business day after the date the act is performed.

In the event that we fail to pay a Contract Dentist, you will not be liable to that Dentist for any sums owed by us. Except for the provisions in *Emergency Dental Services*, if you have not received Preauthorization for treatment from an out-of-network Dentist, and we fail to pay that out-of-network Dentist, you may be liable to that Dentist for the cost of services. For further clarification, refer to the provisions for Emergency Dental Services and Specialized Services.

## Coordination of Benefits

This Program provides Benefits without regard to coverage by any other group insurance policy or any other group health benefits program if the other policy or program covers services or expenses in addition to dental care. Otherwise, Benefits provided under this Program for Specialized Services or by out-of-network Dentists are coordinated with such other group dental insurance policy or any group dental benefits program. The determination of which policy or program is primary shall be governed by the rules stated in the Contract.

When this plan is secondary, it may reduce its Benefits so that the total Benefits paid or provided by all plans during a claim determination period are not more than 100 percent of total Allowable Expenses. "Allowable Expense" is defined as a service or expense, including deductibles and Copayments, that is covered at least in part by any of the plans covering the person.

An Enrollee shall provide to us and we may release to or obtain from any insurance company or other organization, any information about the Enrollee that is needed to administer coordination of benefits. We will, in our sole discretion, determine whether any reimbursement to an insurance company or other organization is warranted under these coordination of benefits provisions, and any such reimbursement will be deemed to be Benefits under this Program. We will have the right to recover from a Dentist, Enrollee, insurance company or other organization, as we choose, the amount of any Benefits paid by us which exceeds our obligations under these coordination of benefit provisions.

## Enrollee Complaint Procedure

A complaint means any dissatisfaction expressed by an Enrollee orally or in writing about any aspect of our operation, including but not limited to dissatisfaction with administration; procedures; denial, reduction or termination of services for reasons **not related to medical necessity**; disenrollment decisions or the quality of dental services performed by a Contract Dentist. You may call the Customer Service department at 800-422-4234 or write to: Quality Management Department, P.O. Box 1860, Alpharetta, GA 30023-1860.

Proof

Written communication must include 1) the name of the patient, 2) the name, address, telephone number and identification number of the Primary Enrollee, 3) the name of the Client and 4) the Dentist's name and facility location.

A complaint does **not** include a misunderstanding or problem of misinformation which can be promptly resolved by supplying correct information to the Enrollee's satisfaction.

We do not make determinations about the medical necessity of dental services and only determine if services are covered Benefits under the Contract. We will provide notification if any dental services are not covered Benefits, stating the specific Contract provision(s).

Within five business days after receipt of an oral or written complaint, the quality management coordinator will send a letter acknowledging the date of receipt of the complaint, and a description of our complaint procedures, estimated time frames for resolution of complaints, and a request for any necessary information. If the complaint was received orally, the acknowledgement will include a one-page complaint form with instructions to return for prompt resolution of the complaint. **Processing of a complaint will generally not begin until we receive the information shown above, except as noted below for complaints involving Emergency Dental Services.**

The complainant may call the Customer Service department at 800-422-4234 at any time between 7:00 a.m. and 8:00 p.m., Central Time, to discuss the complaint. Those complaints requiring professional expertise shall be referred to a licensed dental consultant or, if necessary, the dental director for response. Certain complaints may also require a second opinion for a clinical evaluation of the dental services provided. Second opinions will be provided at another Contract Dentist's facility,

unless otherwise authorized by Alpha's dental consultant. We will only pay for a second opinion that we have authorized.

We will resolve a complaint involving Emergency Dental Services within 24 hours after our receipt. Complaints that do not involve Emergency Dental Services will be resolved within 30 calendar days after receipt. We will send to the complainant a written report which describes the complaint and our resolution. The report will contain a statement of the specific clinical and/or contractual reasons for the resolution and will advise the complainant of:

1) the specialization of any Dentist or other provider consulted;
2) a description of our appeal procedure; and
3) the time frames for our appeal process and final decision.

In the event a complainant is not satisfied with our resolution of a complaint, he/she will have the right to appeal the decision before a complaint appeal panel. Within five business days after receipt of a request for an appeal, we will send a letter acknowledging the date of receipt of the request and include a statement of the complainant's rights to:

1) appear before an appeal panel in person (or through a representative if a minor or disabled) in the area where the Enrollee received the care or at an agreed upon location; or
2) write to an appeal panel;
3) to present alternative expert testimony;
4) to present oral or written information; and
5) to question those responsible for the prior resolution.

Our appeal panel is composed of Enrollee representatives, Contract Dentist representatives and Alpha representatives in equal numbers. Contract Dentists cannot review a case in which they rendered care or a case they reviewed during our complaint or appeal process. The panel will include a Contract Specialty Care Dentist if the quality of specialty care is at issue. Our employees cannot serve as Enrollee members.

Proof

No later than five business days before the scheduled meeting of the appeal panel, unless the complainant agrees otherwise, we shall provide to the complainant or the complainant's designated representative:

1) any documentation to be presented to the panel by us;
2) the specialization of any providers consulted during the investigation of the appeal; and
3) the name and affiliation of each Alpha representative on the panel.

We will send a written resolution of the appeal within 30 calendar days after receipt of an appeal. Investigation and resolution of appeals involving ongoing Emergency Dental Services will be concluded in accordance with the dental immediacy of the case, but no later than 24 hours after receipt of request for appeal. At the request of the Enrollee, we will provide, instead of an appeal panel, a provider who has not previously reviewed the case and who is of the same or similar specialty as ordinarily manages the procedure or treatment under appeal. The provider reviewing the appeal

may interview the Enrollee or the Enrollee's designated representative and will make a decision on the appeal. Initial notice of decision of the appeal may be delivered orally, but will be followed by a written notice of the determination within three days.

Notice of our final decision will include a statement of the specific clinical and/or contract provision(s) on which the decision was based, and the toll-free telephone number and address of the Texas Department of Insurance.

Any Enrollee, including an Enrollee who has attempted to resolve a complaint through the complaint process described above, may file a complaint with the Texas Department of Insurance at P.O. Box 149091, Austin, Texas 78714-9091. The Department's toll-free telephone number is 800-252-3439.

The commissioner will investigate a complaint against us to determine our compliance with the insurance laws within 60 days after the Department receives the complaint and all information necessary for the Department to determine compliance. The commissioner may extend the time necessary to complete an investigation in the event any of the following circumstances occur:

1) additional information is needed;
2) an on-site review is necessary;
3) we, the provider, or the complainant do not provide all documentation necessary to complete the investigation; or
4) other circumstances beyond the control of the Department occur.

Proof

We will not engage in any retaliatory action (including termination or refusal to renew a Contract) against a Client, an Enrollee, or a Dentist (on behalf of an Enrollee) for filing a complaint or appealing a decision.

For group health plans subject to the Employee Retirement Income Security Act of 1974 (ERISA):

Enrollees with complaints involving a denial, modification or termination of a requested benefit or claim must file a request for review with us within 180 days after receipt. Our review will take into account all information, regardless of whether such information was submitted or considered initially. The review shall be conducted by a person who is neither the individual who reviewed the original claim, nor the subordinate of such individual. Upon request and free of charge, we will provide the Enrollee with copies of any pertinent documents that are relevant to the claim and a copy of any internal rule, guideline or protocol relied upon in making the decision. If any consulting Dentist is involved in the review, the identity of such consulting Dentist will be available upon request.

The Enrollee may also contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of the claim; to ask questions about the rights under ERISA; or bring a civil action under section 502(a) of ERISA. The address of the U.S. Department of Labor is: U.S. Department of Labor, Employee Benefits Security Administration, 200 Constitution Avenue, N.W. Washington, D.C. 20210.

## Renewal and Termination of Benefits

This Program renews on the anniversary of the contract term unless we provide 60 days notice of a change in premiums or Benefits and the Client does not accept the change. All Benefits terminate for any Enrollee as of the date that this Program is terminated, such person ceases to be eligible under the terms of this Program, or such person's enrollment is cancelled under the terms of this Program. We are not obligated to continue to provide Benefits to any such person in such event, except for completion of single procedures commenced while this Program was in effect.

## Cancellation of Enrollment

Subject to the *Enrollee Complaint Procedure*, or the *Optional Continuation of Coverage* provision, an Eligible Employee's or Eligible Dependent's enrollment under this Program may be cancelled, or renewal of enrollment refused, in the following events:

1) Immediately:
   a) upon loss of eligibility as described in this Evidence of Coverage; or
   b) if an Enrollee engages in conduct detrimental to safe operations and the delivery of services while in a Contract Dentist's facility;

2) Upon 15 days written notice if the Enrollee knowingly commits or permits another person to commit fraud or deception in obtaining Benefits under the Program;

3) Upon 30 days written notice if:
   a) the premiums are not paid by or on behalf of the Enrollee on the date due or within the 30-day premium grace period. However, the Enrollee may continue to receive Benefits during the 30-day period and may be reinstated during the term of the Contract upon payment of any unpaid premium. If coverage is not reinstated, the Enrollee will be responsible for the cost of services rendered during the 30-day grace period; or
   b) the Enrollee fails to pay Copayments. However, the Enrollee may be reinstated during the term of the Contract upon payment of all delinquent charges; or
   c) a satisfactory dentist-patient relationship fails to be established with multiple contract facilities. We must show that we have, in good faith, provided the Enrollee with the opportunity to select an alternative Contract Dentist. If the Enrollee establishes a history of unsatisfactory relationships, we will notify the Enrollee in writing, at least 30 days in advance, that we consider the dentist-patient relationships to be unsatisfactory. We will also specify the changes that are necessary in order to avoid cancellation, and show that the Enrollee failed to make these changes; or
   d) the Primary Enrollee or the Dependent Enrollee neither resides, lives or works in Alpha's Service Area. However, coverage for a child who is the subject of a medical support order cannot be cancelled solely because the child does not reside, live or work in Alpha's Service Area;

4) Upon 60 days written notice if the Contract is terminated or not renewed.

Proof

Cancellation of a Primary Enrollee's enrollment shall automatically cancel the enrollment of any of his or her Dependent Enrollees.

## Optional Continuation of Coverage

COBRA Continuation Option

The federal Consolidated Omnibus Budget Reconciliation Act (or COBRA, pertaining to certain employers having 20 or more employees) requires that continued health care coverage be made available to "Qualified Beneficiaries" who lose health care coverage under the group plan as a result of a "Qualifying Event." You may be entitled to continue coverage under this plan, *at your expense*, if certain conditions are met. The period of continued coverage depends on the Qualifying Event.

Proof

DEFINITIONS

The meaning of key terms used in this section is shown below.

**Qualified Beneficiary** means:

1) you and/or your dependents who are enrolled in the Alpha plan on the day before the Qualifying Event, or
2) a child who is born to or placed for adoption with you during the period of continued coverage, provided such child is enrolled within 30 days of birth or placement for adoption.

**Qualifying Event** means any of the following events which, except for the election of this continued coverage, would result in a loss of coverage under the dental plan:

| | |
|---|---|
| Event 1. | the termination of employment (other than termination for gross misconduct) or the reduction in work hours, by your employer; |
| Event 2. | your death; |
| Event 3. | your divorce or legal separation from your spouse; |
| Event 4. | your dependent's loss of dependent status under the plan; and |
| Event 5. | as to your dependents only, your entitlement to Medicare. |

**You** or **your** means the Primary Enrollee.

PERIODS OF CONTINUED COVERAGE

Qualified Beneficiaries may continue coverage for 18 months following the month in which Qualifying Event 1 occurs.

This 18-month period can be extended for a total of 29 months, provided:

1) a determination is made under Title II or Title XVI of the Social Security Act that an individual is disabled on the date of the Qualifying Event or becomes disabled at any time during the first 60 days of continued coverage; and

2) notice of the determination is given to the employer during the initial 18 months of continued coverage and within 60 days of the date of the determination.

This period of coverage will end on the first day of the month that begins more than 30 days after the date of the final determination that the disabled individual is no longer disabled. You must notify your employer or Delta Dental within 30 days of any such determination.

Proof

If, during the 18 months continuation period resulting from Qualifying Event 1, your dependents, who are Qualified Beneficiaries, experience Qualifying Events 2, 3, 4 or 5, they may choose to extend coverage for up to a total of 36 months (inclusive of the period continued under Qualifying Event 1).

Your dependents, who are Qualified Beneficiaries, may continue coverage for 36 months following the occurrence of Qualifying Events 2, 3, 4 or 5.

When an employer has filed for bankruptcy under Title 11, United States Code, benefits may be substantially reduced or eliminated for retired employees and their dependents, or the surviving spouse of a deceased retired employee. If this benefit reduction or elimination occurs within one year before or one year after filing, it is considered a Qualifying Event. If the Primary Enrollee is a retiree, and has lost coverage because of this Qualifying Event, he or she may choose to continue coverage until his or her death. The Primary Enrollee's dependents who have lost coverage because of this Qualifying Event may choose to continue coverage for up to 36 months following the Primary Enrollee's death.

ELECTION OF CONTINUED COVERAGE

Your employer shall notify Alpha within 30 days of Qualifying Event 1. A Qualified Beneficiary must notify his or her employer in writing within 60 days of Qualifying Events 2, 3, 4 or 5, or within 60 days of receiving the election notice from the employer. Otherwise, the option of continued coverage will be lost.

Within 14 days of receiving notice of a Qualifying Event, the employer will provide a Qualified Beneficiary with the necessary benefits information, monthly premium charge, enrollment forms, and instructions to allow election of continued coverage.

A Qualified Beneficiary will then have 60 days to give his or her employer written notice of the election to continue coverage. Failure to provide this written notice of election to the employer within 60 days will result in loss of the right to continue coverage.

A Qualified Beneficiary has 45 days from the written election of continued coverage to pay the initial premium to his or her employer, which includes the premium for each month since the loss of coverage. Failure to pay the required premium within the 45 days will result in loss of the right to continue coverage and any premium received after that will be returned to the Qualified Beneficiary.

## CONTINUED COVERAGE BENEFITS

The Benefits under the continued coverage will be the same as those provided to active employees and their dependents who are still enrolled in the dental plan. If the employer changes the coverage for active employees, the continued coverage will change as well. Premiums will be adjusted to reflect the changes made.

## TERMINATION OF CONTINUED COVERAGE

A Qualified Beneficiary's coverage will terminate at the end of the month in which any of the following events first occur:

1) the allowable number of consecutive months of continued coverage is reached;
2) failure to pay the required premiums in a timely manner;
3) the employer ceases to provide any group dental plan to its employees;
4) the individual moves out of Alpha's Service Area;
5) the individual first obtains coverage for dental Benefits, after the date of the election of continued coverage, under another group health plan (as an employee or dependent) which does not contain or apply any exclusion or limitation with respect to any pre-existing condition of such a person, if that pre-existing condition is covered under this plan; or
6) entitlement to Medicare.

Proof

The employer shall notify Alpha within 30 days of the occurrence of any of the above events. Once continued coverage ends, it cannot be reinstated.

## TERMINATION OF THE EMPLOYER'S DENTAL CONTRACT

If the dental contract between the employer and Alpha terminates prior to the time that the continuation coverage would otherwise terminate, the employer shall notify a Qualified Beneficiary either 30 days prior to the termination or when all Enrollees are notified, whichever is later, of the ability to elect continuation of coverage under the employer's subsequent dental plan, if any. The continuation coverage will be provided only for the balance of the period that a Qualified Beneficiary would have remained covered under the Alpha plan had such plan with the former employer not terminated. The employer shall notify the successor plan in writing of the Qualified Beneficiaries receiving continuation coverage so they may be notified of how to continue coverage. The continuation coverage will terminate if a Qualified Beneficiary fails to comply with the requirements pertaining to enrollment in and payment of premiums to the new group benefit plan.

## OPEN ENROLLMENT CHANGE OF COVERAGE

A Qualified Beneficiary may elect to change continuation coverage during any subsequent open enrollment period, if the employer has contracted with another plan to provide coverage to its active employees. The continuation coverage under the other plan will be provided only for the balance of the period that a Qualified Beneficiary would have remained under the Alpha plan.

Group Continuation Option

An Enrollee whose coverage under the Contract ceases for any reason other than involuntary termination for cause, and who has been continuously covered under the Contract for at least three consecutive months immediately prior to such termination, may request continuation of coverage for himself or herself and any covered Dependent Enrollees, subject to the following requirements:

1) Continuation must be requested in writing, and received by the Client together with the first contribution, within 31 days after the later of (a) the date coverage would otherwise terminate, or (b) the date the Enrollee is given notice of the right to elect continuation.
2) The Enrollee must remit to the Client, monthly in advance, the amount of contribution required for continuation plus 2% of the amount of the group rate for coverage under the Contract.
3) Coverage so continued will terminate on the first of the following dates:
    a. The date coverage has been in force for six months;
    b. The date the Enrollee fails to remit required contributions in a timely manner;
    c. With respect to any person whose coverage is being continued, the date that person becomes covered for similar benefits under any program arranged by any other group; or
    d. The date on which the Contract is terminated in its entirety.

Proof

## Entire Contract

This EOC, the Group Contract, the Contract Application, and any attached schedules, appendices, endorsements and riders to the Contract, constitute the entire agreement governing the Program. No amendment is valid unless approved by an executive officer of Alpha and attached to this EOC. No agent has authority to amend this EOC or waive any of its provisions.

## Incontestability

In the absence of fraud or intentional misrepresentation made by you in the enrollment application, all statements made in that application are representations and not warranties. The statements are considered to be truthful and are made to the best of your knowledge and belief. A statement may not be used to void, cancel or non-renew your coverage or reduce Benefits unless (i) it is in a written enrollment application signed by you, and (ii) a signed copy of the enrollment application is or has been furnished to you or your personal representative.

## Conformity with State Law

If this EOC is not in conformity with Texas laws or other applicable laws, it will not be rendered invalid but will be construed and applied as if it were in full compliance with Texas law and other applicable laws.

# SCHEDULE A

## Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

**Text that appears in italics below is specifically intended to clarify the delivery of Benefits under this Program and is not to be interpreted as CDT-2017 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.**

Proof

| CODE | DESCRIPTION | ENROLLEE PAYS |
|---|---|---|
| **D0100-D0999** | **I. DIAGNOSTIC** | |
| D0120 | Periodic oral evaluation - established patient | No Cost |
| D0140 | Limited oral evaluation - problem focused | No Cost |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | No Cost |
| D0150 | Comprehensive oral evaluation - new or established patient | No Cost |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report | No Cost |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | No Cost |
| D0171 | Re-evaluation - post-operative office visit | $5.00 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | No Cost |
| D0190 | Screening of a patient | No Cost |
| D0191 | Assessment of a patient | No Cost |
| D0210 | Intraoral - complete series of radiographic images - *limited to 1 series every 24 months* [1] | No Cost |
| D0220 | Intraoral - periapical first radiographic image | No Cost |
| D0230 | Intraoral - periapical each additional radiographic image | No Cost |
| D0240 | Intraoral - occlusal radiographic image | No Cost |
| D0250 | Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector | No Cost |
| D0251 | Extraoral posterior dental radiographic image | No Cost |
| D0270 | Bitewing - single radiographic image | No Cost |
| D0272 | Bitewings - two radiographic images | No Cost |

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| D0273 | Bitewings three radiographic images | No Cost |
| D0274 | Bitewings - four radiographic images - *limited to 1 series every 6 months* [1] | No Cost |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | No Cost |
| D0330 | Panoramic radiographic image | No Cost |
| D0415 | Collection of microorganisms for culture and sensitivity | No Cost |
| D0425 | Caries susceptibility tests | No Cost |
| D0460 | Pulp vitality tests | No Cost |
| D0470 | Diagnostic casts | No Cost |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | No Cost |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | No Cost |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | No Cost |
| D0601 | Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years* | No Cost |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years* | No Cost |
| D0603 | Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years* | No Cost |
| D0999 | Unspecified diagnostic procedure, by report - *includes office visit, per visit (in addition to other services)* | No Cost |

**D1000-D1999 II. PREVENTIVE**

| | | |
|---|---|---|
| D1110 | Prophylaxis *cleaning* - adult - *1 D1110, D1120 or D4346 per 6 month period* [1] | No Cost |
| D1110 | *Additional prophylaxis cleaning - adult (within the 6 month period)* [1] | $45.00 |
| D1120 | Prophylaxis *cleaning* - child - *1 D1110, D1120 or D4346 per 6 month period* [1] | No Cost |
| D1120 | *Additional prophylaxis cleaning - child (within the 6 month period)* [1] | $35.00 |
| D1206 | Topical application of fluoride varnish - *child to age 19; 1 D1206 or D1208 per 6 month period* [1] | No Cost |
| D1208 | Topical application of fluoride - excluding varnish - *child to age 19; 1 D1206 or D1208 per 6 month period* | No Cost |
| D1310 | Nutritional counseling for control of dental disease | No Cost |
| D1330 | Oral hygiene instructions | No Cost |
| D1351 | Sealant - per tooth - *limited to permanent molars through age 15* | $5.00 |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - *limited to permanent molars through age 15* | $5.00 |

Proof

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|---|---|---|
| D1353 | Sealant repair - per tooth - *limited to permanent molars through age 15* | $5.00 |
| D1354 | Interim caries arresting medicament application - *child to age 19; 1 per 6 month period* | No Cost |
| D1510 | Space maintainer - fixed - unilateral | $10.00 |
| D1515 | Space maintainer - fixed - bilateral | $10.00 |
| D1520 | Space maintainer - removable - unilateral | $10.00 |
| D1525 | Space maintainer - removable - bilateral | $10.00 |
| D1550 | Re-cement or re-bond space maintainer | No Cost |
| D1555 | Removal of fixed space maintainer | No Cost |
| D1575 | Distal shoe space maintainer - fixed - unilateral - *child to age 9* | $10.00 |

**D2000-D2999 III. RESTORATIVE**

*- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
*- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional $100.00 per crown, beyond the 6th unit.*
*- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

| | | |
|---|---|---|
| D2140 | Amalgam - one surface, primary or permanent | No Cost |
| D2150 | Amalgam - two surfaces, primary or permanent | No Cost |
| D2160 | Amalgam - three surfaces, primary or permanent | No Cost |
| D2161 | Amalgam - four or more surfaces, primary or permanent | No Cost |
| D2330 | Resin-based composite - one surface, anterior | No Cost |
| D2331 | Resin-based composite - two surfaces, anterior | No Cost |
| D2332 | Resin-based composite - three surfaces, anterior | No Cost |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | No Cost |
| D2390 | Resin-based composite crown, anterior | No Cost |
| D2391 | Resin-based composite - one surface, posterior | $45.00 |
| D2392 | Resin-based composite - two surfaces, posterior | $55.00 |
| D2393 | Resin-based composite - three surfaces, posterior | $65.00 |
| D2394 | Resin-based composite - four or more surfaces, posterior | $75.00 |
| D2510 | Inlay - metallic - one surface | No Cost |
| D2520 | Inlay - metallic - two surfaces | No Cost |
| D2530 | Inlay - metallic - three or more surfaces | No Cost |
| D2542 | Onlay - metallic - two surfaces | No Cost |
| D2543 | Onlay - metallic - three surfaces | No Cost |
| D2544 | Onlay - metallic - four or more surfaces | No Cost |
| D2610 | Inlay - porcelain/ceramic - one surface | $135.00 |
| D2620 | Inlay - porcelain/ceramic - two surfaces | $150.00 |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces | $160.00 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | $150.00 |
| D2643 | Onlay - porcelain/ceramic - three surfaces | $165.00 |

Proof

| | | |
|---|---|---|
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | $175.00 |
| D2650 | Inlay - resin-based composite - one surface | $85.00 |
| D2651 | Inlay - resin-based composite - two surfaces | $95.00 |
| D2652 | Inlay - resin-based composite - three or more surfaces | $115.00 |
| D2662 | Onlay - resin-based composite - two surfaces | $110.00 |
| D2663 | Onlay - resin-based composite - three surfaces | $120.00 |
| D2664 | Onlay - resin-based composite - four or more surfaces | $145.00 |
| D2710 | Crown - resin-based composite (indirect) | $35.00 |
| D2712 | Crown - ¾ resin-based composite (indirect) | $35.00 |
| D2720 | Crown - resin with high noble metal | $155.00 |
| D2721 | Crown - resin with predominantly base metal | $55.00 |
| D2722 | Crown - resin with noble metal | $95.00 |
| D2740 | Crown - porcelain/ceramic substrate | $195.00 |
| D2750 | Crown - porcelain fused to high noble metal | $195.00 |
| D2751 | Crown - porcelain fused to predominantly base metal | $95.00 |
| D2752 | Crown - porcelain fused to noble metal | $135.00 |
| D2780 | Crown - ¾ cast high noble metal | $170.00 |
| D2781 | Crown - ¾ cast predominantly base metal | $70.00 |
| D2782 | Crown - ¾ cast noble metal | $110.00 |
| D2783 | Crown - ¾ porcelain/ceramic | $195.00 |
| D2790 | Crown - full cast high noble metal | $170.00 |
| D2791 | Crown - full cast predominantly base metal | $70.00 |
| D2792 | Crown - full cast noble metal | $110.00 |
| D2794 | Crown - titanium | $195.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | No Cost |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | No Cost |
| D2920 | Re-cement or re-bond crown | No Cost |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp *(anterior)* | No Cost |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth - *anterior* | $10.00 |
| D2930 | Prefabricated stainless steel crown - primary tooth | No Cost |
| D2931 | Prefabricated stainless steel crown - permanent tooth | No Cost |
| D2932 | Prefabricated resin crown - *anterior primary tooth* | $15.00 |
| D2933 | Prefabricated stainless steel crown with resin window - *anterior primary tooth* | $10.00 |
| D2940 | Protective restoration | No Cost |
| D2941 | Interim therapeutic restoration - primary dentition | No Cost |
| D2949 | Restorative foundation for an indirect restoration | No Cost |
| D2950 | Core buildup, including any pins when required | No Cost |
| D2951 | Pin retention - per tooth, in addition to restoration | No Cost |

Proof

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|---|---|---|
| D2952 | Post and core in addition to crown, indirectly fabricated - *includes canal preparation* | No Cost |
| D2953 | Each additional indirectly fabricated post - same tooth - *includes canal preparation* | No Cost |
| D2954 | Prefabricated post and core in addition to crown - *base metal post; includes canal preparation* | No Cost |
| D2957 | Each additional prefabricated post - same tooth - *base metal post; includes canal preparation* | No Cost |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | $19.00 |
| D2980 | Crown repair necessitated by restorative material failure | $10.00 |
| D2981 | Inlay repair necessitated by restorative material failure | $10.00 |
| D2982 | Onlay repair necessitated by restorative material failure | $10.00 |
| D2983 | Veneer repair necessitated by restorative material failure | $10.00 |
| D2990 | Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15* | $5.00 |

Proof

**D3000-D3999 IV. ENDODONTICS**

| | | |
|---|---|---|
| D3110 | Pulp cap - direct (excluding final restoration) | No Cost |
| D3120 | Pulp cap - indirect (excluding final restoration) | No Cost |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | No Cost |
| D3221 | Pulpal debridement, primary and permanent teeth | $5.00 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | No Cost |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | $5.00 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | $5.00 |
| D3310 | *Root canal* - endodontic therapy, anterior tooth (excluding final restoration) | $45.00 |
| D3320 | *Root canal* - endodontic therapy, bicuspid tooth (excluding final restoration) | $90.00 |
| D3330 | *Root canal* - endodontic therapy, molar (excluding final restoration) | $205.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | $45.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | $45.00 |
| D3333 | Internal root repair of perforation defects | $45.00 |
| D3346 | Retreatment of previous root canal therapy - anterior | $60.00 |
| D3347 | Retreatment of previous root canal therapy - bicuspid | $105.00 |
| D3348 | Retreatment of previous root canal therapy - molar | $220.00 |
| D3351 | Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | $70.00 |

| | | |
|---|---|---|
| D3352 | Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) | $45.00 |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | $45.00 |
| D3410 | Apicoectomy - anterior | No Cost |
| D3421 | Apicoectomy - bicuspid (first root) | No Cost |
| D3425 | Apicoectomy - molar (first root) | No Cost |
| D3426 | Apicoectomy (each additional root) | No Cost |
| D3427 | Periradicular surgery without apicoectomy | No Cost |
| D3430 | Retrograde filling - per root | No Cost |
| D3450 | Root amputation - per root | No Cost |
| D3920 | Hemisection (including any root removal), not including root canal therapy | No Cost |

**D4000-D4999 V. PERIODONTICS**

*- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

| | | |
|---|---|---|
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | $80.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | $50.00 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | $50.00 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | $80.00 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | $50.00 |
| D4245 | Apically positioned flap | $75.00 |
| D4249 | Clinical crown lengthening - hard tissue | $75.00 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | $175.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | $140.00 |
| D4263 | Bone replacement graft - retained natural tooth - first site in quadrant | $195.00 |
| D4264 | Bone replacement graft - retained natural tooth - each additional site in quadrant | $60.00 |
| D4270 | Pedicle soft tissue graft procedure | $195.00 |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | $45.00 |

Proof

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|---|---|---|
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft | $195.00 |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site | $195.00 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months* | No Cost |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months* | No Cost |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *1 D1110, D1120 or D4346 per 6 month period* | No Cost |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis - *limited to 1 treatment in any 12 consecutive months* | No Cost |
| D4910 | Periodontal maintenance - *limited to 1 treatment each 6 month period* | No Cost |
| D4910 | *Additional periodontal maintenance (within the 6 month period)* | $55.00 |
| D4921 | Gingival irrigation - per quadrant | No Cost |

Proof

**D5000-D5899 VI. PROSTHODONTICS (removable)**

*- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.*

*- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*

*- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.*

| | | |
|---|---|---|
| D5110 | Complete denture - maxillary | $100.00 |
| D5120 | Complete denture - mandibular | $100.00 |
| D5130 | Immediate denture - maxillary | $120.00 |
| D5140 | Immediate denture - mandibular | $120.00 |
| D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | $80.00 |
| D5212 | Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | $80.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | $120.00 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | $120.00 |

| | | |
|---|---|---|
| D5221 | Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | $80.00 |
| D5222 | Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | $80.00 |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | $120.00 |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | $120.00 |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | $170.00 |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | $170.00 |
| D5410 | Adjust complete denture - maxillary | No Cost |
| D5411 | Adjust complete denture - mandibular | No Cost |
| D5421 | Adjust partial denture - maxillary | No Cost |
| D5422 | Adjust partial denture - mandibular | No Cost |
| D5510 | Repair broken complete denture base | $15.00 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | $5.00 |
| D5610 | Repair resin denture base | $15.00 |
| D5620 | Repair cast framework | $15.00 |
| D5630 | Repair or replace broken clasp - per tooth | $15.00 |
| D5640 | Replace broken teeth - per tooth | $5.00 |
| D5650 | Add tooth to existing partial denture | $5.00 |
| D5660 | Add clasp to existing partial denture - per tooth | $5.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | $75.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | $75.00 |
| D5710 | Rebase complete maxillary denture | $35.00 |
| D5711 | Rebase complete mandibular denture | $35.00 |
| D5720 | Rebase maxillary partial denture | $35.00 |
| D5721 | Rebase mandibular partial denture | $35.00 |
| D5730 | Reline complete maxillary denture (chairside) | No Cost |
| D5731 | Reline complete mandibular denture (chairside) | No Cost |
| D5740 | Reline maxillary partial denture (chairside) | No Cost |
| D5741 | Reline mandibular partial denture (chairside) | No Cost |
| D5750 | Reline complete maxillary denture (laboratory) | $35.00 |
| D5751 | Reline complete mandibular denture (laboratory) | $35.00 |
| D5760 | Reline maxillary partial denture (laboratory) | $35.00 |
| D5761 | Reline mandibular partial denture (laboratory) | $35.00 |
| D5820 | Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months* | $45.00 |

Proof

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|---|---|---|
| D5821 | Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months* | $45.00 |
| D5850 | Tissue conditioning, maxillary | No Cost |
| D5851 | Tissue conditioning, mandibular | No Cost |

**D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered**

**D6000-D6199 VIII. IMPLANT SERVICES - Not Covered**

**D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])**

*- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional $100.00 per unit, beyond the 6th unit.*
*- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

| | | |
|---|---|---|
| D6210 | Pontic - cast high noble metal | $170.00 |
| D6211 | Pontic - cast predominantly base metal | $70.00 |
| D6212 | Pontic - cast noble metal | $110.00 |
| D6240 | Pontic - porcelain fused to high noble metal | $195.00 |
| D6241 | Pontic - porcelain fused to predominantly base metal | $95.00 |
| D6242 | Pontic - porcelain fused to noble metal | $135.00 |
| D6245 | Pontic - porcelain/ceramic | $195.00 |
| D6250 | Pontic - resin with high noble metal | $155.00 |
| D6251 | Pontic - resin with predominantly base metal | $55.00 |
| D6252 | Pontic - resin with noble metal | $95.00 |
| D6600 | Retainer inlay - porcelain/ceramic, two surfaces | $150.00 |
| D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces | $160.00 |
| D6602 | Retainer inlay - cast high noble metal, two surfaces | $100.00 |
| D6603 | Retainer inlay - cast high noble metal, three or more surfaces | $100.00 |
| D6604 | Retainer inlay - cast predominantly base metal, two surfaces | No Cost |
| D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces | No Cost |
| D6606 | Retainer inlay - cast noble metal, two surfaces | $40.00 |
| D6607 | Retainer inlay - cast noble metal, three or more surfaces | $40.00 |
| D6608 | Retainer onlay - porcelain/ceramic, two surfaces | $150.00 |
| D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | $165.00 |
| D6610 | Retainer onlay - cast high noble metal, two surfaces | $100.00 |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces | $100.00 |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces | No Cost |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | No Cost |
| D6614 | Retainer onlay - cast noble metal, two surfaces | $40.00 |
| D6615 | Retainer onlay - cast noble metal, three or more surfaces | $40.00 |
| D6720 | Retainer crown - resin with high noble metal | $155.00 |
| D6721 | Retainer crown - resin with predominantly base metal | $55.00 |

Proof

| | | |
|---|---|---|
| D6722 | Retainer crown - resin with noble metal | $95.00 |
| D6740 | Retainer crown - porcelain/ceramic | $195.00 |
| D6750 | Retainer crown - porcelain fused to high noble metal | $195.00 |
| D6751 | Retainer crown - porcelain fused to predominantly base metal | $95.00 |
| D6752 | Retainer crown - porcelain fused to noble metal | $135.00 |
| D6780 | Retainer crown - ¾ cast high noble metal | $170.00 |
| D6781 | Retainer crown - ¾ cast predominantly base metal | $70.00 |
| D6782 | Retainer crown - ¾ cast noble metal | $110.00 |
| D6783 | Retainer crown - ¾ porcelain/ceramic | $195.00 |
| D6790 | Retainer crown - full cast high noble metal | $170.00 |
| D6791 | Retainer crown - full cast predominantly base metal | $70.00 |
| D6792 | Retainer crown - full cast noble metal | $110.00 |
| D6930 | Re-cement or re-bond fixed partial denture | No Cost |
| D6940 | Stress breaker | No Cost |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | $10.00 |

Proof

**D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY**

*- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

| | | |
|---|---|---|
| D7111 | Extraction, coronal remnants - deciduous tooth | No Cost |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | No Cost |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | $15.00 |
| D7220 | Removal of impacted tooth - soft tissue | $25.00 |
| D7230 | Removal of impacted tooth - partially bony | $50.00 |
| D7240 | Removal of impacted tooth - completely bony | $70.00 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | $90.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | No Cost |
| D7251 | Coronectomy - intentional partial tooth removal | $90.00 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | $50.00 |
| D7280 | Exposure of an unerupted tooth | $85.00 |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | $85.00 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | No Cost |
| D7286 | Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures* | No Cost |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | No Cost |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | No Cost |

| | | |
|---|---|---|
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | No Cost |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | No Cost |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | No Cost |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | No Cost |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | No Cost |
| D7472 | Removal of torus palatinus | No Cost |
| D7473 | Removal of torus mandibularis | No Cost |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | No Cost |
| D7960 | Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure | No Cost |
| D7970 | Excision of hyperplastic tissue - per arch | $50.00 |
| D7971 | Excision of pericoronal gingiva | $50.00 |

**D8000-D8999 XI. ORTHODONTICS**

*- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed $125.00, may apply.*
*- The Retention Copayment includes adjustments and/or office visits up to 24 months.*

Proof

***Pre and post orthodontic records include:***

| | | |
|---|---|---|
| | *The benefit for pre-treatment records and diagnostic services includes:* | $200.00 |
| D0210 | Intraoral - complete series of radiographic images | |
| D0322 | Tomographic survey | |
| D0330 | Panoramic radiographic image | |
| D0340 | 2D cephalometric radiographic image - acquisition, measurement and analysis | |
| D0350 | 2D oral/facial photographic images obtained intraorally or extraorally | |
| D0351 | 3D photographic image | |
| D0470 | Diagnostic casts | |

| | | |
|---|---|---|
| | *The benefit for post-treatment records includes:* | $70.00 |
| D0210 | Intraoral - complete series of radiographic images | |
| D0470 | Diagnostic casts | |

| | | |
|---|---|---|
| D8010 | Limited orthodontic treatment of the primary dentition | $950.00 |
| D8020 | Limited orthodontic treatment of the transitional dentition - *child or adolescent to age 19* | $950.00 |

| | | |
|---|---|---|
| D8030 | Limited orthodontic treatment of the adolescent dentition - *adolescent to age 19* | $950.00 |
| D8040 | Limited orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* | $1,150.00 |
| D8050 | Interceptive orthodontic treatment of the primary dentition | $950.00 |
| D8060 | Interceptive orthodontic treatment of the transitional dentition | $950.00 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19* | $1,700.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19* | $1,700.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children* | $1,900.00 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | $25.00 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of *removable* retainers) | $275.00 |
| D8681 | Removable orthodontic retainer adjustment | No Cost |
| D8999 | Unspecified orthodontic procedure, by report - *includes treatment planning session* | $100.00 |

Proof

**D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES**

| | | |
|---|---|---|
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | $5.00 |
| D9211 | Regional block anesthesia | No Cost |
| D9212 | Trigeminal division block anesthesia | No Cost |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | No Cost |
| D9219 | Evaluation for deep sedation or general anesthesia | No Cost |
| D9223 | Deep sedation/general anesthesia - each 15 minute increment | $80.00 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment | $80.00 |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | No Cost |
| D9311 | Consultation with medical health care professional | No Cost |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | $5.00 |
| D9440 | Office visit - after regularly scheduled hours | $20.00 |
| D9450 | Case presentation, detailed and extensive treatment planning | No Cost |
| D9932 | Cleaning and inspection of removable complete denture, maxillary | No Cost |
| D9933 | Cleaning and inspection of removable complete denture, mandibular | No Cost |
| D9934 | Cleaning and inspection of removable partial denture, maxillary | No Cost |
| D9935 | Cleaning and inspection of removable partial denture, mandibular | No Cost |
| D9940 | Occlusal guard, by report - *limited to 1 in 3 years* | $95.00 |

| | | |
|---|---|---|
| D9943 | Occlusal guard adjustment | $10.00 |
| D9951 | Occlusal adjustment, limited | $20.00 |
| D9952 | Occlusal adjustment, complete | $40.00 |
| D9975 | External bleaching for home application, per arch; includes materials and fabrication of custom trays - *limited to one bleaching tray and gel for two weeks of self-treatment* | $125.00 |
| D9986 | Missed appointment - *without 24 hour notice - per 15 minutes of appointment time* | $10.00 |
| D9987 | Canceled appointment - *without 24 hour notice - per 15 minutes of appointment time* | $10.00 |
| D9991 | Dental case management - addressing appointment compliance barriers | No Cost |
| D9992 | Dental case management - care coordination | No Cost |

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Alpha. The Enrollee pays the Copayment specified for such services.

Proof

## FOOTNOTES

1 *Frequency limitations do not apply when services are needed more frequently due to medical necessity as determined by the Contract Dentist.*

# SCHEDULE B

## Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments.*
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional $100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Alpha, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Benefits for dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this Program are limited as follows:

   Upon request of a newly covered Enrollee, Alpha will provide Benefits for the completion of covered services begun prior to the time his or her coverage became effective. Alpha will not provide coverage for incomplete services that are not otherwise Benefits under the terms and conditions of the Contract. Enrollees may request completion of treatment in progress by calling the Customer Service department at 800 422-4234 during normal business hours, or by sending a written request to Alpha.

   Whenever possible, an Enrollee should complete treatment in progress with the Dentist who initiated the service. If such Dentist is an out-of-network Dentist, that Dentist must agree to the same terms and conditions that apply to an in-network Dentist in order for Alpha to provide Benefits. Copayments and other cost sharing components will apply. Benefits may be adjusted so that the total

Proof

paid by the Enrollee and/or coverage provided by all plans is not more than 100% of total Allowable Expenses (as defined in the Coordination of Benefits section of the Contract).

Should the Enrollee be unable to complete treatment with the Dentist who initiated the service, Alpha will make reasonable and appropriate arrangements for completion of such treatment by a Contract Dentist.

7. Orthodontic treatment in progress is limited to new Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under this Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Alpha is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Proof

## Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A*, *Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
   b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Dental Services* as described in *Schedule A*.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Lost, stolen or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedure D9940 (occlusal guard, by report).

Proof

16. Composite or ceramic brackets, lingual adaption of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

Proof

## Glossary

The following dental terms have the meanings indicated:

**Abrasion** - The abnormal wearing away of the tooth by chewing, incorrect brushing methods, grinding or similar causes.

**Alveoloplasty** - A surgical procedure to reshape the jaw bones to achieve normal bone contour in preparation for tooth replacement via denture, partials or bridges.

**Amalgam** - A metal alloy used in filling teeth.

**Apicoectomy** - The surgical removal of the root tip.

**Appliance** - A device used to provide function or therapeutic effect.

Proof

**Attrition** - The normal loss of tooth substance resulting from friction during chewing.

**Banding** - Application of preformed stainless steel rings that are fitted around the teeth and cemented in place.

**Banding dentition** - Treatment of a tooth which involves banding (for orthodontic purposes).

**Cephalometric x-rays** - X-rays used in studying the measurements of the head in relation to specific soft tissue and bony reference points.

**Cleft palate** - A birth defect resulting in an incomplete closure or formation of the palate.

**Debridement** - The removal of plaque and tartar, above and below the gumline, which makes the ability to evaluate the gum condition difficult.

**Equilibration** - Changing the occlusal forms of the teeth by selective grinding, with the interest of balancing occlusal stresses more evenly on the teeth.

**Erosion** - Chemical or mechanical destruction of tooth substance, the mechanism of which is incompletely known, that leads to the creation of a depression in the tooth surface at the gumline.

**Exostosis** - An excessive growth of bone.

**Expansion appliance** - An appliance used to widen a dental arch to increase the room available for permanent teeth and/or to correct the bite.

**Frenum** - The fibers that attach the cheek, lips or tongue to the tissue lining the mouth.

**Frenectomy** - Surgical removal or loosening of the frenum.

**Functional appliance** - An appliance used to achieve minor tooth movement, to strengthen the muscles of the oral cavity or to maintain space created by the loss or delayed eruption of the teeth.

**Gingiva** - The soft tissue which covers a tooth or the gum surrounding a tooth.

**Gingivectomy** - The surgical removal of the unsupported gingiva to the level where it is attached.

**Gingivoplasty** - Surgical contouring of the gingiva to facilitate maintenance of tissue health and integrity.

**Headgear** - An apparatus encircling the head or neck that provides attachment for an intraoral appliance in use of extraoral anchorage.

**Implant** - A device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement of a missing tooth.

Proof

**Lingual** - Pertaining to the tongue.

**Macrognathia** - A definite overgrowth of the mandible and maxilla.

**Mandible** - The lower jaw.

**Mandibular** - Pertaining to the lower jaw.

**Maxilla** - The upper jaw.

**Maxillary** - Pertaining to the upper jaw.

**Micrognathia** - An abnormal smallness of the jaws, especially the mandible.

**Myofunctional therapy** - Training to curb or eliminate abnormal muscle function of the oral cavity.

**Occlusal** - The chewing surfaces of the posterior teeth.

**Occlusion** - The contact between the upper and lower teeth when in a closed position.

**Orthodontic appliance** - Any appliance used to apply forces for tooth movement during orthodontic treatment.

**Palate** - The roof of the mouth.

**Palatal** - Pertaining to the roof of the mouth.

**Palliative** - Action that relieves pain but does not cure the cause of the pain.

**Panoramic film** - An x-ray that offers a full view of the entire length of the jaws in a single x-ray.

**Pediatric** or **Pedodontic** - Pertaining to children.

**Periapical** - The area surrounding or enclosing the root tip of a tooth.

**Periodontitis** - Gingival changes that occur due to infection and loss of attachment between the tooth and gums. Periodontitis is a long-term progressive disease.

**Periradicular** - Around the root.

**Pontic** - The term used for the artificial tooth on a bridge.

**Prophylaxis** - The removal of plaque, tartar and stains on the crown portion of the teeth, including polishing.

**Pulp cap** - The covering of an exposed dental nerve with material that protects it from foreign irritants.

**Quadrant** - One of the four equal sections into which the dental arches can be divided; begins at the middle of the arch and goes to the last tooth on either side.

**Rebase** - Process of refitting a denture by replacing the acrylic base material.

Proof

**Resin** - Broad term used to indicate an organic substance that is usually tooth colored. Composite resin used in filling teeth, most often in the front of the mouth.

**Retainer** - An appliance used to maintain the positions of the teeth and jaws gained by orthodontic procedures.

**Retrograde filling** - A method of sealing the root canal by preparing and filling it from the root tip.

**Root planing** - A procedure designed to remove bacteria, tartar and diseased root tissue from the root surfaces. Often referred to as "deep cleaning."

**Sealant** - Application of a resin material to the biting surfaces of the permanent molars to seal the surface crevices to prevent the formation of decay.

**Study model** - A positive likeness of dental structures (teeth and adjoining tissues) for the purpose of study and treatment planning.

**Supernumerary** - Any tooth in excess of the 32 normal permanent teeth.

**Temporomandibular joint** - The joint formed by the connection of the lower jaw to the skull.

**Tracing** - As it relates to orthodontic treatment, a tracing is a line drawing of pertinent features of a cephalometric x-ray made on a piece of transparent paper placed over an x-ray. The tracing provides measurements of soft tissue and bony reference points that aid in predicting growth patterns and orthodontic diagnosis and treatment planning.

**Trigeminal nerve** - The main nerve that provides feeling to the muscles and tissues of the face, jaws and teeth.

**Vertical demension** - The vertical height of the face with teeth in occulusion.

Proof

If you have any questions or need additional information, call or write:

Toll Free
800-422-4234

*Administered by:*

Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023

Proof

# DeltaCare® USA

HIPAA Notice of Privacy Practices

**Confidentiality of your health care information**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is required by law to inform you of how Delta Dental and its affiliates ("Delta Dental") protect the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as individually identifiable information regarding a patient's health care history, mental or physical condition or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Delta Dental receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

Proof

We follow the privacy practices described in this notice and federal and state privacy requirements that apply to our administration of your benefits. Delta Dental reserves the right to change our privacy practice effective for all PHI maintained. We will update this notice if there are material changes and redistribute it to you within 60 days of the change to our practices. We will also promptly post a revised notice on our website. A copy may be requested anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of enrollment in a Delta Dental program and will be informed on how to obtain a copy at least every three years.

**Permitted uses and disclosures of your PHI**

**Uses and disclosures of your PHI for treatment, payment or health care operations**
Your explicit authorization is not required to disclose information about yourself for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or plan sponsor to administer your benefits. As permitted by law, we may disclose PHI to third-party affiliates that perform services for Delta Dental to administer your benefits, and who have signed a contract agreeing to protect the confidentiality of your PHI, and have implemented privacy policies and procedures that comply with applicable federal and state law.

Some examples of disclosure and use for treatment, payment or operations include: processing your claims, collecting enrollment information and premiums, reviewing the quality of health care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Some other examples are:

- Uses and/or disclosures of PHI in facilitating treatment. *For example, Delta Dental may use or disclose your PHI to determine eligibility for services requested by your provider.*
- Uses and/or disclosures of PHI for payment. *For example, Delta Dental may use and disclose your PHI to bill you or your plan sponsor.*
- Uses and/or disclosures of PHI for health care operations. *For example, Delta Dental may use and disclose your PHI to review the quality of care provided by our network of providers.*

**Other permitted uses and disclosures without an authorization**
We are permitted to disclose your PHI upon your request or to your authorized personal representative (with certain exceptions) when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with law, and when otherwise required by law. Delta Dental may disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations.

Some other examples include: to notify or assist in notifying a family member, another person, or a personal representative of your condition; to assist in disaster relief efforts; to report victims of abuse, neglect or domestic violence to appropriate authorities; for organ donation purposes; to avert a serious threat to health or safety; for specialized government functions such as military and veterans activities; for workers' compensation purposes; and, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting, provided it does not contain genetic information. Information can also be de-identified or summarized so it cannot be traced to you and, in selected instances, for research purposes with the proper oversight.

Proof

**Disclosures Delta Dental makes with your authorization**
Delta Dental will not use or disclose your PHI without your prior written authorization unless permitted by law. You can later revoke that authorization, in writing, to stop the future use and disclosure. The authorization will be obtained from you by Delta Dental or by a person requesting your PHI from Delta Dental.

**Your rights regarding PHI**

**You have the right to request an inspection of and obtain a copy of your PHI.**
You may access your PHI by contacting Delta Dental at the address at the bottom of this notice. You must include (1) your name, address, telephone number and identification number, and (2) the PHI you are requesting. Delta Dental may charge a reasonable fee for providing you copies of your PHI. Delta Dental will only maintain that PHI that we obtain or utilize in providing your health care benefits. Most PHI, such as treatment records or x-rays, is returned by Delta Dental to the dentist after we have completed our review of that information. You may need to contact your health care provider to obtain PHI that Delta Dental does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact Delta Dental as noted below if you have questions about access to your PHI.

**You have the right to request a restriction of your PHI.**
You have the right to ask that we limit how we use and disclose your PHI, however, you may not restrict our legal or permitted uses and disclosures of PHI. While we will consider your request, we are not legally required to accept those requests that we cannot reasonably implement or comply with during an emergency. If we accept your request, we will put our understanding in writing.

**You have the right to correct or update your PHI.**
You may request to make an amendment of PHI we maintain about you. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. For example, we may refer you to your dentist to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact the privacy office as noted below if you have questions about amending your PHI.

**You have the right to opt-out of Delta Dental using your PHI for fundraising and marketing.**
Delta Dental does not use your PHI for either marketing or fundraising purposes. If we change our practice, we must give you the opportunity to opt-out.

**You have the right to request or receive confidential communications from us by alternative means or at a different address.**
Alternate or confidential communication is available if disclosure of your PHI to the address on file could endanger you. You may be required to provide us with a statement of possible danger, as well as specify a different address or another method of contact. Please make this request in writing to the address noted at the end of this notice.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.**
You have a right to an accounting of disclosures with some restrictions. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons, certain law enforcement purposes or disclosures made as part of a limited data set. Please contact us at the number at the end of this notice if you would like to receive an accounting of disclosures or if you have questions about this right.

Proof

**You have the right to get this notice by e-mail.**
A copy of this notice is posted on the Delta Dental website. You may also request an email copy or paper copy of this notice by calling our Customer Service number listed at the bottom of this notice.

**You have the right to be notified following a breach of unsecured protected health information.**
Delta Dental will notify you in writing, at the address on file, if we discover we compromised the privacy of your PHI.

**Complaints**
You may file a complaint to Delta Dental and/or to the U. S. Secretary of Health and Human Services if you believe Delta Dental has violated your privacy rights. Complaints to Delta Dental may be filed by notifying the contact below. We will not retaliate against you for filing a complaint.

**Contacts**
You may contact Delta Dental at 866-530-9675, or you may write to the address listed below for further information about the complaint process or any of the information contained in this notice.

Delta Dental
P.O. Box 9973330
Sacramento, CA 95899-7330

This notice is effective on and after July 1, 2013.

**Language Assistance**

**IMPORTANT:** Can you read this document? If not, we can have somebody help you read it. For free help, please call Delta Dental. You may also be able to receive this document in Spanish or Chinese.

**IMPORTANTE:** ¿Puede leer este documento? Si no, podemos ayudarle. Para obtener ayuda gratis, llame a Delta Dental. También puede recibir este documento en español o chino.

重要通知：您能讀這份文件嗎？如有問題，我們可請他人協助您。如需免費協助，請電 Delta Dental. 您也能取得這份文件的西班牙文或中文譯本。

Delta Dental and its Affiliates

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, ME, MI, NC, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DE, FL, GA, KS, LA, MS, MT, TN, WV and the District of Columbia — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA – Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Proof

**Summary of Changes to this notice (effective July 1, 2013):**

- Updated contact information (mailing address and phone number)
- Updated Delta Dental's duty to notify affected individuals if a breach of their unsecured PHI occurs
- Clarified that Delta Dental does not and will not sell your information without your express written authorization
- Clarified several instances where the law requires individual authorization to use and disclose information (e.g., fundraising and marketing as noted above)

# Alpha Dental Programs, Inc.

## Texas
## DOMESTIC PARTNER COVERAGE RIDER

Pursuant to this rider, a Domestic Partner may qualify for coverage as an Eligible Dependent under this Contract.

I. Domestic Partner means a person who has, together with the Eligible Employee, affirmed a domestic partnership through an affidavit of domestic partnership filed with the Applicant.

II. Eligible Dependents include a Domestic Partner (until such partnership is terminated by either or both parties) and dependent children of a Domestic Partner subject to Applicant approval and all provisions of Article 2.01.

III. Upon termination of group coverage, Domestic Partners and their dependent children, if applicable, are not eligible under COBRA law, however, may choose to enroll in ALPHA's Individual/Family Dental HMO Program.

Proof

# DeltaCare® USA

The **Eligibility for Benefits** section in your Combined Evidence of Coverage and Disclosure Form has been changed as follows to allow dependent children to be covered to age 26 regardless of marital or student status:

Eligible Employees and Eligible Dependents receive Benefits as soon as they are enrolled in the Program. Subject to cancellation as provided under this Program, enrollment of Eligible Employees and Eligible Dependents is for a minimum period of one year.

Proof

You are eligible to enroll as an Eligible Employee if you meet the eligibility requirements defined by the Client.

Eligible Dependents become eligible on:

1) the date you are eligible for coverage;
2) as soon as an Eligible Dependent becomes your dependent, or at any time subject to a change in legal custody or lawful order to provide Benefits.

Eligible Dependents include:

1) spouse (unless legally separated or divorced);
2) children from birth up to age 26; and
3) as noted in this section unless otherwise provided by a rider.

Children include natural children, stepchildren, adopted children, foster children, and grandchildren. Grandchildren must reside with you to be eligible. Newborn children (including newborn adopted children) are covered from and after the moment of birth. Notice of birth must be received within 31 days after the date of birth for coverage to continue beyond 31 days. Foster children are eligible from and after the moment the child is placed in your physical custody. Legally adopted children (other than newborns) are eligible from and after the moment you file suit for adoption.

A dependent child may continue eligibility if:

1) he or she is incapable of self-support because of a physical disability or mental incapacity that began before age 26;
2) he or she is chiefly dependent on you for support; and

3) proof of dependent's disability is provided within 31 days of request. Such requests will not be made more than once a year after this dependent reaches age 26. Eligibility will continue as long as the dependent relies on you for support because of a physical disability or mental incapacity that began before he or she reached the limiting age.

Dependents in active military service are not eligible. No Eligible Dependent may be enrolled under more than one Eligible Employee. Medicare eligibility shall not affect the eligibility of an Eligible Employee or Eligible Dependent.

Proof

You must live or work in ALPHA's Service Area. The permanent legal residence of any enrolled dependent must be the same as yours, or you must live or work in the Service Area and the residence of any enrolled dependent must be:

1) in ALPHA's Service Area with the person having temporary or permanent conservatorship or guardianship of such dependents, where you have legal responsibility for the health care of such dependents; or
2) in ALPHA's Service Area under other circumstances where you are legally responsible for the health care of such dependents; or
3) in ALPHA's Service Area with your spouse; or
4) anywhere in the United States for a child whose coverage under the Program is required by a medical support order.

Proof

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DELTA DENTAL®

# Your dental benefits statement

April 7, 2017

040717DCDCSEOBTA - 1560

JOHN SMITH
123 MAIN STREET
ANY TOWN CA 12345-1234

**Plan underwritten by:**
Delta Dental of California

**Plan administered by:**
Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023

**CAN WE HELP?**
Visit our website:
**deltadentalins.com**

Call Customer Service: **800-422-4234**
Hearing Impaired: TTY 7-1-1
Mon. to Fri., 5 a.m. to 6 p.m. Pacific Time

**JOHN SMITH**

**Your ID number:** 0123456789-01
**Group name:** ACME BENEFIT TRUST
**Group number:** 12345-00000

## Summary of your claim

| | |
|---|---|
| Total amount of claims | $273.00 |
| Amount paid by another plan | $0.00 |
| Amount you owe your dental provider | $273.00 |

### No payment has been made on the claims listed in this document

We have processed the submitted services as shown in the details of each claim. Please carefully review the details that explain the reason that no payment is being made.

DELTA DENTAL

# Claim for JOHN SMITH

Relationship: Self

## #1 Claim number: 12345678912547

| PROCEDURE NUMBER AND TYPE OF SERVICE<br>TOOTH NUMBER AND SURFACE | SUBMITTED FEE ($) | ACCEPTED FEE ($) | NOT COVERED ($) | PAID BY ANOTHER PLAN ($) | PATIENT COPAY ($) | PATIENT PAYS ($) |
|---|---|---|---|---|---|---|
| Date of service: April 21, 2016<br>(D0140) LIMITED ORAL EVALUATION PROBLEM FOCUSED | 83.00 | 83.00 | 83.00 | -- | 0.00 | 83.00 |
| | | | Treating provider: SMILECENTER | | | |
| ▶ NOTE: (7N6) Exclusion applies as listed in Evidence of Coverage: There is no coverage for dental services received from any dental facility other than the assigned contract dentist, a preauthorized Dental Specialist, or a Contract Orthodontist except for emergency services as described in the Contract and/or Evidence of Coverage. | | | | | | |
| Date of service: April 21, 2016<br>(D0220) INTRAORAL - PERIAPICAL FIRST | 30.00 | 30.00 | 30.00 | -- | 0.00 | 30.00 |
| | | | Treating provider: ALICE WATSON DDS | | | |
| ▶ NOTE: (7N6) Exclusion applies as listed in Evidence of Coverage: There is no coverage for dental services received from any dental facility other than the assigned contract dentist, a preauthorized dental specialist, or a contract Orthodontist except for emergency services as described in the Contract and/or Evidence of Coverage. | | | | | | |
| Date of service: April 21, 2016<br>(D2150) AMALGAM, 2 SURFACES<br>Tooth: 14 Surface(s): M, O | 160.00 | 160.00 | 160.00 | -- | 0.00 | 160.00 |
| | | | Treating provider: ALICE WATSON DDS | | | |
| ▶ NOTE: (7N6) Exclusion applies as listed in Evidence of Coverage: There is no coverage for dental services received from any dental facility other than the assigned contract dentist, a preauthorized dental specialist, or a contract Orthodontist except for emergency services as described in the Contract and/or Evidence of Coverage. | | | | | | |
| **Claim total for JOHN SMITH** | **273.00** | **273.00** | **273.00** | **0.00** | **0.00** | **273.00** |

The “amount submitted”, “accepted fee”, and “maximum contract allowance” may vary. The maximum contract allowance is the most your dental plan will pay for a service. Your plan’s in-network providers have agreed to the accepted fee, and your plan’s benefit payments are based on the lesser of the accepted fee and the maximum contract allowance. You can avoid paying more by using providers in your dental plan’s network.

To access important privacy and legal notices that describe your rights as a health plan subscriber, please visit our website at deltadentalins.com or call our Customer Service number at 866-530-9675.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **800-422-4234** and use your health plan’s grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has available for your convenience toll-free telephone number **888-HMO-2219** and TDD line **877-688-9891** for the hearing and speech impaired. The department’s Internet Web site **<http://www.hmohelp.ca.gov>** has complaint forms, IMR application forms and instructions online.

*continued next page*

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DELTA DENTAL®

040717DCDCSEOBTA - 1560

# Your dental benefits statement

Date: April 7, 2017

Delta Dental complies with applicable federal civil rights laws and does not discriminate on the bases of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. If you believe that Delta Dental has failed to provide these services or discriminated in another way on the bases of race, color, national origin, age, disability, or sex, you can file a grievance electronically online, over the phone with a customer service representative, or by mail. Please visit deltadentalins.com Legal Notices to access Delta Dental's Notice of Non-Discrimination.

Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 1-800-422-4234 (TY: 711).

¿Puede leer este documento? Si no, podemos hacer que alguien lo lea por usted. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 1-800-422-4234 (TTY: 711). (Spanish)

您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 1-800-422-4234 (TTY: 711)。(Chinese)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 1-800-422-4234 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 그렇지 않다면, 다른 사람이 대신 읽어드리도록 도와드릴 수 있습니다. 또한 이 문서를 귀하의 모국어로 번역해드릴 수 있습니다. 무료 지원을 요청하시려면, 1-800-422-4234 (TTY: 711)번으로 연락하십시오. (Korean)

Mababasa mo ba ang dokumentong ito? Kung hindi, mayroong makatutulong sa iyo na basahin ito. Maaaring makuha mo rin ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 1-800-422-4234 (TTY: 711). (Tagalog)

Вы можете прочитать этот документ? Если нет, то вы можете попросить кого-нибудь в нашей компании помочь вам прочитать этот документ. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 1-800-422-4234 (TTY: 711). (Russian)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع, يمكننا أن نُوفِّر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك. للمساعدة المجانية اتصل بـ 1-800-422-4234 (TTY: 711). (Arabic)

Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posiblite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 1-800-422-4234 (TTY: 711). (Haitian Creole)

Pouvez-vous lire ce document ? Si ce n'est pas le cas, nous pouvons faire en sorte que quelqu'un vous aide à le lire. Vous pouvez également obtenir ce document écrit dans votre langue. Pour obtenir de l'assistance gratuitement, veuillez appeler le 1-800-422-4234 (TTY : 711). (French)

Możesz przeczytać ten dokument? Jeśli nie, możemy Ci w tym pomóc. Możesz także otrzymać ten dokument w swoim języku ojczystym. Po bezpłatną pomoc zadzwoń pod numer 1-800-422-4234 (TTY: 711). (Polish)

Você consegue ler este documento? Se não, podemos pedir para alguém ajudá-lo a ler. Você também pode receber este documento escrito em seu idioma. Para obter ajuda gratuita, ligue 1-800-422-4234 (TTS: 711). (Portuguese)

Non riesci a leggere questo documento? In tal caso, possiamo chiedere a qualcuno di aiutarti a farlo. Potresti anche essere in grado di ricevere questo documento scritto nella tua lingua. Per assistenza gratuita, chiama il numero 1-800-422-4234 (TTY: 711). (Italian)

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この文書をお読みになれますか？お読みになれない場合には、読むためのお手伝いをさせていただけます。この文書をご希望の言語に訳したものをお送りできる場合もあります。無料のサポートについては、1-800-422-4234 (TTY: 711) までご連絡ください。(Japanese)

Können Sie dieses Dokument lesen? Falls nicht, können wir Ihnen einen Mitarbeiter zur Verfügung stellen, der Sie dabei unterstützen wird. Möglicherweise können Sie dieses Dokument auch in Ihrer Sprache erhalten. Rufen Sie für kostenlose Hilfe bitte folgende Nummer an: 1-800-422-4234 (TTY: 711). (German)

آیا می توانید این متن را بخوانید؟ در صورتی که نمی توانید، ما قادریم از شخصی بخواهیا تا در خواندن این متن به شما کمک کند. همچنین ممکن است بتوانید این متن را به زبان خود دریافت کنید. برای کمک رایگان با این شماره تماس بگیرید: 1-800-422-4234 (TTY: 711). (Persian Farsi)

קענט איר לייענען דעם דאָזיקן דאָקומענט? אויב ניט, עמעצער דו קען אייך העלפן לייענען. איר קענט מעגליך אויך באקומען דעם דאָזיקן דאָקומענט אין אייער שפראך. פאר אומזיסטע הילף, ביטע קלינגט: 1-800-422-4234 (TTY: 711). (Yiddish)

Díísh yíníłta'go bííníghah? Doo bííníghahgóó éí nich'į' yídóołtahígíí nihee hółǫ́. Díí naaltsoos t'áá Diné bizaad k'ehjí ályaago ałdó' nich'į' ádoolníłgo bííghah. T'áá jíík'e shíká i'doolwoł nínízingo kojį' béésh holdíílnih 1-800-422-4234 (TTY: 711). (Navajo)

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# HIPAA Notice of Privacy Practices

## CONFIDENTIALITY OF YOUR HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is required by law to inform you of how Delta Dental and its affiliates ("Delta Dental") protect the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as individually identifiable information regarding a patient's health care history, mental or physical condition or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Delta Dental receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

We follow the privacy practices described in this notice and federal and state privacy requirements that apply to our administration of your benefits. Delta Dental reserves the right to change our privacy practice effective for all PHI maintained. We will update this notice if there are material changes and redistribute it to you within 60 days of the change to our practices. We will also promptly post a revised notice on our website. A copy may be requested anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of enrollment in a Delta Dental program and will be informed on how to obtain a copy at least every three years.

## PERMITTED USES AND DISCLOSURES OF YOUR PHI

**Uses and disclosures of your PHI for treatment, payment or health care operations**
Your explicit authorization is not required to disclose information about yourself for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or plan sponsor to administer your benefits. As permitted by law, we may disclose PHI to third-party affiliates that perform services for Delta Dental to administer your benefits, and who have signed a contract agreeing to protect the confidentiality of your PHI, and have implemented privacy policies and procedures that comply with applicable federal and state law.

Some examples of disclosure and use for treatment, payment or operations include: processing your claims, collecting enrollment information and premiums, reviewing the quality of health

care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Some other examples are:

- Uses and/or disclosures of PHI in facilitating treatment. *For example, Delta Dental may use or disclose your PHI to determine eligibility for services requested by your provider.*
- Uses and/or disclosures of PHI for payment. *For example, Delta Dental may use and disclose your PHI to bill you or your plan sponsor.*
- Uses and/or disclosures of PHI for health care operations. *For example, Delta Dental may use and disclose your PHI to review the quality of care provided by our network of providers.*

**Other permitted uses and disclosures without an authorization**

We are permitted to disclose your PHI upon your request, or to your authorized personal representative (with certain exceptions), when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with the law, and when otherwise required by law. Delta Dental may disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations.

Some other examples include: to notify or assist in notifying a family member, another person, or a personal representative of your condition; to assist in disaster relief efforts; to report victims of abuse, neglect or domestic violence to appropriate authorities; for organ donation purposes; to avert a serious threat to health or safety; for specialized government functions such as military and veterans activities; for workers' compensation purposes; and, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting, provided it does not contain genetic information. Information can also be de-identified or summarized so it cannot be traced to you and, in selected instances, for research purposes with the proper oversight.

**Disclosures Delta Dental makes with your authorization**

Delta Dental will not use or disclose your PHI without your prior written authorization unless permitted by law. If you grant an authorization, you can later revoke that authorization, in writing, to stop the future use and disclosure. The authorization will be obtained from you by Delta Dental or by a person requesting your PHI from Delta Dental.

## YOUR RIGHTS REGARDING PHI

**You have the right to request an inspection of and obtain a copy of your PHI.**
You may access your PHI by contacting Delta Dental at the address at the bottom of this notice. You must include (1) your name, address, telephone number and identification number, and (2) the PHI you are requesting. Delta Dental may charge a reasonable fee for providing you copies of your PHI. Delta Dental will only maintain that PHI that we obtain or utilize in providing your health care benefits. Most PHI, such as treatment records or x-rays, is returned by Delta Dental to the dentist after we have completed our review of that information. You may need to contact your health care provider to obtain PHI that Delta Dental does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact Delta Dental as noted below if you have questions about access to your PHI.

**You have the right to request a restriction of your PHI.**
You have the right to ask that we limit how we use and disclose your PHI, however, you may not restrict our legal or permitted uses and disclosures of PHI. While we will consider your request, we are not legally required to accept those requests that we cannot reasonably implement or comply with during an emergency. If we accept your request, we will put our understanding in writing.

**You have the right to correct or update your PHI.**
You may request to make an amendment of PHI we maintain about you. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. For example, we may refer you to your dentist to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact the privacy office as noted below if you have questions about amending your PHI.

**You have rights related to the use and disclosure of your PHI for marketing.**
Delta Dental agrees to obtain your authorization for the use or disclosure of PHI for marketing when required by law. You have the opportunity to opt-out of marketing that is permitted by law without an authorization. Delta Dental does not use your PHI for fundraising purposes.

**You have the right to request or receive confidential communications from us by alternative means or at a different address.**
Alternate or confidential communication is available if disclosure of your PHI to the address on file could endanger you. You may be required to provide us with a statement of possible danger,

as well as specify a different address or another method of contact. Please make this request in writing to the address noted at the end of this notice.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.**
You have a right to an accounting of disclosures with some restrictions. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons, certain law enforcement purposes or disclosures made as part of a limited data set. Please contact us at the number at the end of this notice if you would like to receive an accounting of disclosures or if you have questions about this right.

**You have the right to get this notice by email.**
A copy of this notice is posted on the Delta Dental website. You may also request an email copy or paper copy of this notice by calling our Customer Service number listed at the bottom of this notice.

**You have the right to be notified following a breach of unsecured protected health information.**

Delta Dental will notify you in writing, at the address on file, if we discover we compromised the privacy of your PHI.

## COMPLAINTS
You may file a complaint with Delta Dental and/or with the U. S. Secretary of Health and Human Services if you believe Delta Dental has violated your privacy rights. Complaints to Delta Dental may be filed by notifying the contact below. We will not retaliate against you for filing a complaint.

## CONTACTS
You may contact Delta Dental at 866-530-9675, or you may write to the address listed below for further information about the complaint process or any of the information contained in this notice.
Delta Dental
P.O. Box 997330
Sacramento, CA 95899-7330

This notice is effective on and after January 1, 2016.

***Note: Delta Dental's privacy practices reflect applicable federal law as well as known state law and regulations. If applicable state law is more protective of information than the federal privacy laws, Delta Dental protects information in accordance with the state law.***

**LANGUAGE ASSISTANCE**

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at the Member/Customer Service telephone number on the back of your Delta Dental ID card, or 1-866-530-9675.

IMPORTANTE**:** ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda gratuita, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Delta Dental o al 1-866-530-9675. (Spanish)

重要通知：您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。
這封信也可以用您所講的語言書寫。如需幫助，請立即撥打登列在您的Delta Dental ID卡背面上的會員/客戶服務部的電話，或者撥打電話 1-866-530-9675。
(Chinese)

**Last Significant Changes to this notice:**

- Clarified that Delta Dental does not use your PHI for fundraising purposes. Effective January 1, 2016
- Clarified that Delta Dental's privacy policy reflect federal and state requirements. – effective January 1, 2015
- Updated contact information (mailing address and phone number) – effective July 1, 2013
- Updated Delta Dental's duty to notify affected individuals if a breach of their unsecured PHI occurs – effective July 1, 2013
- Clarified that Delta Dental does not and will not sell your information without your express written authorization – effective July 1, 2013
- Clarified several instances where the law requires individual authorization to use and disclose information (e.g., fundraising and marketing as noted above) – effective July 1, 2013

**DELTA DENTAL AND ITS AFFILIATES**

Delta Dental of California offers and administers fee-for-service dental programs for groups headquartered in the state of California.

Delta Dental of New York offers and administers fee-for-service programs in New York.

Delta Dental of Pennsylvania and its affiliates offer and administer fee for-service dental programs in Delaware, Maryland, Pennsylvania, West Virginia and the District of Columbia.

Delta Dental of Pennsylvania's affiliates are Delta Dental of Delaware; Delta Dental of the District of Columbia and Delta Dental of West Virginia.

Delta Dental Insurance Company offers and administers fee-for-service dental programs to groups headquartered or located in Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas and Utah and vision programs to groups headquartered in West Virginia.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, ME, MI, NC, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN and WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.
Dentegra Insurance Company.

DELTA DENTAL

# Smile Wherever You Are

## Access dental services away from home

If you have a dental emergency while you're traveling, Delta Dental makes it easy for you to access services. Most Delta Dental plans include coverage for emergency care,[1] but always check your plan booklet before seeking treatment from an out-of-network dentist.[2]

### Request reimbursement

Here's how to request reimbursement for out-of-network dental care. Reimbursement may not cover the entire treatment cost. See your plan booklet for details.

1. Ask the dental office for a detailed receipt or billing statement, including:
   - Amount paid (in original currency)
   - Services provided and teeth treated
   - Name and address of dentist
   - Date of service
2. Submit a claim to Delta Dental.
   - Download and print a claim form from **deltadentalins.com/enrollees**.
   - Complete the form and submit with your detailed receipt. For non-English documents, provide a translation or a patient statement in English.

### Need help?

If you have questions about emergency coverage, contact Customer Service.

**Online**

Go to **deltadentalins.com**, click **Contact Us**, select the company in charge of your benefits and choose the customer service form.

**By telephone (toll-free)**

DeltaCare® USA: **800-422-4234**

Delta Dental PPO℠ and Delta Dental Premier®:

- Delta Dental of California: **800-765-6003**
- California School District Employees: **866-499-3001**
- Delta Dental of Delaware; Delta Dental of the District of Columbia; Delta Dental of New York; Delta Dental of Pennsylvania (and Maryland); Delta Dental of West Virginia: **800-932-0783**
- Delta Dental Insurance Company (Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas, Utah): **800-521-2651**

[1] Under some plans, emergency treatment is covered only to relieve pain. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

[2] Certain plans let you visit any licensed dentist for services, but you usually save money when visiting a network dentist. Some plans require you to visit a network dentist. You can find a network dentist at deltadentalins.com. If you are not sure of your plan, register or log in to Online Services.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA – Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Delta Dental Premier and Delta Dental PPO are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental PPO is underwritten as a Dental Provider Organization (DPO) plan.

We keep you smiling®

deltadentalins.com/enrollees

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EF15 #104742A (rev. 4/17)

DELTA DENTAL

DeltaCare® USA

# Elevate Your Smile

## 8 ways to make the most of your dental plan

1 **Visit your DeltaCare USA dentist.** You must visit your selected DeltaCare USA primary care dentist to receive benefits under your plan.[1] Find or change your dentist[2] at **deltadentalins.com** or by calling Customer Service.

- You don't need a dental plan ID card when you visit the dentist. Simply provide your name, birth date and enrollee ID or social security number. If your family members are covered under your plan, they will need to provide your information.
- There are no claims forms to complete — just pay your copayment, if any, at the time of treatment.[3]
- If you require treatment from a specialist, your primary care dentist will coordinate a referral for you.[4]

2 **Seek preventive care.** Regular exams and cleanings are available at low or no cost. These services help catch problems before they require costly and extensive treatment.

3 **Set up an online account.** Get information about your plan anytime, anywhere by signing up for an online account. This free service lets you find a network dentist, view or print your ID card and more. The one-time registration process takes only a minute.

## Newly covered?

Visit **deltadentalins.com/welcome**

[1] In WY, you do not need to select a primary care dentist, but you must visit a DeltaCare USA dentist to receive benefits. In the following states, you can maximize your savings when you visit a DeltaCare USA dentist, although you may visit any licensed dentist and receive out-of-network coverage: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT. Refer to your plan booklet for details about your out-of-network benefits.

[2] Changes received by the 21st of the month will be effective the first day of the following month. Verify that the dentist is your selected DeltaCare USA primary care dentist before each appointment. In the following states, you can change your dentist any time without contacting Delta Dental: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT, WY.

[3] You may have to complete a claim form if you visit an out-of-network dentist, such as for limited emergency treatment or in the following states: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT.

[4] Most services not performed by your primary care dentist must be authorized by Delta Dental. In some states, specialty care benefits are only available for services performed by a DeltaCare USA specialist. Refer to your plan booklet for more information.

We keep you smiling®

deltadentalins.com/enrollees

## 4 Get to know your plan.

Many DeltaCare USA plans have no exclusions for pre-existing conditions, including missing teeth.[5] Read your plan booklet for a complete list of covered procedures, copayments, plan limitations and exclusions.

## 5 Coordinate benefits.

Are you covered under a second dental plan? Ask your dentist to include information about both plans with your claim, and we'll handle the rest.[5]

## 6 Complete in-progress orthodontic care.

If you began orthodontic treatment under a previous employer-sponsored plan, you may be covered for continuing treatment with your current orthodontist. The copayments and fees of your previous plan would apply.[5]

## 7 Talk to your dentist.

From pregnancy to diabetes, overall health can affect your dental health. Start each visit with a quick chat about any issues.

## 8 Stay informed.

Get oral health tools and tips at our SmileWay® Wellness site (**mysmileway.com**). Don't forget to subscribe to *Grin!*, our free dental wellness e-magazine.

[5] This provision may not apply to all plans. Please refer to your plan booklet for specific coverage details.

## Contact us

**Online assistance:**

For quick and easy online assistance, go to **deltadentalins.com/contact**, select the Delta Dental company and choose the applicable customer service form.

**Telephone assistance:**

DeltaCare USA: **800-422-4234 (toll-free)**

- Use our interactive voice response system, available 24/7.
- Speak to a Customer Service representative: Monday – Friday, 8 am – 9 pm Eastern time.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA – Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

**LEGAL NOTICES:** Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html.

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DELTA DENTAL®

# Need Dental Coverage?

## Delta Dental may be just what you're looking for

### 5 reasons to enroll

1. **Save money.** You'll get preventive care, like regular cleanings and exams, at low or no cost. Even basic procedures are covered at a fraction of the price you'd pay out of pocket.[1]
2. **Prevent future problems.** By getting regular care today, you can avoid costly, extensive dental work tomorrow. Did you know that the price of a small cavity can balloon to over a thousand dollars if left untreated?[2]
3. **Protect your health.** Taking care of your teeth and gums makes you less likely to develop cavities, lose teeth and worsen other health conditions, like diabetes and heart disease.[3]
4. **Get quality care.** Delta Dental has been providing great dental coverage for decades. Our networks feature dentists you can count on for professional, reliable care.
5. **Enjoy peace of mind.** When you've got dental coverage, you can rest easy, knowing that you're prepared for even the unexpected.

### Individual and Family Plans

**DeltaCare® USA**
With this prepaid option, you'll get access to a reliable network of quality dentists. Enjoy predictable copayments, no deductibles, maximums or waiting periods. This plan is available in California, District of Columbia, Florida, Maryland, New York, Pennsylvania, Texas and Utah.

**Delta Dental PPO™**
Under this preferred provider organization plan, you can visit any licensed dentist and receive coverage. Choose between the Basic and Premium options. This plan is offered in Alabama, California, Delaware, District of Columbia, Florida, Georgia, Louisiana, Maryland, Mississippi, Montana, Nevada, New York, Pennsylvania, Texas, Utah and West Virginia.

Sign up at **deltadentalins.com/plans.**

### More plan choices

For information about membership and government plans, visit **deltadentalins.com/affiliate-plans**.

[1] Please refer to your plan details for more information about your coverage.

[2] Glover, Lacie (2016). How much does a root canal cost? NerdWallet. https://www.nerdwallet.com/blog/health/how-much-does-a-root-canal-cost

[3] Periodontitis: from microbial immune subversion to systemic inflammation. Nature Reviews Immunology. 2015;15(1):30.

DeltaCare USA Individual/Family Dental Plan: DeltaCare USA is underwritten in these states by these entities: CA — Delta Dental of California; DC and FL — Delta Dental Insurance Company; MD and TX — Alpha Dental Programs, Inc.; UT — Alpha Dental of Utah, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

In Florida, Delta Dental Insurance Company provides DeltaCare USA Plan benefits as a Prepaid Limited Health Service Organization as described in Chapter 636 of the Florida Statutes.

Delta Dental Individual & Family™ - Delta Dental PPO Basic Plan for Families and Delta Dental PPO Premium Plan for Families: Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

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DELTA DENTAL

# Take the Challenge

deltadentalins.com/challenge

**Assess your risk.** Our risk assessment tool gives you an oral health score that you can share with your dentist at your next visit.

**Test your habits.** Are you at risk for cavities or gum disease? Take our interactive quizzes to find out.

**Expand your knowledge.** Read articles or watch short videos on dental health–related topics, from acid reflux to x-rays. Get tips for preventive care, tooth-friendly recipes and more!

**Stay connected.** Keep in touch with us for dental health articles and fun facts:

- Sign up for *Grin!*, our dental wellness e-magazine
- Follow us on Facebook, Twitter and Google Plus

## The SmileWay® Challenge: 6 easy steps.

Empower yourself with oral health tips and tricks! By taking the SmileWay Challenge, you'll learn about everything from braces to gum disease in six easy steps.

1. Assess your risk using our dentist-approved tool.
2. Take the cavity and gum disease quizzes.
3. Read at least three dental health articles.
4. Watch at least three dental health videos.
5. Follow Delta Dental on social media.
6. Subscribe to *Grin!*, our wellness e-magazine.

SmileWay®
Your smile. Your health. Your way.

We keep you smiling®
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Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of the District of Columbia — DC, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, FL, GA, LA, MS, MT, NV, TX and UT.

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EF53 #109930 (rev. 10/17)

DELTA DENTAL

# Your Smile, Your Choice

## Delta Dental PPO™ & DeltaCare® USA

Your company lets you choose between two dental plans from Delta Dental. Either way, you'll get reliable dentist networks and affordable preventive care. Your options are:

**Delta Dental PPO[1]**
This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a Delta Dental PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

**DeltaCare USA**
Under this HMO-type plan, you'll have your choice of skilled primary care dentists from the DeltaCare USA network. Select a primary care dentist, who will then coordinate any needed referrals to a specialist.[2] Covered services provided by your DeltaCare USA dentist have preset copayments (dollar amounts), which are listed in your plan booklet. There are no maximums or deductibles.[3]

Turn the page for more details to help you choose the best plan for your needs.

[1] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

[2] In WY, you do not need to select a primary care dentist, but you must visit a network dentist to receive benefits. In the following states, you can maximize your savings when you visit a network dentist, although you may visit any licensed dentist and receive out-of-network coverage: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT. Refer to your plan booklet for details about your out-of-network benefits.

[3] Refer to your plan booklet for more information about covered services, deductibles and maximums.

# Compare Plan Features

| | Delta Dental PPO | DeltaCare USA |
|---|---|---|
| **Can I go to any dentist?** | You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist. | You must select a DeltaCare USA primary care dentist and visit this dentist to receive benefits.[2] |
| **What procedures are covered?** | Your plan covers a wide range of services, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, is offered at low or no cost. | Your plan covers over 300 procedures, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, has low or no copayments. |
| **Are there deductibles and maximums?** | Yes, most plans have an annual deductible and maximum. | No, there are no annual deductibles or maximums.[4] |
| **Am I covered for treatment I began under a different employer-sponsored dental plan?** | Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule. | Coverage is provided only for treatment started and completed after your effective date.[5] Orthodontic treatment may be an exception to this rule. |
| **What if I started orthodontic treatment under my previous dental plan?** | Typically, Delta Dental pays the remaining benefit not paid by your prior dental plan. | You are responsible for the copayments and fees subject to the provisions of your prior dental plan. |
| **What happens if I need to see a specialist?** | You do not need a referral from your dentist. | Contact your DeltaCare USA primary care dentist to coordinate your referral.[6] |
| **What is my out-of-area coverage?** | You can visit any licensed dentist. | You have a limited benefit to go out of network for emergency care. |
| **How do I change my dentist?** | You can change your dentist at any time without contacting us. | You can change your selected or assigned primary care dentist online or by telephone.[7] |
| **Do I need to fill out claims?** | If you visit a Delta Dental dentist, the dental office will file the claim for you. If you go to a non–Delta Dental dentist, you may have to submit the claim yourself. | There are generally no claim forms under your plan.[8] |

[4] In AK, CT, ND and SD, you have an out-of-network calendar year maximum of $500 when you visit an out-of-network dentist.

[5] Except in Texas; please refer to your plan booklet for details.

[6] Most services not performed by your primary care dentist must be authorized by Delta Dental. In some states, specialty care benefits are only available for services performed by an in-network specialist. Refer to your plan booklet for details.

[7] In the following states, you can change your dentist any time without contacting Delta Dental: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT, WY.

[8] You may have to complete a claim form if you visit an out-of-network dentist, such as for limited emergency treatment or in the following states: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA – Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA — Delta Dental of California; PA, MD — Delta Dental of Pennsylvania; NY — Delta Dental of New York, Inc.; DE — Delta Dental of Delaware, Inc.; WV — Delta Dental of West Virginia, Inc.

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# Keep Smiling

## DeltaCare® USA
provided by
## Alpha Dental Programs, Inc.

SAMPLE

### Dental benefits made easy!

When you enroll in a DeltaCare USA[1] DHMO plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.[2]

- No restrictions on pre-existing conditions
- Access to specialty care and out-of-area emergency care

### A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

- Low or no copayments for services like cleanings and exams

### Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums[3] for covered services
- Pay only your copayment (if any) at the time of treatment

### Convenient services

We make it easy for you — there are no claim forms to complete, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your primary care dentist by phone or online

LEGAL NOTICES: Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html

[1] DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, MI, MN, NE, OR, RI, SC, WA, WI — Dentegra Insurance Company; DC, DE, FL, GA, KS, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

[2] Verify that the dentist is your selected DeltaCare USA primary care dentist before each appointment.

[3] Plans with an Accidental Injury Rider have a $1600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.

We keep you smiling®

deltadentalins.com/enrollees

# FAQ+A

## Answers to frequently asked questions about your DeltaCare® USA plan

SAMPLE

### GETTING STARTED

1. **How do I enroll in a DeltaCare USA plan?**
   Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. **How do I get started using my DeltaCare USA plan?**
   Once we process your enrollment, we'll mail you welcome materials that will include:

   - **The name, address and phone number of your selected primary care dentist:** Simply call the dental facility to make an appointment. **Important note:** In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
   - **Your Evidence/Certificate of Coverage (plan booklet):** This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
   - **An ID card:** This card is for your records only — you do not need to present it in order to receive treatment.

3. **How long will it take to get an appointment with my primary care dentist?**
   Two to four weeks[1] is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. **How much will my dental treatments cost? How do I pay?**
   With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact our Customer Service department. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

### CHOOSING A DENTIST

5. **How do I select my primary care dentist?**
   When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at **deltadentalins.com** and select DeltaCare USA as your network. If you do not select a dentist when you enroll, we will choose one for you.

6. **Does everyone in my family have to choose the same primary care dentist?**
   No. Each family member can select his or her own primary care network dentist.

7. **Can I change my primary care dentist?**
   Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your Online Services account or call or write to Customer Service. Change requests received by the 21st of the month will become effective the first day of the following month.

[1] In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment.In TX, there is no limit on the number of miles or on the dollar amount per emergency.

8. **My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services?**
No. You must visit your selected primary care network dentist to receive benefits under this plan. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists.

9. **What should I do if I need to see a specialist?**
If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

## GENERAL PLAN INFORMATION

10. **If I'm traveling, is emergency treatment covered under my plan?**
You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles[2] from your primary care dentist. Your out-of-area emergency benefit (typically limited to $100 per enrollee[3]) is for services to relieve pain until you can return to your primary care network dentist. Standard plan limitations, exclusions and copayments may apply.

11. **Can I access my plan online?**
Yes. Visit **deltadentalins.com/enrollees** to create a free, secure Online Services account. On our website, you can access your plan benefits and ID card, select (or change) your primary care dentist — and more.

12. **Does my plan cover pre-existing conditions? What about treatments that are in progress?**
Treatment for pre-existing conditions (except work in progress[3]), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

13. **Does my plan cover teeth whitening?**
Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

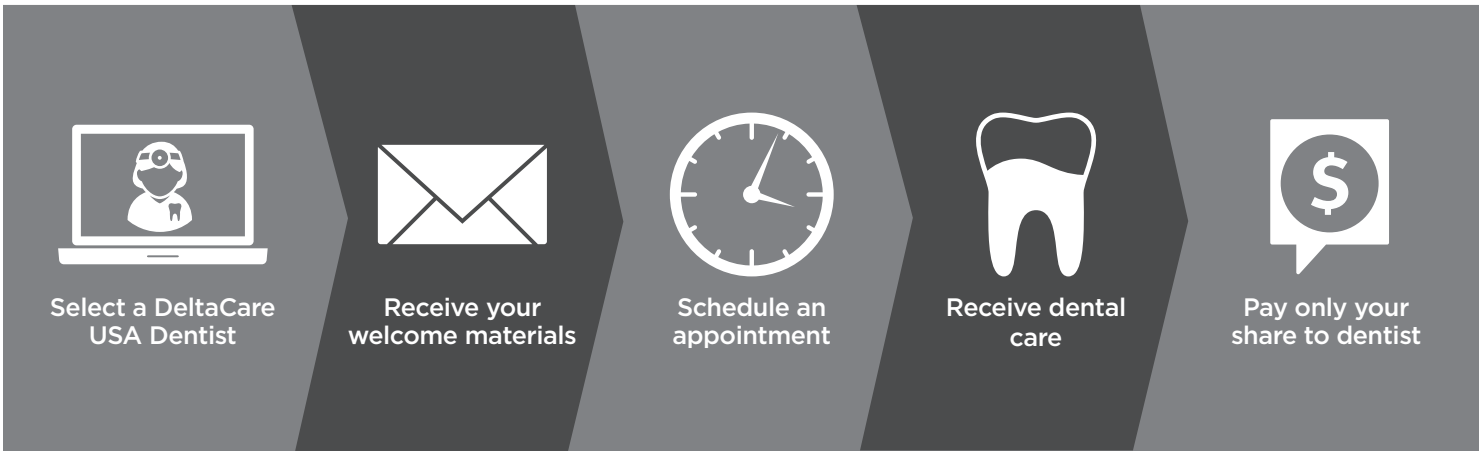
14. **Does my plan cover tooth-colored fillings and crowns?**
Yes. Porcelain and other tooth-colored materials are included in this plan.

15. **What if I have additional questions about my plan?**
Please contact us for additional support. Our Customer Service agents can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

[2] In TX, there is no limit on the number of miles or on the dollar amount per emergency.
[3] In TX, there is no exception for work in progress for covered DeltaCare USA benefits.

SAMPLE

# We make it easy for you!

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## SCHEDULE B

### Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments.*

2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional $100.00 above the listed Copayment for each of these services after the sixth unit has been provided.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).

4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Alpha, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.

6. Benefits for dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this Program are limited as follows:

   Upon request of a newly covered Enrollee, Alpha will provide Benefits for the completion of covered services begun prior to the time his or her coverage became effective. Alpha will not provide coverage for incomplete services that are not otherwise Benefits under the terms and conditions of the Contract. Enrollees may request completion of treatment in progress by calling the Customer Service department at 800 422-4234 during normal business hours, or by sending a written request to Alpha.

   Whenever possible, an Enrollee should complete treatment in progress with the Dentist who initiated the service. If such Dentist is an out-of-network Dentist, that Dentist must agree to the same terms and conditions that apply to an in-network Dentist in order for Alpha to provide Benefits. Copayments and other cost sharing components will apply. Benefits may be adjusted so that the total paid by the Enrollee and/or coverage provided by all plans is not more than 100% of total Allowable Expenses (as defined in the Coordination of Benefits section of the Contract).

   Should the Enrollee be unable to complete treatment with the Dentist who initiated the service, Alpha will make reasonable and appropriate arrangements for completion of such treatment by a Contract Dentist.

7. Orthodontic treatment in progress is limited to new Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under this Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Alpha is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

SAMPLE

### Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A*, *Description of Benefits and Copayments*.

2. Any procedure that in the professional opinion of the Contract Dentist:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**

   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Dental Services* as described in *Schedule A*.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Lost, stolen or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedure D9940 (occlusal guard, by report).
16. Composite or ceramic brackets, lingual adaption of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

SAMPLE

# Glossary

The following dental terms have the meanings indicated:

**Abrasion** - The abnormal wearing away of the tooth by chewing, incorrect brushing methods, grinding or similar causes.

**Alveoloplasty** - A surgical procedure to reshape the jaw bones to achieve normal bone contour in preparation for tooth replacement via denture, partials or bridges.

**Amalgam** - A metal alloy used in filling teeth.

**Apicoectomy** - The surgical removal of the root tip.

**Appliance** - A device used to provide function or therapeutic effect.

**Attrition** - The normal loss of tooth substance resulting from friction during chewing.

**Banding** - Application of preformed stainless steel rings that are fitted around the teeth and cemented in place.

**Banding dentition** - Treatment of a tooth which involves banding (for orthodontic purposes).

**Cephalometric x-rays** - X-rays used in studying the measurements of the head in relation to specific soft tissue and bony reference points.

**Cleft palate** - A birth defect resulting in an incomplete closure or formation of the palate.

**Debridement** - The removal of plaque and tartar, above and below the gumline, which makes the ability to evaluate the gum condition difficult.

**Equilibration** - Changing the occlusal forms of the teeth by selective grinding, with the interest of balancing occlusal stresses more evenly on the teeth.

**Erosion** - Chemical or mechanical destruction of tooth substance, the mechanism of which is incompletely known, that leads to the creation of a depression in the tooth surface at the gumline.

**Exostosis** - An excessive growth of bone.

**Expansion appliance** - An appliance used to widen a dental arch to increase the room available for permanent teeth and/or to correct the bite.

**Frenum** - The fibers that attach the cheek, lips or tongue to the tissue lining the mouth.

**Frenectomy** - Surgical removal or loosening of the frenum.

**Functional appliance** - An appliance used to achieve minor tooth movement, to strengthen the muscles of the oral cavity or to maintain space created by the loss or delayed eruption of the teeth.

**Gingiva** - The soft tissue which covers a tooth or the gum surrounding a tooth.

**Gingivectomy** - The surgical removal of the unsupported gingiva to the level where it is attached.

**Gingivoplasty** - Surgical contouring of the gingiva to facilitate maintenance of tissue health and integrity.

**Headgear** - An apparatus encircling the head or neck that provides attachment for an intraoral appliance in use of extraoral anchorage.

**Implant** - A device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement of a missing tooth.

**Lingual** - Pertaining to the tongue.

SAMPLE

**Macrognathia** - A definite overgrowth of the mandible and maxilla.

**Mandible** - The lower jaw.

**Mandibular** - Pertaining to the lower jaw.

**Maxilla** - The upper jaw.

**Maxillary** - Pertaining to the upper jaw.

**Micrognathia** - An abnormal smallness of the jaws, especially the mandible.

**Myofunctional therapy** - Training to curb or eliminate abnormal muscle function of the oral cavity.

**Occlusal** - The chewing surfaces of the posterior teeth.

**Occlusion** - The contact between the upper and lower teeth when in a closed position.

**Orthodontic appliance** - Any appliance used to apply forces for tooth movement during orthodontic treatment.

**Palate** - The roof of the mouth.

**Palatal** - Pertaining to the roof of the mouth.

**Palliative** - Action that relieves pain but does not cure the cause of the pain.

**Panoramic film** - An x-ray that offers a full view of the entire length of the jaws in a single x-ray.

**Pediatric** or **Pedodontic** - Pertaining to children.

**Periapical** - The area surrounding or enclosing the root tip of a tooth.

**Periodontitis** - Gingival changes that occur due to infection and loss of attachment between the tooth and gums. Periodontitis is a long-term progressive disease.

**Periradicular** - Around the root.

**Pontic** - The term used for the artificial tooth on a bridge.

**Prophylaxis** - The removal of plaque, tartar and stains on the crown portion of the teeth, including polishing.

**Pulp cap** - The covering of an exposed dental nerve with material that protects it from foreign irritants.

**Quadrant** - One of the four equal sections into which the dental arches can be divided; begins at the middle of the arch and goes to the last tooth on either side.

**Rebase** - Process of refitting a denture by replacing the acrylic base material.

**Resin** - Broad term used to indicate an organic substance that is usually tooth colored. Composite resin used in filling teeth, most often in the front of the mouth.

**Retainer** - An appliance used to maintain the positions of the teeth and jaws gained by orthodontic procedures.

**Retrograde filling** - A method of sealing the root canal by preparing and filling it from the root tip.

**Root planing** - A procedure designed to remove bacteria, tartar and diseased root tissue from the root surfaces. Often referred to as “deep cleaning.”

**Sealant** - Application of a resin material to the biting surfaces of the permanent molars to seal the surface crevices to prevent the formation of decay.

**Study model** - A positive likeness of dental structures (teeth and adjoining tissues) for the purpose of study and treatment planning.

SAMPLE

**Supernumerary** - Any tooth in excess of the 32 normal permanent teeth.

**Temporomandibular joint** - The joint formed by the connection of the lower jaw to the skull.

**Tracing** - As it relates to orthodontic treatment, a tracing is a line drawing of pertinent features of a cephalometric x-ray made on a piece of transparent paper placed over an x-ray. The tracing provides measurements of soft tissue and bony reference points that aid in predicting growth patterns and orthodontic diagnosis and treatment planning.

**Trigeminal nerve** - The main nerve that provides feeling to the muscles and tissues of the face, jaws and teeth.

**Vertical demension** - The vertical height of the face with teeth in occulusion.

SAMPLE

# Useful information at your fingertips

**Check out our SmileWay® Wellness program**
Find oral health resources, including a risk self-assessment tool, quizzes, articles, videos and a subscription to *Grin!*, our free dental wellness e-magazine, at **mysmileway.com**.

**Find a network dentist near you**
Use our convenient "Find a Dentist" tool and select DeltaCare USA as your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

**Sign up for an online account**
Use your mobile device or desktop to sign up for a free, secure Online Services account.

- Review your plan benefits
- Access your ID card

## Contact us

Need help? Let us know.

**Online:** Visit **deltadentalins.com/about/contact/contactUs_ddic.html** and choose the "DeltaCare USA Customer Service" form.

**Write to:**
Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

**Call toll-free:** 800-422-4234
Customer Service agents are available Monday through Friday, 8 a.m. to 9 p.m., Eastern time. Or, use our automated phone system, available 24/7.

SAMPLE

**Underwritten by:**
[Underwriter Company Name]
[Underwriter Address]
[City], [State] [Zip code]

**Administered by:**
Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

**NOTE: This is only a brief summary of your plan.**
This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the "Description of Benefits and Copayments" and "Limitations and Exclusions of Benefits" in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.

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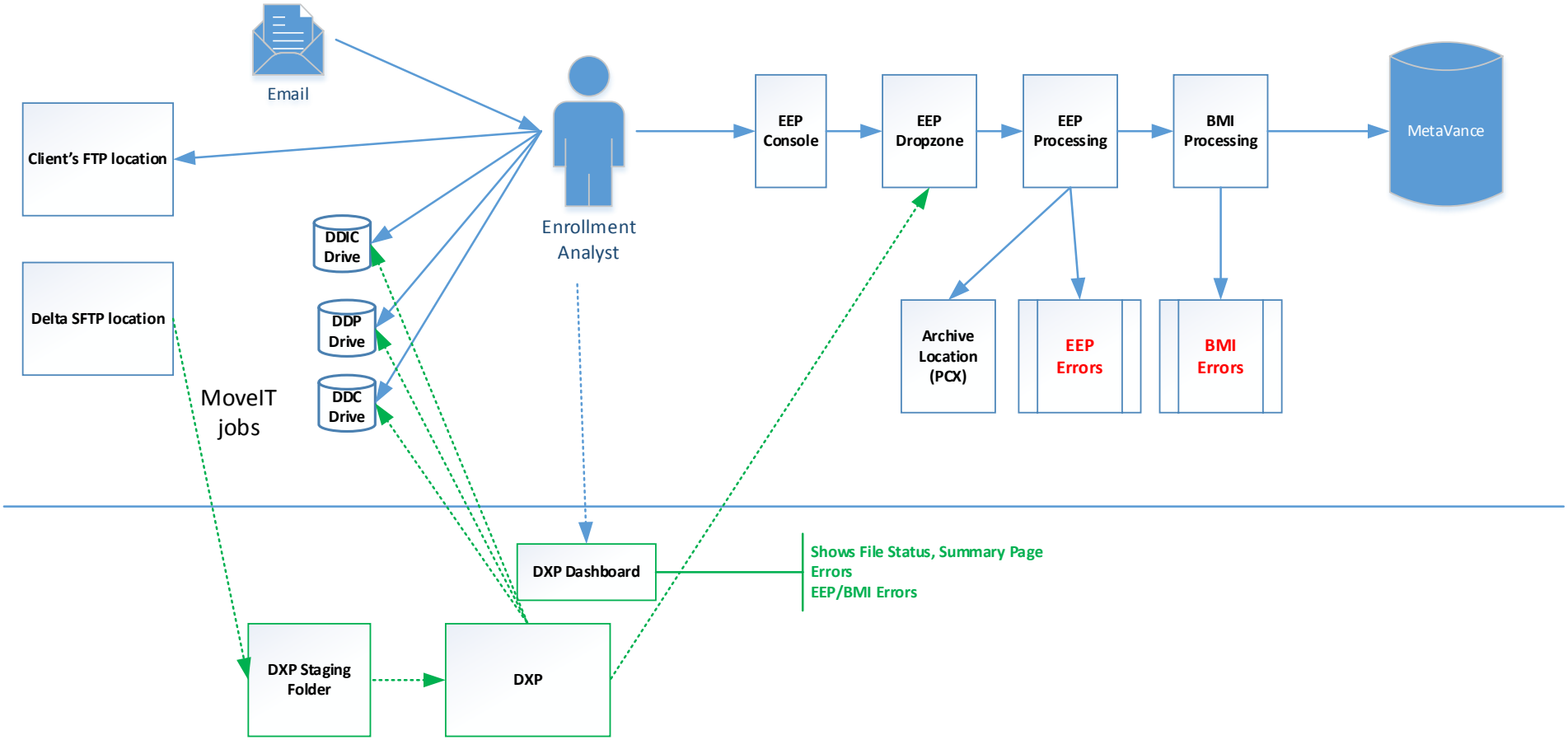
HL_DCU_SHELL_EN #92056M (rev. 7/16)

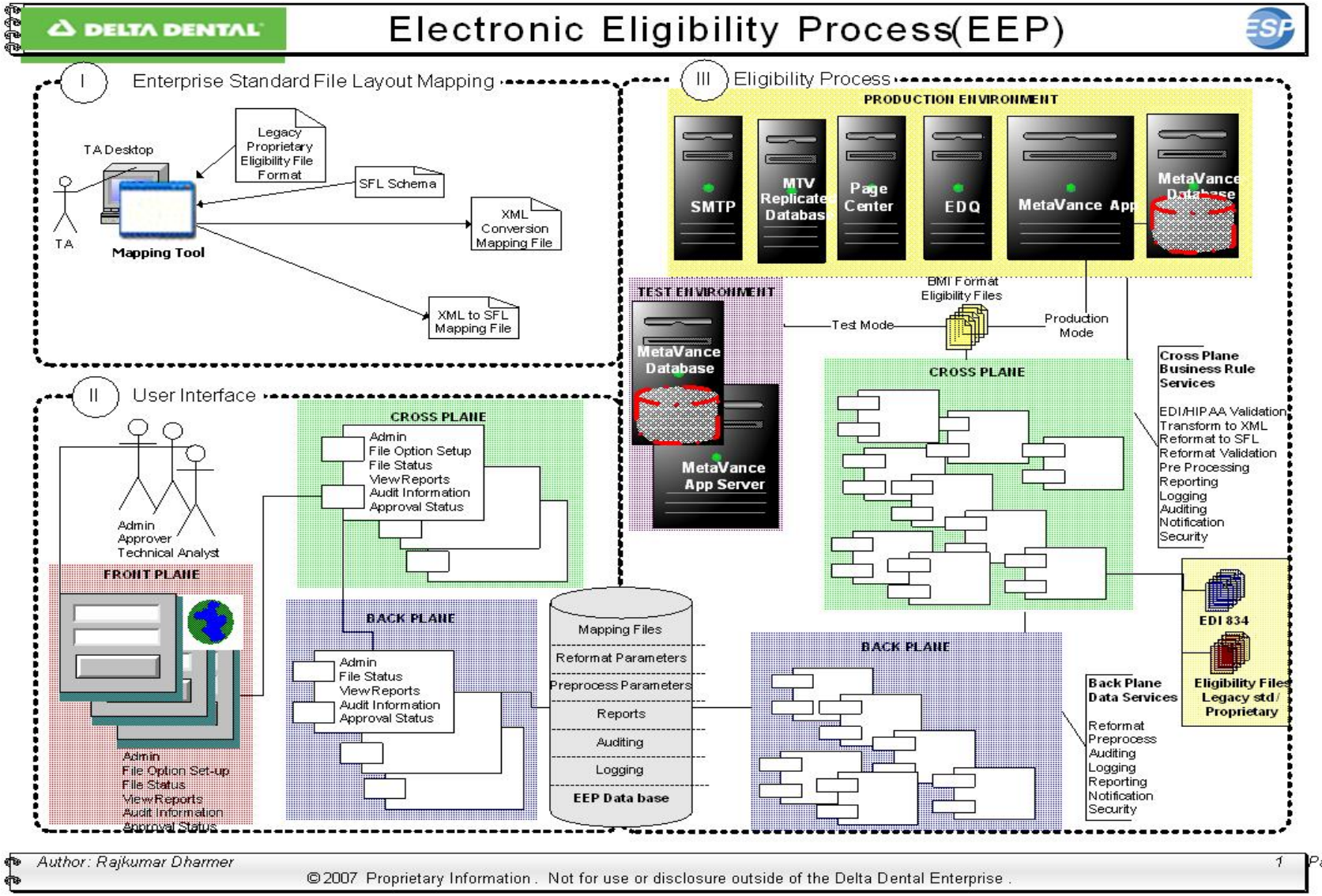
# *Eligibility File Processing*

**Delta Dental**

# Automated File Movement (for Enterprise Files)



# Eligibility File Processing (Enterprise Groups)



| NAME |
| --- |
| RECORD IDENTIFIER |
| SUBSCRIBERS SSN |
| GROUP NUMBER |
| DIVISION |
| DELTA SEQUENCE NBR |
| CLAIM NUMBER |
| FIRST DATE OF SERVICE |
| LAST DATE OF SERVICE |
| RECEIPT DATE |
| APPROVAL DATE |
| CHECK NUMBER |
| SUBSCRIBER FIRST INITIAL |
| SUBSCRIBER LAST NAME |
| PATIENTS GENDER CODE |
| SPACES |
| PATIENT BIRTH DATE |
| PATIENT FIRST NAME |
| PATIENT LAST NAME |
| PATIENT RELATIONSHIP |
| NETWORK INDICATOR |
| NUMBER OF SERVICES |
| PATIENT PAID AMOUNT |
| SPACE |
| ALLOWED AMOUNT |
| TOTAL CHARGE AMOUNT |
| Space |
| COINSURANCE |
| APPROVED AMOUNT |
| DEDUCTIBLE AMOUNT |
| DENIED AMOUNT |
| TOTAL NUMBER CHARGES |
| PAID AMOUNT |
| OTHER CARRIER AMOUNT |
| PAID DATE |
| PRIMARY PROCEDURE CODE |
| PROVIDER NUMBER |

| |
|---|
| TOOTH CODE |
| TOOTH SURFACE |
| SPACES |
| LINE CHARGE AMOUNT |
| SPACE |
| ALLOWED AMOUNT |
| NUMBER OF SERVICES |
| CHARGED UNITS |
| COVERED UNITS |
| EX 1 CODE |
| PROVIDER TAXID |
| PROVIDER FIRST |
| PROVIDER LAST |
| PROVIDER ADDRESS |
| PROVIDER CITY |
| PROVIDER STATE |
| PROVIDER ZIP |
| PROVIDER SPECIALTY |
| EX 2 CODE |
| EX 3 CODE |
| Members ssn |
| SPACES |
| |

| NAME |
|---|
| Trailer Record Identifier |
| From Date |
| Thru Date |
| Record Count |
| Total Paid $ |
| Filler |

All date formats are YYYYMMDD
All dollar amount are implied decimal right justify zero fill
Record length is 456

| DESCRIPTION |
| --- |
| One byte field that identifies detail, records.'D' = Detail |
| Subscriber's ssn |
| Group Number |
| Division |
| Delta's sequence number to identify origional claims and adjustments. |
| Delta's claim number |
| The date when the service was performed. |
| The last date when the service was performed. - will be the same as the first date of service |
| Date the claim was received by Delta Dental. |
| Date the claim was processed for payment or rejection. |
| Check number. |
| Subscriber's first initial. |
| Subscriber's last name. |
| Gender code M = Male, F = Female, U = Unknown |
| spaces |
| Date the patient was born. |
| Patient's first name. |
| Patient's last name. |
| Patient's relationship to the subscriber: |
| In and Out of network indicator - 0 is out of network, 1 is in network. |
| Total number of services for the claim. |
| Patient Pay Amount |
| Spaces |
| The total dollar amount of charges eligible for payment under the groups contract. |
| Total charge amount billed by the provider. |
| spaces |
| Patient coinsurance amount |
| Total dollar amount of what will be paid to the provider before reduction of member liability. |
| Patient Deductible amount. |
| Pateint denied Amount |
| Total number of the line items - Will always be 00001 |
| Total dollar amount paid for the claim. |
| Total dollar amount paid by the member's other insurance. |
| Date the claim was paid (check was cut). |
| Primary service rendered to the patient. |
| State assigned license number. |

| |
|---|
| Tooth Code |
| Tooth Surface |
| spaces |
| Dollar amount billed by the provider. |
| spaces |
| Amount allowed for procedure at a procedure level. |
| Will always be 00001 |
| Will always be 00001 |
| Will always be 00001 |
| Reason for rejecting the claim/line. |
| Providers taxid |
| Providers first name |
| Providers last name |
| Providers address |
| Providers city |
| Providers state |
| Providers zip |
| Providers specialty |
| Reason for rejecting the claim/line. |
| Reason for rejecting the claim/line. |
| members ssn |
| Spaces |
| |

**TRAILER**

| DESCRIPTION |
|---|
| One byte field that identifies records 'T' = Trailer. |
| Beginning date for the month |
| End date for the month |
| Record count of file excluding header and trailer |
| Total of paid amounts |
| filler |

| FIELD FORMAT | Length | STARTING POS | ENDING POS |
|---|---|---|---|
| Alphanumeric (1) | 1 | 1 | 1 |
| Alphanumeric (20) | 20 | 2 | 21 |
| Alphanumeric (5) | 5 | 22 | 26 |
| Alphanumeric (5) | 5 | 27 | 31 |
| Numeric (3) (right justify zeo fill) | 3 | 32 | 34 |
| Alphanumeric (14) | 14 | 35 | 48 |
| Numeric (8) YYYYMMDD | 8 | 49 | 56 |
| Numeric (8) YYYYMMDD | 8 | 57 | 64 |
| Numeric (8) YYYYMMDD | 8 | 65 | 72 |
| Numeric (8) YYYYMMDD | 8 | 73 | 80 |
| Alphanumeric (11) (right justify zero fill) | 11 | 81 | 91 |
| Alphanumeric (1) | 1 | 92 | 92 |
| Alphanumeric (11) | 11 | 93 | 103 |
| Alphanumeric (1) | 1 | 104 | 104 |
| Alphanumeric (6) | 6 | 105 | 110 |
| Numeric (8) YYYYMMDD | 8 | 111 | 118 |
| Alphanumeric (10) | 10 | 119 | 128 |
| Alphanumeric (15) | 15 | 129 | 143 |
| Alphanumeric (2) | 2 | 144 | 145 |
| Alphanumeric (1) | 1 | 146 | 146 |
| Numeric (7) | 7 | 147 | 153 |
| Numeric (7) | 7 | 154 | 160 |
| Alphanumeric (7) | 7 | 161 | 167 |
| Numeric (7) | 7 | 168 | 174 |
| Numeric (7) | 7 | 175 | 181 |
| Alphanumeric (7) | 7 | 182 | 188 |
| Numeric (7) | 7 | 189 | 195 |
| Numeric (7) | 7 | 196 | 202 |
| Numeric (7) | 7 | 203 | 209 |
| Numeric (7) | 7 | 210 | 216 |
| Numeric (5) | 5 | 217 | 221 |
| Numeric (7) | 7 | 222 | 228 |
| Numeric (7) | 7 | 229 | 235 |
| Numeric (8) | 8 | 236 | 243 |
| Alphanumeric (5) | 5 | 244 | 248 |
| Numeric (11) | 11 | 249 | 259 |

| | | | |
|---|---|---|---|
| Alphanumeric (2) | 2 | 260 | 261 |
| Alphanumeric (4) | 4 | 262 | 265 |
| Alphanumeric (5) | 5 | 266 | 270 |
| Numeric (7) | 7 | 271 | 277 |
| AlphaNumeric (7) | 7 | 278 | 284 |
| Numeric (7) | 7 | 285 | 291 |
| Numeric (5) | 5 | 292 | 296 |
| Numeric (5) | 5 | 297 | 301 |
| Numeric (5) | 5 | 302 | 306 |
| Alphanumeric (5) | 5 | 307 | 311 |
| Alphanumeric (9) | 9 | 312 | 320 |
| Alphanumeric (14) | 14 | 321 | 334 |
| Alphanumeric (24) | 24 | 335 | 358 |
| Alphanumeric (24) | 24 | 359 | 382 |
| Alphanumeric (14) | 14 | 383 | 396 |
| Alphanumeric (2) | 2 | 397 | 398 |
| Alphanumeric (5) | 5 | 399 | 403 |
| Alphanumeric (3) | 3 | 404 | 406 |
| Alphanumeric (5) | 5 | 407 | 411 |
| Alphanumeric (5) | 5 | 412 | 416 |
| Numeric(9) | 9 | 417 | 425 |
| Spaces (31) | 31 | 426 | 456 |
| | | | |
| | | | |
| **FIELD FORMAT** | | | |
| Alphanumeric (1) | 1 | | |
| Numeric (8) YYYYMMDD | 8 | | |
| Numeric (8) YYYYMMDD | 8 | | |
| Numeric (8) | 8 | | |
| Numeric (11) | 11 | | |
| Spaces (419) | 419 | | |

| Mapping |
| --- |
| D' |
| CLAIM.Contract_ID=PERSON.Contract_ID and PERSON.Member_ID = "01" then use PERSON.SSN (right justify zero fill) |
| MED_OUTPT_SVC_LINE.Empgrp_level_1_ID (right justify zero fill) The group and division info comes from the Med_OUTPT_SVC_LINE table which is joined by SERVICE_LINE. (right justfy zero fill) |
| MED_OUTPT_SVC_LINE.Empgrp_level_2_ID (right justify zero fill) The group and division info comes from the Med_OUTPT_SVC_LINE table which is joined by SERVICE_LINE. (right justfy zero fill) |
| Delta's sequence number to identify origional claims and adjustments. |
| SERVICE_LINE.Claim_id (Only 14 positions truncate if 15 positions) |
| Earliest SERVICE_LINE.From Date (yyyymmdd) |
| Latest SERVICE_LINE. From Date (yyyymmdd) |
| CLAIM.RECEIVED_DT (CLAIM.RECEIVED_TS) (yyyymmdd) |
| SERVICE_LINE.RESOLVED_DT (CLAIM.RESOLVED_TS) (yyyymmdd) |
| CP_PYMT_REGISTER_SYN.CHECK_NUMBER (right justify zero fill) |
| SUBSCRIBER_TABLE .FIRST_NAME |
| SUBSCRIBER_TABLE .LAST_NAME |
| CLAIM.sex_code |
| spaces |
| CLAIM.Date of Birth (yyyymmdd) |
| CLAIM.FIRST_NAME |
| CLAIM.LAST_NAME |
| MED_OUTPT_SVC_LINE.MBR_CLASS_CODE |
| MED_OUTPT_SVC_LINE.SVC_PROV_STAT_CD (In and Out of network indicator - 0 is out of network, 1 is in network.) |
| Count SERVICE_LINE.SERVICE_NUMBER |
| SERVICE_LINE.Patient Responsibility (right justify zero fill implied decimal) |
| Spaces (7) |
| SERVICE-LINE-Allowed Amount (Right adjust zero filled with 2 inplied dec.) |
| SERVICE-LINE-Charge Amount (right justify zero fill implied decimal) |
| Spaces (7) |
| SERVICE_LINE.COINSURANCE_AMOUNT |
| SERVICE_LINE.Approved Amount (right justify zero fill implied decimal) |
| SERVICE_LINE.Deductible Amt (right justify zero fill implied decimal) |
| SERVICE_LINE.Denied_Amount (right justify zero fill implied decimal) |
| "00001 |
| SERVICE-LINE-Paid Amount (right justify zero fill implied decimal) |
| SERVICE.LINE.othr_carr_paid_amount (right justify zero fill implied decimal) |
| From the SERVICE-LINE_Paid-Date Stamp that fits the paid date range parameter |
| SERVICE_LINE.PROCD_CODE_ID |
| SECONDRY SECONDRY-PERSON_ID PROVIDER-ID with TYPE = "LIC" (right justify zero fill) Remove D at end of license. |

| |
|---|
| MED_OUTPT_SVC_LINE_SYN.HI_RANGE_TOOTH_CD (left justify space fill) |
| MED_OUTPT_SVC_LINE_SYN.BUCCAL_SURF_IND is on, this field will display a value of "D". If FACIAL_SURF_IND is on, this field will display a value of "F". If INCISAL_SURFACE-IND is on, this field will display a value of "I". If LINGUAL_SURF_IND is on, this field will display a value of "L". If MEDIAL_SURF_IND is on, this field will display a value of "M". If OCCLUSAL_SURF_IND is on, this field will display a value of "O". If BUCCAL_SURF_IND is on, this field will display a value of "B". (truncate if over 4) |
| Spaces |
| SERVICE_LINE.CHARGE_AMOUNT |

Space(7)

| |
|---|
| SERVICE_LINE.ALLOWED_AMOUNT |

"00001

| |
|---|
| "00001 |
| "00001 |
| SERVICE_LINE.DENIED_EXPLN_CODE (right justified zero filled) |
| SERVICE_LINE.TAX_IDENTIFIER (left justify zero fill) |
| MED_OUTPT_SVC_LINE.Servicing_Provider=PROVIDER.Identifier and use the PROVIDER.FirstName |
| MED_OUTPT_SVC_LINE.Servicing_Provider=PROVIDER.Identifier and use the PROVIDER.LastName |
| METAVANCE_ADDRESS.ADDRESS_1 (left justify space fill |
| METAVANCE_ADDRESS.ADDRESS_CITY (left justify space fill) |
| METAVANCE_ADDRESS.STATE_CODE |
| METAVANCE_ADDRESS.ZIP |

MED_OUTPT_SVC_LINE.SVC_PROV_SPECIALTY (insert a zero in the first position and right justify)

| |
|---|
| SERVICE_LINE.DENIED_EXPLN_CODE (right justified zero filled) |
| SERVICE_LINE.DENIED_EXPLN_CODE (right justified zero filled) |
| CLAIM.Contract_ID and Member ID use PERSON_TABLE_ssn (left justify zero fill), left pad with zeros to make 9 bytes |
| Spaces |

| |
|---|
| T' |
| Beginning date for the month the file is created for |
| End date for the month the file is created for |
| Record count of file excluding trailer (right justify zero fill) |
| sum of SERVICE-LINE-Paid Amount (right justify zero fill implied decimal) |
| filler |

TPA
Artemetrx
HealthEquity

# Delta Dental Claims File Layout

## Group by Claim level

| Delta Dental Field | Format | Length | Start Pos | End Pos |
|---|---|---|---|---|
| | | | | **HEADER** |
| T1-TYPE | PIC X(01). | | | |
| T1-COMMENT | PIC X(65). | | | |
| T1-DT-MM | PIC X(02). | | | |
| DASH | PIC X(01). | | | |
| T1-DT-YY | PIC X(02). | | | |
| FILLER | PIC X(79). | | | |
| | | | | |
| | | | | **Detail** |
| | **Format** | **Length** | **Start Pos** | **End Pos** |
| T2-TYPE | PIC X(01). | 1 | 1 | 1 |
| T2-GROUP | PIC X(05). | 5 | 2 | 6 |
| T2-SUB-LOC | PIC X(04). | 4 | 7 | 10 |
| T2-LIC-NO | PIC X(07). | 7 | 11 | 17 |
| T2-LNAME | PIC X(10). | 10 | 18 | 27 |
| T2-FINIT | PIC X(01). | 1 | 28 | 28 |
| T2-SSN | PIC X(09). | 9 | 29 | 37 |
| T2-REL | PIC X(01). | 1 | 38 | 38 |
| T2-DOB | PIC X(06). | 6 | 39 | 44 |
| T2-DOS | PIC X(06). | 6 | 45 | 50 |
| T2-FEE | PIC x(10). | 10 | 51 | 60 |
| T2-PAT-PAYS | PIC x(08). | 8 | 61 | 68 |
| T2-DELTA-PAYS | PIC x(08). | 8 | 69 | 76 |
| T2-DCN | PIC X(09). | 9 | 77 | 85 |
| T2-PD-DT | PIC X(06). | 6 | 86 | 91 |
| T2-ORTHO | PIC X(01). | 1 | 92 | 92 |
| T2-ALTID | PIC X(15). | 15 | 93 | 107 |
| FILLER | PIC X(43). | 43 | 108 | 150 |
| | | | | **FOOTER** |
| T3-TYPE | PIC X(01). | | | |
| T3-REC-COUNT | PIC 9(07). | | | |
| T3-TOTAL-FEES | PIC 9(13). | | | |
| T3-TOT-PAT-PAYS | PIC 9(11). | | | |
| T3-TOT-DELTA-PAYS | PIC 9(11). | | | |
| T3-TOT-ORTHO-COUNT | PIC 9(05). | | | |
| FILLER | PIC X(101). | | | |

# Delta Dental Claims File Layout

| Comments |
|---|

| |
|---|
| Value is '1' |
| Delta Dental Plan of California Group Activity Claims Paid In |
| MM |
| - |
| YY |
| |
| |

| Comments |
|---|
| Value is '2' |
| FIVE digit unique group identifier |
| Delta sets up divisions for groups depending on the benefits being offered. A group can have one master group number but many division numbers below it. |
| Dentist |
| Patient |
| Patient |
| Subsciber SSN |
| 1=Subscriber<br>2=Spouse<br>3=Dependant |
| Patient DOB MM/DD/YY |
| MM/DD/YY |
| Amount approved by Delta |
| This is the amount the subscriber or the patient pays. |
| Total Delta paid for claim |
| Unique identifier for each claim |
| This is the MM/DD/YY that the claim was paid in. |
| Yes |
| |
| |

| |
|---|
| Value is '3' |
| |
| |
| |
| |
| |
| |

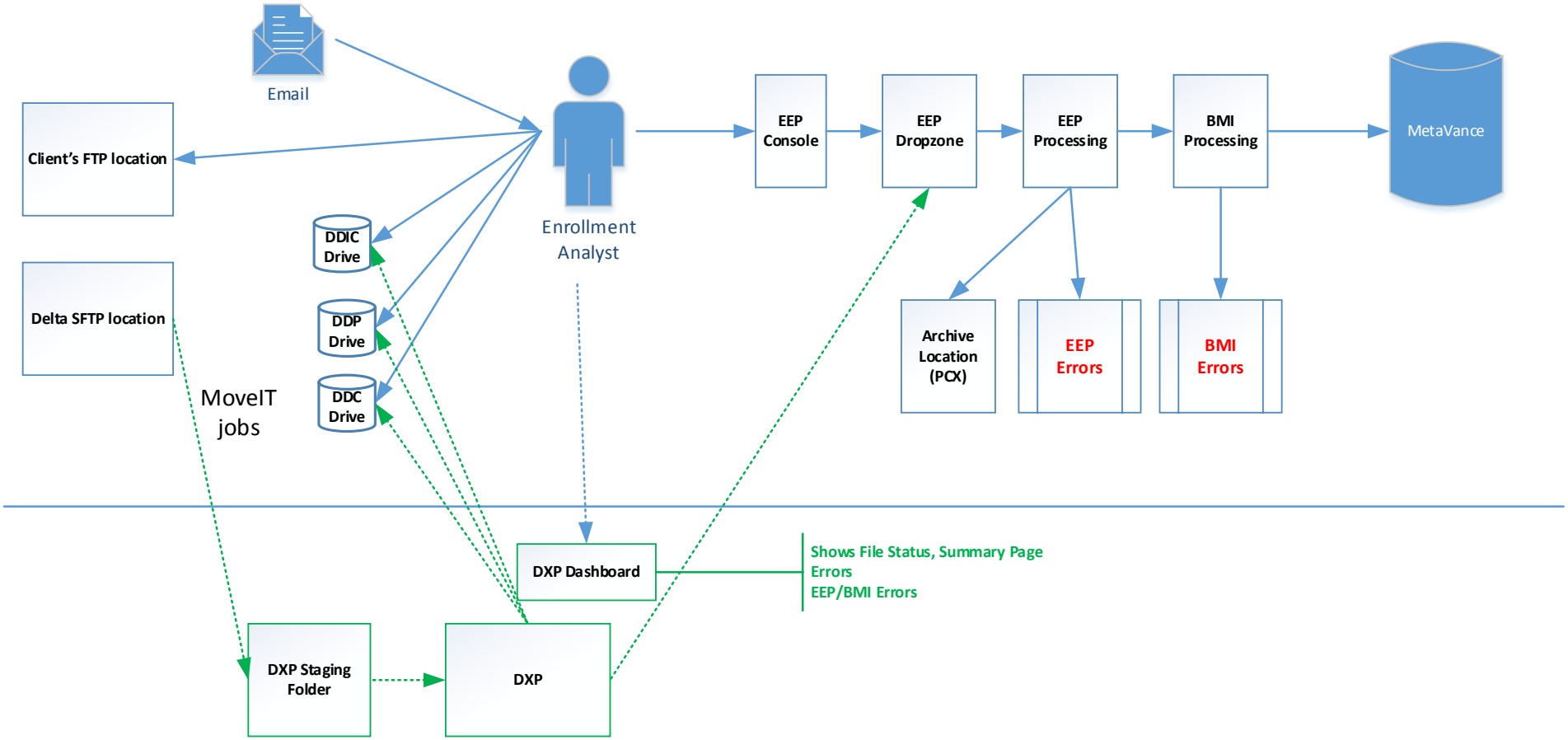
**Appendix U, Section J.3. - If any data centers, development, or data services are outsourced or subcontracted, copies of outsourcers' or subcontractors' SOC-2 under SSAE16 or SSAE18 SOC-2 Type II report or equivalent reports for PPO**

Not applicable. These services are not outsourced or subcontracted.

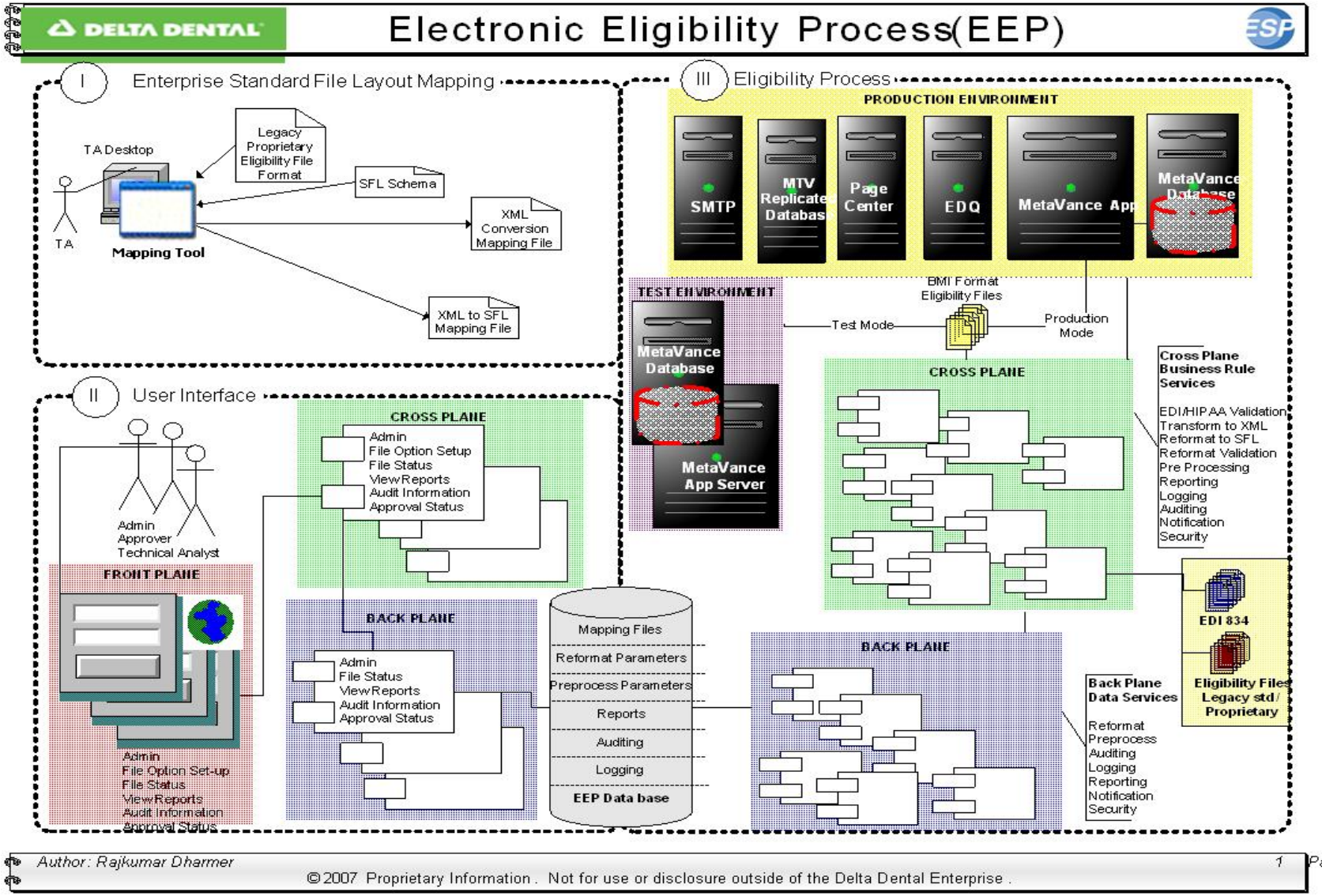
# *Eligibility File Processing*

**Delta Dental**

# Automated File Movement (for Enterprise Files)



# Eligibility File Processing (Enterprise Groups)



| NAME |
| --- |
| RECORD IDENTIFIER |
| SUBSCRIBERS SSN |
| GROUP NUMBER |
| DIVISION |
| DELTA SEQUENCE NBR |
| CLAIM NUMBER |
| FIRST DATE OF SERVICE |
| LAST DATE OF SERVICE |
| RECEIPT DATE |
| APPROVAL DATE |
| CHECK NUMBER |
| SUBSCRIBER FIRST INITIAL |
| SUBSCRIBER LAST NAME |
| PATIENTS GENDER CODE |
| SPACES |
| PATIENT BIRTH DATE |
| PATIENT FIRST NAME |
| PATIENT LAST NAME |
| PATIENT RELATIONSHIP |
| NETWORK INDICATOR |
| NUMBER OF SERVICES |
| PATIENT PAID AMOUNT |
| SPACE |
| ALLOWED AMOUNT |
| TOTAL CHARGE AMOUNT |
| Space |
| COINSURANCE |
| APPROVED AMOUNT |
| DEDUCTIBLE AMOUNT |
| DENIED AMOUNT |
| TOTAL NUMBER CHARGES |
| PAID AMOUNT |
| OTHER CARRIER AMOUNT |
| PAID DATE |
| PRIMARY PROCEDURE CODE |
| PROVIDER NUMBER |

| |
|---|
| TOOTH CODE |
| TOOTH SURFACE |
| SPACES |
| LINE CHARGE AMOUNT |
| SPACE |
| ALLOWED AMOUNT |
| NUMBER OF SERVICES |
| CHARGED UNITS |
| COVERED UNITS |
| EX 1 CODE |
| PROVIDER TAXID |
| PROVIDER FIRST |
| PROVIDER LAST |
| PROVIDER ADDRESS |
| PROVIDER CITY |
| PROVIDER STATE |
| PROVIDER ZIP |
| PROVIDER SPECIALTY |
| EX 2 CODE |
| EX 3 CODE |
| Members ssn |
| SPACES |
| |

| NAME |
|---|
| Trailer Record Identifier |
| From Date |
| Thru Date |
| Record Count |
| Total Paid $ |
| Filler |

All date formats are YYYYMMDD
All dollar amount are implied decimal right justify zero fill
Record length is 456

| DESCRIPTION |
| --- |
| One byte field that identifies detail, records.'D' = Detail |
| Subscriber's ssn |
| Group Number |
| Division |
| Delta's sequence number to identify origional claims and adjustments. |
| Delta's claim number |
| The date when the service was performed. |
| The last date when the service was performed. - will be the same as the first date of service |
| Date the claim was received by Delta Dental. |
| Date the claim was processed for payment or rejection. |
| Check number. |
| Subscriber's first initial. |
| Subscriber's last name. |
| Gender code M = Male, F = Female, U = Unknown |
| spaces |
| Date the patient was born. |
| Patient's first name. |
| Patient's last name. |
| Patient's relationship to the subscriber: |
| In and Out of network indicator - 0 is out of network, 1 is in network. |
| Total number of services for the claim. |
| Patient Pay Amount |
| Spaces |
| The total dollar amount of charges eligible for payment under the groups contract. |
| Total charge amount billed by the provider. |
| spaces |
| Patient coinsurance amount |
| Total dollar amount of what will be paid to the provider before reduction of member liability. |
| Patient Deductible amount. |
| Pateint denied Amount |
| Total number of the line items - Will always be 00001 |
| Total dollar amount paid for the claim. |
| Total dollar amount paid by the member's other insurance. |
| Date the claim was paid (check was cut). |
| Primary service rendered to the patient. |
| State assigned license number. |

| |
|---|
| Tooth Code |
| Tooth Surface |
| spaces |
| Dollar amount billed by the provider. |
| spaces |
| Amount allowed for procedure at a procedure level. |
| Will always be 00001 |
| Will always be 00001 |
| Will always be 00001 |
| Reason for rejecting the claim/line. |
| Providers taxid |
| Providers first name |
| Providers last name |
| Providers address |
| Providers city |
| Providers state |
| Providers zip |
| Providers specialty |
| Reason for rejecting the claim/line. |
| Reason for rejecting the claim/line. |
| members ssn |
| Spaces |
| |

**TRAILER**

| DESCRIPTION |
|---|
| One byte field that identifies records 'T' = Trailer. |
| Beginning date for the month |
| End date for the month |
| Record count of file excluding header and trailer |
| Total of paid amounts |
| filler |

| FIELD FORMAT | Length | STARTING POS | ENDING POS |
|---|---|---|---|
| Alphanumeric (1) | 1 | 1 | 1 |
| Alphanumeric (20) | 20 | 2 | 21 |
| Alphanumeric (5) | 5 | 22 | 26 |
| Alphanumeric (5) | 5 | 27 | 31 |
| Numeric (3) (right justify zeo fill) | 3 | 32 | 34 |
| Alphanumeric (14) | 14 | 35 | 48 |
| Numeric (8) YYYYMMDD | 8 | 49 | 56 |
| Numeric (8) YYYYMMDD | 8 | 57 | 64 |
| Numeric (8) YYYYMMDD | 8 | 65 | 72 |
| Numeric (8) YYYYMMDD | 8 | 73 | 80 |
| Alphanumeric (11) (right justify zero fill) | 11 | 81 | 91 |
| Alphanumeric (1) | 1 | 92 | 92 |
| Alphanumeric (11) | 11 | 93 | 103 |
| Alphanumeric (1) | 1 | 104 | 104 |
| Alphanumeric (6) | 6 | 105 | 110 |
| Numeric (8) YYYYMMDD | 8 | 111 | 118 |
| Alphanumeric (10) | 10 | 119 | 128 |
| Alphanumeric (15) | 15 | 129 | 143 |
| Alphanumeric (2) | 2 | 144 | 145 |
| Alphanumeric (1) | 1 | 146 | 146 |
| Numeric (7) | 7 | 147 | 153 |
| Numeric (7) | 7 | 154 | 160 |
| Alphanumeric (7) | 7 | 161 | 167 |
| Numeric (7) | 7 | 168 | 174 |
| Numeric (7) | 7 | 175 | 181 |
| Alphanumeric (7) | 7 | 182 | 188 |
| Numeric (7) | 7 | 189 | 195 |
| Numeric (7) | 7 | 196 | 202 |
| Numeric (7) | 7 | 203 | 209 |
| Numeric (7) | 7 | 210 | 216 |
| Numeric (5) | 5 | 217 | 221 |
| Numeric (7) | 7 | 222 | 228 |
| Numeric (7) | 7 | 229 | 235 |
| Numeric (8) | 8 | 236 | 243 |
| Alphanumeric (5) | 5 | 244 | 248 |
| Numeric (11) | 11 | 249 | 259 |

| | | | |
|---|---|---|---|
| Alphanumeric (2) | 2 | 260 | 261 |
| Alphanumeric (4) | 4 | 262 | 265 |
| Alphanumeric (5) | 5 | 266 | 270 |
| Numeric (7) | 7 | 271 | 277 |
| AlphaNumeric (7) | 7 | 278 | 284 |
| Numeric (7) | 7 | 285 | 291 |
| Numeric (5) | 5 | 292 | 296 |
| Numeric (5) | 5 | 297 | 301 |
| Numeric (5) | 5 | 302 | 306 |
| Alphanumeric (5) | 5 | 307 | 311 |
| Alphanumeric (9) | 9 | 312 | 320 |
| Alphanumeric (14) | 14 | 321 | 334 |
| Alphanumeric (24) | 24 | 335 | 358 |
| Alphanumeric (24) | 24 | 359 | 382 |
| Alphanumeric (14) | 14 | 383 | 396 |
| Alphanumeric (2) | 2 | 397 | 398 |
| Alphanumeric (5) | 5 | 399 | 403 |
| Alphanumeric (3) | 3 | 404 | 406 |
| Alphanumeric (5) | 5 | 407 | 411 |
| Alphanumeric (5) | 5 | 412 | 416 |
| Numeric(9) | 9 | 417 | 425 |
| Spaces (31) | 31 | 426 | 456 |
| | | | |
| | | | |
| **FIELD FORMAT** | | | |
| Alphanumeric (1) | 1 | | |
| Numeric (8) YYYYMMDD | 8 | | |
| Numeric (8) YYYYMMDD | 8 | | |
| Numeric (8) | 8 | | |
| Numeric (11) | 11 | | |
| Spaces (419) | 419 | | |

| Mapping |
| --- |
| D' |
| CLAIM.Contract_ID=PERSON.Contract_ID and PERSON.Member_ID = "01" then use PERSON.SSN (right justify zero fill) |
| MED_OUTPT_SVC_LINE.Empgrp_level_1_ID (right justify zero fill) The group and division info comes from the Med_OUTPT_SVC_LINE table which is joined by SERVICE_LINE. (right justfy zero fill) |
| MED_OUTPT_SVC_LINE.Empgrp_level_2_ID (right justify zero fill) The group and division info comes from the Med_OUTPT_SVC_LINE table which is joined by SERVICE_LINE. (right justfy zero fill) |
| Delta's sequence number to identify origional claims and adjustments. |
| SERVICE_LINE.Claim_id (Only 14 positions truncate if 15 positions) |
| Earliest SERVICE_LINE.From Date (yyyymmdd) |
| Latest SERVICE_LINE. From Date (yyyymmdd) |
| CLAIM.RECEIVED_DT (CLAIM.RECEIVED_TS) (yyyymmdd) |
| SERVICE_LINE.RESOLVED_DT (CLAIM.RESOLVED_TS) (yyyymmdd) |
| CP_PYMT_REGISTER_SYN.CHECK_NUMBER (right justify zero fill) |
| SUBSCRIBER_TABLE .FIRST_NAME |
| SUBSCRIBER_TABLE .LAST_NAME |
| CLAIM.sex_code |
| spaces |
| CLAIM.Date of Birth (yyyymmdd) |
| CLAIM.FIRST_NAME |
| CLAIM.LAST_NAME |
| MED_OUTPT_SVC_LINE.MBR_CLASS_CODE |
| MED_OUTPT_SVC_LINE.SVC_PROV_STAT_CD (In and Out of network indicator - 0 is out of network, 1 is in network.) |
| Count SERVICE_LINE.SERVICE_NUMBER |
| SERVICE_LINE.Patient Responsibility (right justify zero fill implied decimal) |
| Spaces (7) |
| SERVICE-LINE-Allowed Amount (Right adjust zero filled with 2 inplied dec.) |
| SERVICE-LINE-Charge Amount (right justify zero fill implied decimal) |
| Spaces (7) |
| SERVICE_LINE.COINSURANCE_AMOUNT |
| SERVICE_LINE.Approved Amount (right justify zero fill implied decimal) |
| SERVICE_LINE.Deductible Amt (right justify zero fill implied decimal) |
| SERVICE_LINE.Denied_Amount (right justify zero fill implied decimal) |
| "00001 |
| SERVICE-LINE-Paid Amount (right justify zero fill implied decimal) |
| SERVICE.LINE.othr_carr_paid_amount (right justify zero fill implied decimal) |
| From the SERVICE-LINE_Paid-Date Stamp that fits the paid date range parameter |
| SERVICE_LINE.PROCD_CODE_ID |
| SECONDRY SECONDRY-PERSON_ID PROVIDER-ID with TYPE = "LIC" (right justify zero fill) Remove D at end of license. |

| |
|---|
| MED_OUTPT_SVC_LINE_SYN.HI_RANGE_TOOTH_CD (left justify space fill) |
| MED_OUTPT_SVC_LINE_SYN.BUCCAL_SURF_IND is on, this field will display a value of "D". If FACIAL_SURF_IND is on, this field will display a value of "F". If INCISAL_SURFACE-IND is on, this field will display a value of "I". If LINGUAL_SURF_IND is on, this field will display a value of "L". If MEDIAL_SURF_IND is on, this field will display a value of "M". If OCCLUSAL_SURF_IND is on, this field will display a value of "O". If BUCCAL_SURF_IND is on, this field will display a value of "B". (truncate if over 4) |
| Spaces |
| SERVICE_LINE.CHARGE_AMOUNT |

Space(7)

| |
|---|
| SERVICE_LINE.ALLOWED_AMOUNT |

"00001

| |
|---|
| "00001 |
| "00001 |
| SERVICE_LINE.DENIED_EXPLN_CODE (right justified zero filled) |
| SERVICE_LINE.TAX_IDENTIFIER (left justify zero fill) |
| MED_OUTPT_SVC_LINE.Servicing_Provider=PROVIDER.Identifier and use the PROVIDER.FirstName |
| MED_OUTPT_SVC_LINE.Servicing_Provider=PROVIDER.Identifier and use the PROVIDER.LastName |
| METAVANCE_ADDRESS.ADDRESS_1 (left justify space fill |
| METAVANCE_ADDRESS.ADDRESS_CITY (left justify space fill) |
| METAVANCE_ADDRESS.STATE_CODE |
| METAVANCE_ADDRESS.ZIP |

MED_OUTPT_SVC_LINE.SVC_PROV_SPECIALTY (insert a zero in the first position and right justify)

| |
|---|
| SERVICE_LINE.DENIED_EXPLN_CODE (right justified zero filled) |
| SERVICE_LINE.DENIED_EXPLN_CODE (right justified zero filled) |
| CLAIM.Contract_ID and Member ID use PERSON_TABLE_ssn (left justify zero fill), left pad with zeros to make 9 bytes |
| Spaces |

| |
|---|
| T' |
| Beginning date for the month the file is created for |
| End date for the month the file is created for |
| Record count of file excluding trailer (right justify zero fill) |
| sum of SERVICE-LINE-Paid Amount (right justify zero fill implied decimal) |
| filler |

TPA
Artemetrx
HealthEquity

# Delta Dental Claims File Layout

## Group by Claim level

| Delta Dental Field | Format | Length | Start Pos | End Pos |
|---|---|---|---|---|
| | | | | **HEADER** |
| T1-TYPE | PIC X(01). | | | |
| T1-COMMENT | PIC X(65). | | | |
| T1-DT-MM | PIC X(02). | | | |
| DASH | PIC X(01). | | | |
| T1-DT-YY | PIC X(02). | | | |
| FILLER | PIC X(79). | | | |
| | | | | |
| | | | | **Detail** |
| | **Format** | **Length** | **Start Pos** | **End Pos** |
| T2-TYPE | PIC X(01). | 1 | 1 | 1 |
| T2-GROUP | PIC X(05). | 5 | 2 | 6 |
| T2-SUB-LOC | PIC X(04). | 4 | 7 | 10 |
| T2-LIC-NO | PIC X(07). | 7 | 11 | 17 |
| T2-LNAME | PIC X(10). | 10 | 18 | 27 |
| T2-FINIT | PIC X(01). | 1 | 28 | 28 |
| T2-SSN | PIC X(09). | 9 | 29 | 37 |
| T2-REL | PIC X(01). | 1 | 38 | 38 |
| T2-DOB | PIC X(06). | 6 | 39 | 44 |
| T2-DOS | PIC X(06). | 6 | 45 | 50 |
| T2-FEE | PIC x(10). | 10 | 51 | 60 |
| T2-PAT-PAYS | PIC x(08). | 8 | 61 | 68 |
| T2-DELTA-PAYS | PIC x(08). | 8 | 69 | 76 |
| T2-DCN | PIC X(09). | 9 | 77 | 85 |
| T2-PD-DT | PIC X(06). | 6 | 86 | 91 |
| T2-ORTHO | PIC X(01). | 1 | 92 | 92 |
| T2-ALTID | PIC X(15). | 15 | 93 | 107 |
| FILLER | PIC X(43). | 43 | 108 | 150 |
| | | | | **FOOTER** |
| T3-TYPE | PIC X(01). | | | |
| T3-REC-COUNT | PIC 9(07). | | | |
| T3-TOTAL-FEES | PIC 9(13). | | | |
| T3-TOT-PAT-PAYS | PIC 9(11). | | | |
| T3-TOT-DELTA-PAYS | PIC 9(11). | | | |
| T3-TOT-ORTHO-COUNT | PIC 9(05). | | | |
| FILLER | PIC X(101). | | | |

# Delta Dental Claims File Layout

| Comments |
|---|

| |
|---|
| Value is '1' |
| Delta Dental Plan of California Group Activity Claims Paid In |
| MM |
| - |
| YY |
| |
| |

| Comments |
|---|
| Value is '2' |
| FIVE digit unique group identifier |
| Delta sets up divisions for groups depending on the benefits being offered. A group can have one master group number but many division numbers below it. |
| Dentist |
| Patient |
| Patient |
| Subsciber SSN |
| 1=Subscriber<br>2=Spouse<br>3=Dependant |
| Patient DOB MM/DD/YY |
| MM/DD/YY |
| Amount approved by Delta |
| This is the amount the subscriber or the patient pays. |
| Total Delta paid for claim |
| Unique identifier for each claim |
| This is the MM/DD/YY that the claim was paid in. |
| Yes |
| |
| |

| |
|---|
| Value is '3' |
| |
| |
| |
| |
| |
| |

**Appendix U, Section T.3. - If any data centers, development, or data services are outsourced or subcontracted, copies of outsourcers' or subcontractors' SOC-2 under SSAE16 or SSAE18 SOC-2 Type II report or equivalent reports for DHMO**

Not applicable. These services are not outsourced or subcontracted.

# Delta Dental

# Fraud Prevention and Detection Plan

## Mission Statement

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The NOC provides education and training to Delta Dental personnel in identifying suspected fraud. This is done through fraud awareness campaigns which includes posters at key locations in our buildings and articles in Delta Dental internal newsletters. There is also information on Delta Dental's intranet that discusses fraud and how to report suspicious matters. Key personnel also take an online course through Delta Dental's Learning Management System regarding Fraud and Abuse. All personnel in the Delta Dental's NOC, who provide anti-fraud investigative services, attend courses on an annual basis sponsored by such organizations as the Association of Certified Fraud Examiners and the National Health Care Anti-Fraud Association. At a minimum, all investigative personnel are required or trained to have an understanding of the basic principles of conducting investigations, gathering evidence, analyzing data and producing reports of their findings.

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Enrollee fraud detection begins with educating the enrollee as to the benefits that are covered by their dental benefit program. Enrollees are also informed that it is illegal to allow others to use their benefits. Enrollee education is initially accomplished through the Evidence of Coverage and through the open enrollment process. Enrollees have access to our Customer Service department via an 800 number to verify benefits and co-payments and to report billing problems with dentists.

Dentists

Each participating Delta Dental dentist signs a contract and agrees to abide by our requirements with respect to the billing of enrollees for dental care. Each dentist is referred to Delta Dental's website to obtain processing policies and procedures manual. This manual includes how each procedure code on the confidential fee filing form is processed.

## Investigation

Delta Dental's NOC will coordinate all investigations into alleged fraudulent activities by dentists. The NOC has the expertise and necessary contacts to assist with the training and the investigation and reporting of cases to governmental authorities.

Delta Dental's NOC is a functional department of Delta Dental and is separate from the claims and underwriting units.

Delta Dental's NOC logs and tracks all referrals. The database contains the name and other identifying information of the party who makes the referral (if the referral was not sent anonymously). From this database, individuals and organizations can be identified and if needed information can be provided to areas of the company to limit risk.

The position of Director of NOC is filled by Mr. Jay Kerrigan. Mr. Kerrigan has a Bachelor's degree from the University of Pittsburgh in Legal Studies and the Administration of Justice. He has comprehensive oral and written communication skills, along with database, word processing and spreadsheet experience. He also possesses mathematical skills and a valid driver's license.

Mr. Kerrigan reports to John Yamamoto, DDS MPH Vice President of Professional Services. Dr. Yamamoto has a doctorate in Dental Surgery from UCSF School of Dentistry and a Masters in Public Health – Health Services Policy from the UCLA School of Public Health. Dr. Yamamoto also completed a Dental Public Health Residency at UCSF.

## Prosecution/Recovery

Procedures for Handling Incidents of Suspected Fraud

Any employee detecting fraud is to report the case to their direct supervisor or report to the NOC. Those parties will be responsible for gathering and reviewing pertinent facts. Employees may also report allegations anonymously directly to the NOC.

Typically, the reporting department will make an initial evaluation to ensure that all minimal information necessary to begin an investigation has been received. Once all the initial information is received, the case will be forwarded to Delta Dental's NOC to oversee the actual investigation.

Delta Dental's Legal department provides legal counsel. Delta Dental's NOC keeps Delta Dental's Legal department informed of any ongoing investigations. Proposals to take any actions against individuals or business entities, up to and including, the termination of any contractual agreements must have the express consent of the Legal department. Additionally, any law enforcement referrals for potential criminal prosecution are reviewed by the Legal department before being referred to the appropriate enforcement agency.

Incidents of suspected fraud by employees are referred to the Human Resources department. The Human Resources department will work with Delta Dental's Legal department, Internal Audit, or NOC, as appropriate, thereby assuring confidentiality and avoiding conflicts of interest. If it is determined that an employee has committed fraud, he or she may be subject to discharge from employment, a demand for restitution, and/or other legal action, including criminal prosecution or civil complaint.

Referrals to Enforcement Agencies

Delta Dental's NOC works closely with local, state and federal agencies to assist in the ongoing efforts to fight healthcare fraud. A case will be referred to law enforcement when the facts and circumstances create a reasonable suspicion and when there is sufficient independent evidence corroborating the reasonable suspicion. An investigation will be deemed complete for the purposes of referral to law enforcement when reasonable and appropriate investigative leads and opportunities have been exhausted or a pattern has been identified and one or more violations included in the identified pattern have been sufficiently investigated and corroborated. The date in which suspected fraudulent activity is detected and the date in which we report the suspected insurance fraud to law enforcement will be recorded. Referrals of suspicious activity shall be referred to law enforcement by the NOC only.

Delta Dental's NOC will track the disposition of matters referred to law enforcement agencies through its ongoing relationships with those agencies. Delta Dental's NOC will provide any necessary assistance to the applicable enforcement agencies in support of their investigations.

# Delta Dental Insurance Company – DDIC

# 2017 DDIC Annual Global Patient Satisfaction Survey Performance Guarantee Report

*Submitted to:*
Jason Grillo,
Manager, Market Research

*Prepared by:*
Ivanna Korovyanko,
Marketing Research Analyst

*Date:*
January 31, 2018

# Delta Dental Insurance Company - DDIC
# 2017 DDIC Annual Global Patient Satisfaction Survey Report

## Summary of Results

Background and Methodology

A patient satisfaction survey of Delta Dental's members was conducted during the year 2017 using random samples of members who were selected from all claims paid during the previous three months. A total of 3,000 surveys were mailed, 1,500 each in the1st and 3rd quarters. The survey was conducted using Delta Dental's standard Global Patient Satisfaction Survey instrument.

Throughout this report *percent favorable* is considered to be the sum of ratings *excellent, very good* and *good*.

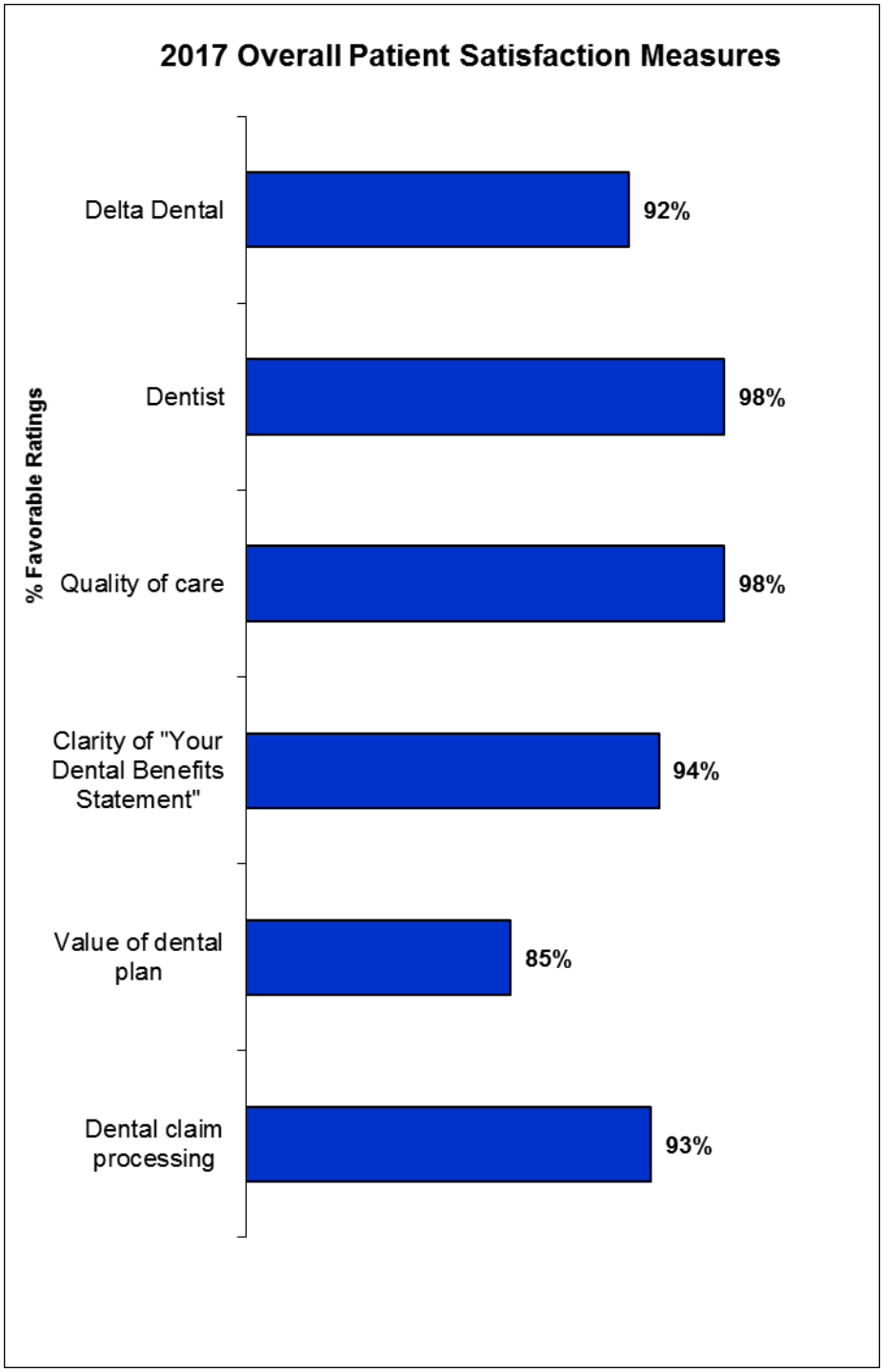
This report is a summary of the two surveys conducted during the year 2017.

Summary

With 367 responses received and 29 surveys returned with invalid addresses, the adjusted response rate is 12%.

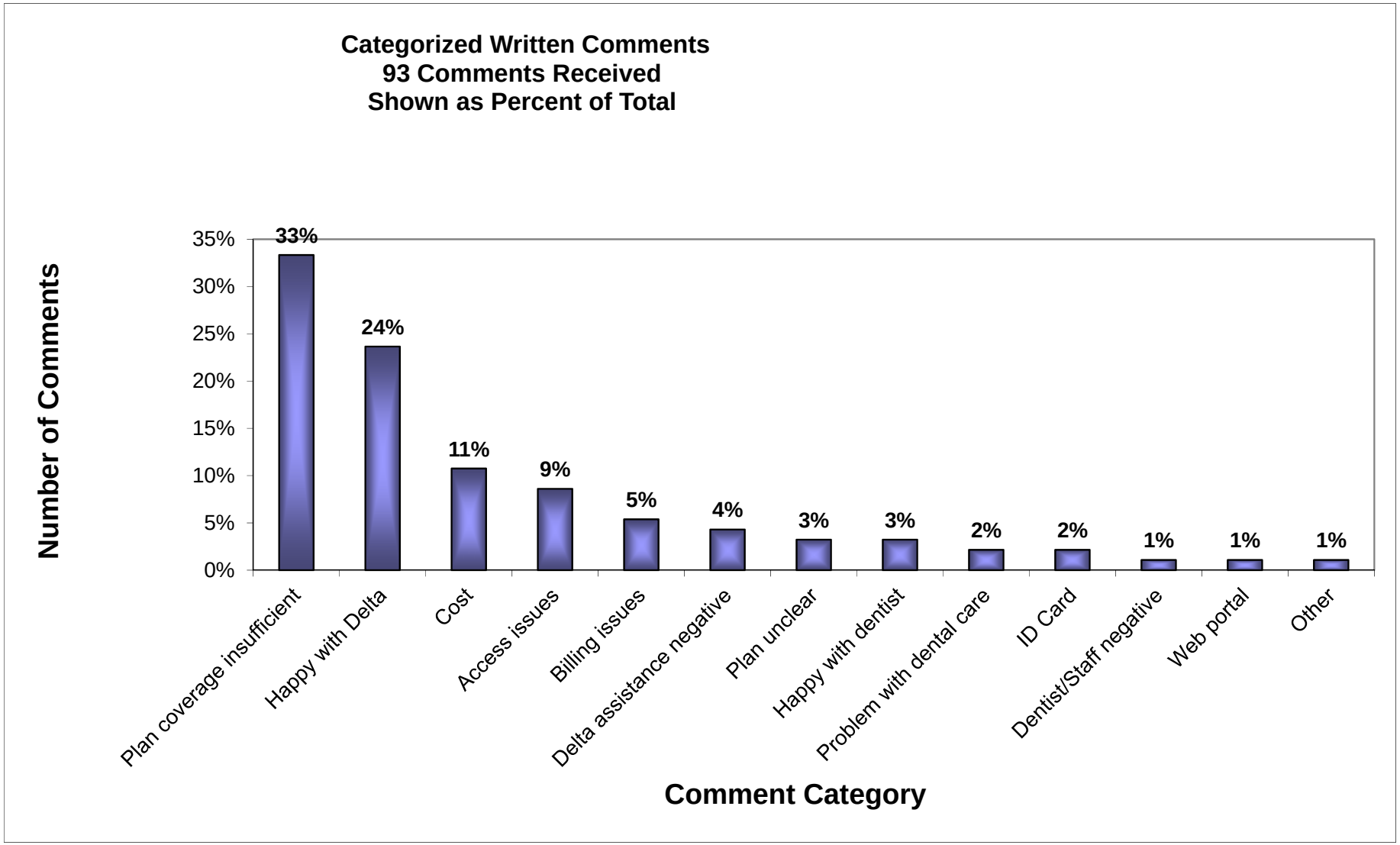
- Overall rating of Delta Dental is 92% favorable.
- Overall rating of the dentist is 98% favorable.

The survey instrument contains an overall satisfaction question in each major question category. The graph below presents the scores on these overall questions.



# Delta Dental Insurance Company - DDIC
## DDIC Global Patient Satisfaction Survey Report
## Summary - All Respondents
## REPORT DATE: January 2018
## 2017 ANNUAL REPORT

| | Survey Question | Favorable Scores Excellent/Very Good/Good |
|---|---|---|
| **OVERALL** | | |
| 1 | Overall rating of Delta Dental | 92% |
| 2 | Overall rating of the dentist | 98% |
| 4 | Recommend Delta to family or friend | 93% |
| 5 | Recommend dentist to family or friend | 96% |
| **DENTIST AND DENTAL CARE** | | |
| **Quality of Care** | | |
| 6 | Overall quality of care received | 98% |
| 7 | Your dentist's attitude and manner | 98% |
| 8 | Thoroughness of dentist's explanation of your treatment options | 97% |
| 9 | Explanation of the cost of your treatment options | 92% |
| **Access** | | |
| 10 | Number of Delta Dental dentists to choose from | 91% |
| 11 | Appointment availability with your dentist | 97% |
| 12 | Appearance and cleanliness of your dentist's office | 99% |
| 13 | Time spent waiting in your dentist office before being seen by the dentist | 99% |
| 14 | Wheelchair access and other accommodations, if needed | 98% |
| **DENTAL BENEFIT PLAN** | | |
| **Communications** | | |
| 15 | Clarity of "Your Dental Benefits Statement" (sent after you receive treatment ) | 94% |
| 16 | Information provided on Delta Dental's web site www.deltadentalins.com | 92% |
| **Coverage** | | |
| 17 | Level of coverage for routine/preventive dental visits | 90% |
| 18 | Level of coverage for non-routine services | 72% |
| **Costs** | | |
| 19 | Overall rating of the value of Delta Dental plan | 85% |
| 20 | How much do you personally contribute to your plan's monthly cost | |
| 21 | Overall rating of dental claim processing | 93% |
| **ABOUT YOU** | | |
| 22 | Length of time covered by Delta Dental | |
| **Summary:** | | |
| | **Number of surveys mailed:** | 2971 |
| | **Number of responses:** | 367 |
| | **Response rate:** | 12% |


Categorized Written Comments
93 Comments Received
Shown as Percent of Total
Number of Comments
35%
30%
25%
20%
15%
10%
5%
0%
33%
24%
11%
9%
5%
4%
3%
3%
2%
2%
1%
1%
1%
Plan coverage insufficient
Happy with Delta
Cost
Access issues
Billing issues
Delta assistance negative
Plan unclear
Happy with dentist
Problem with dental care
ID Card
Dentist/Staff negative
Web portal
Other
Comment Category

| **Sample Call Detail Report** | | Total Calls Received | Calls Answered By Agents | % Answered By Agents |
|---|---|---|---|---|
| 2017 Goal | | | | |
| Year to Date | 2017 | 4,850,590 | 1,760,126 | 36.29% |
| 1st Quarter | Jan - Mar | 1,461,816 | 459,362 | 31.42% |
| 2nd Quarter | Apr - Jun | 1,217,615 | 458,458 | 37.65% |
| 3rd Quarter | Jul - Sep | 1,092,424 | 433,152 | 39.65% |
| 4th Quarter | Oct - Dec | 1,078,735 | 409,154 | 37.93% |
| 1st Semi-Annual | Jan - Jun | 2,679,431 | 917,820 | 34.25% |
| 2nd Semi-Annual | Jul - Dec | 2,171,159 | 842,306 | 38.80% |

| **Correspondance** | | Corro: CSFs Closed | Corro: CSFs Resolved | Corro: CSFs Pending |
|---|---|---|---|---|
| 2017 Goal | | | | |
| Year to Date | 2017 | 61,053 | 61,053 | 0 |
| 1st Quarter | Jan - Mar | 15,148 | 15,148 | 0 |
| 2nd Quarter | Apr - Jun | 16,545 | 16,545 | 0 |
| 3rd Quarter | Jul - Sep | 14,519 | 14,519 | 0 |
| 4th Quarter | Oct - Dec | 14,841 | 14,841 | 0 |
| 1st Semi-Annual | Jan - Jun | 31,693 | 31,693 | 0 |
| 2nd Semi-Annual | Jul - Dec | 29,360 | 29,360 | 0 |

| **Quality** | | Calls Monitored | Quality Monitoring Score |
|---|---|---|---|
| 2017 Goal | | | **96.00%** |
| Year to Date | 2017 | 11333 | 96.95% |
| 1st Quarter | Jan - Mar | 2768 | 96.52% |
| 2nd Quarter | Apr - Jun | 3069 | 96.90% |
| 3rd Quarter | Jul - Sep | 2784 | 97.04% |
| 4th Quarter | Oct - Dec | 2712 | 97.37% |
| 1st Semi-Annual | Jan - Jun | 5837 | 96.72% |
| 2nd Semi-Annual | Jul - Dec | 5496 | 97.20% |

| Calls Abandoned | % Calls Abandoned | Calls Contained in the IVR | % IVR Contained | % Answered in 30 Seconds | % Answered in 45 Seconds |
|---|---|---|---|---|---|
| | **2.00%** | | **45.00%** | **85.00%** | |
| 342,059 | 1.00% | 2,748,405 | 56.66% | 85.00% | 77.87% |
| 134,930 | 4.00% | 867,524 | 59.35% | 80.00% | 77.38% |
| 78,529 | 1.00% | 680,628 | 55.90% | 90.00% | 77.50% |
| 59,557 | 1.00% | 599,715 | 54.90% | 90.00% | 79.54% |
| 69,043 | 2.00% | 600,538 | 55.67% | 80.00% | 77.27% |
| 213,459 | 3.00% | 1,548,152 | 57.78% | 85.00% | 77.43% |
| 128,600 | 1.00% | 1,200,253 | 55.28% | 85.00% | 78.41% |

| Corro: % Pending | Corro: Average Turnaround (Business Days) | Corro: Average Turnaround (Calendar Days) | Corro: Resolved in 0 Business Days | Corro: % Resolved in 0 Business Days | Corro: Resolved in 0-1 Business Days |
|---|---|---|---|---|---|
| | **3.0** | | | | |
| 0.0% | 2.5 | 4.3 | 6,534 | 10.7% | 14,917 |
| 0.0% | 2.0 | 4.5 | 2,415 | 15.9% | 5,531 |
| 0.0% | 3.0 | 4.3 | 1,335 | 8.1% | 3,137 |
| 0.0% | 2.0 | 3.7 | 1,489 | 10.3% | 3,483 |
| 0.0% | 3.0 | 4.5 | 1,295 | 8.7% | 2,766 |
| 0.0% | 2.5 | 4.4 | 3,750 | 11.8% | 8,668 |
| 0.0% | 2.5 | 4.1 | 2,784 | 9.5% | 6,249 |

| Average Handle Time (sec) | Transfer Rate | |
|---|---|---|
| **355.00** | | |
| 278.06 | 3.00% | |
| 293.46 | 2.70% | |
| 275.43 | 3.24% | |
| 271.65 | 3.07% | |
| 270.50 | 3.07% | |
| 284.45 | 2.94% | |
| 271.09 | 3.07% | |

| Corro: % Resolved in 0-1 Business Days | Corro: Resolved in 0-2 Business Days | Corro: % Resolved in 0-2 Business Days | Corro: Resolved in 0-3 Business Days | Corro: % Resolved in 0-3 Business |
|---|---|---|---|---|
| | | | | |
| 24.4% | 27,401 | 44.9% | 39,236 | 64.3% |
| 36.5% | 8,182 | 54.0% | 9,244 | 61.0% |
| 19.0% | 6,329 | 38.3% | 8,904 | 53.8% |
| 24.0% | 7,542 | 51.9% | 10,881 | 74.9% |
| 18.6% | 5,348 | 36.0% | 10,207 | 68.8% |
| 27.3% | 14,511 | 45.8% | 18,148 | 57.3% |
| 21.3% | 12,890 | 43.9% | 21,088 | 71.8% |

# Delta Dental

# Fraud Prevention and Detection Plan

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Delta Dental's NOC will coordinate all investigations into alleged fraudulent activities by dentists. The NOC has the expertise and necessary contacts to assist with the training and the investigation and reporting of cases to governmental authorities.

Delta Dental's NOC is a functional department of Delta Dental and is separate from the claims and underwriting units.

Delta Dental's NOC logs and tracks all referrals. The database contains the name and other identifying information of the party who makes the referral (if the referral was not sent anonymously). From this database, individuals and organizations can be identified and if needed information can be provided to areas of the company to limit risk.

The position of Director of NOC is filled by Mr. Jay Kerrigan. Mr. Kerrigan has a Bachelor's degree from the University of Pittsburgh in Legal Studies and the Administration of Justice. He has comprehensive oral and written communication skills, along with database, word processing and spreadsheet experience. He also possesses mathematical skills and a valid driver's license.

Mr. Kerrigan reports to John Yamamoto, DDS MPH Vice President of Professional Services. Dr. Yamamoto has a doctorate in Dental Surgery from UCSF School of Dentistry and a Masters in Public Health – Health Services Policy from the UCLA School of Public Health. Dr. Yamamoto also completed a Dental Public Health Residency at UCSF.

## Prosecution/Recovery

Procedures for Handling Incidents of Suspected Fraud

Any employee detecting fraud is to report the case to their direct supervisor or report to the NOC. Those parties will be responsible for gathering and reviewing pertinent facts. Employees may also report allegations anonymously directly to the NOC.

Typically, the reporting department will make an initial evaluation to ensure that all minimal information necessary to begin an investigation has been received. Once all the initial information is received, the case will be forwarded to Delta Dental's NOC to oversee the actual investigation.

Delta Dental's Legal department provides legal counsel. Delta Dental's NOC keeps Delta Dental's Legal department informed of any ongoing investigations. Proposals to take any actions against individuals or business entities, up to and including, the termination of any contractual agreements must have the express consent of the Legal department. Additionally, any law enforcement referrals for potential criminal prosecution are reviewed by the Legal department before being referred to the appropriate enforcement agency.

Incidents of suspected fraud by employees are referred to the Human Resources department. The Human Resources department will work with Delta Dental's Legal department, Internal Audit, or NOC, as appropriate, thereby assuring confidentiality and avoiding conflicts of interest. If it is determined that an employee has committed fraud, he or she may be subject to discharge from employment, a demand for restitution, and/or other legal action, including criminal prosecution or civil complaint.

Referrals to Enforcement Agencies

Delta Dental's NOC works closely with local, state and federal agencies to assist in the ongoing efforts to fight healthcare fraud. A case will be referred to law enforcement when the facts and circumstances create a reasonable suspicion and when there is sufficient independent evidence corroborating the reasonable suspicion. An investigation will be deemed complete for the purposes of referral to law enforcement when reasonable and appropriate investigative leads and opportunities have been exhausted or a pattern has been identified and one or more violations included in the identified pattern have been sufficiently investigated and corroborated. The date in which suspected fraudulent activity is detected and the date in which we report the suspected insurance fraud to law enforcement will be recorded. Referrals of suspicious activity shall be referred to law enforcement by the NOC only.

Delta Dental's NOC will track the disposition of matters referred to law enforcement agencies through its ongoing relationships with those agencies. Delta Dental's NOC will provide any necessary assistance to the applicable enforcement agencies in support of their investigations.

## 2017 DeltaCare USA Enrollee Satisfaction Survey Results — Texas

| | | |
|---|---|---|
| 1 | Overall, how would you rate your current DeltaCare USA dentist and dental office? | 87% |
| 2 | How would you rate your dentist's attitude and manner? | 93% |
| 3 | How would you rate the attitude and manner of the office staff? | 95% |
| 4 | How was the quality of care you have received? | 88% |
| 5 | How was the information the office provided you about any needed treatment and its cost? | 88% |
| 6 | How would you rate the appointment availability at this dental office? | 92% |
| 7 | How would you rate the appearance, cleanliness, and maintenance of the office? | 99% |
| 8 | If you need wheelchair access or other accommodations, how satisfactory is the accessibility at the office? | 96% |
| 9 | Overall, how would you rate your DeltaCare USA program? | 88% |
| 10 | How satisfactory is the range of dental benefits you enjoy with DeltaCare USA? | 91% |
| 11 | If you have contacted Customer Service, how satisfactory was the service? | 92% |
| 12 | How would you rate the printed materials you've received regarding your DeltaCare USA coverage? | 90% |
| 13 | How would you rate the choice of DeltaCare USA dentists available to you? | 80% |
| | Completed questionnaires returned: | **170** |

| Sample Call Detail Report | | Total Calls Received | Calls Answered By Agents | % Answered By Agents | Calls Abandoned | % Calls Abandoned | Calls Contained in the IVR | % IVR Contained | % Answered in 30 Seconds | % Answered in 45 Seconds | Average Handle Time (sec) | Transfer Rate |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2017 Goal | | | | | | **2.00%** | | **45.00%** | **85.00%** | | **355.00** | |
| Year to Date | 2017 | 4,850,590 | 1,760,126 | 36.29% | 342,059 | 1.00% | 2,748,405 | 56.66% | 85.00% | 77.87% | 278.06 | 3.00% |
| 1st Quarter | Jan - Mar | 1,461,816 | 459,362 | 31.42% | 134,930 | 4.00% | 867,524 | 59.35% | 80.00% | 77.38% | 293.46 | 2.70% |
| 2nd Quarter | Apr - Jun | 1,217,615 | 458,458 | 37.65% | 78,529 | 1.00% | 680,628 | 55.90% | 90.00% | 77.50% | 275.43 | 3.24% |
| 3rd Quarter | Jul - Sep | 1,092,424 | 433,152 | 39.65% | 59,557 | 1.00% | 599,715 | 54.90% | 90.00% | 79.54% | 271.65 | 3.07% |
| 4th Quarter | Oct - Dec | 1,078,735 | 409,154 | 37.93% | 69,043 | 2.00% | 600,538 | 55.67% | 80.00% | 77.27% | 270.50 | 3.07% |
| 1st Semi-Annual | Jan - Jun | 2,679,431 | 917,820 | 34.25% | 213,459 | 3.00% | 1,548,152 | 57.78% | 85.00% | 77.43% | 284.45 | 2.94% |
| 2nd Semi-Annual | Jul - Dec | 2,171,159 | 842,306 | 38.80% | 128,600 | 1.00% | 1,200,253 | 55.28% | 85.00% | 78.41% | 271.09 | 3.07% |

| Correspondance | | Corro: CSFs Closed | Corro: CSFs Resolved | Corro: CSFs Pending | Corro: % Pending | Corro: Average Turnaround (Business Days) | Corro: Average Turnaround (Calendar Days) | Corro: Resolved in 0 Business Days | Corro: % Resolved in 0 Business Days | Corro: Resolved in 0-1 Business Days | Corro: % Resolved in 0-1 Business Days | Corro: Resolved in 0-2 Business Days | Corro: % Resolved in 0-2 Business Days | Corro: Resolved in 0-3 Business Days | Corro: % Resolved in 0-3 Business |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2017 Goal | | | | | | **3.0** | | | | | | | | | |
| Year to Date | 2017 | 61,053 | 61,053 | 0 | 0.0% | 2.5 | 4.3 | 6,534 | 10.7% | 14,917 | 24.4% | 27,401 | 44.9% | 39,236 | 64.3% |
| 1st Quarter | Jan - Mar | 15,148 | 15,148 | 0 | 0.0% | 2.0 | 4.5 | 2,415 | 15.9% | 5,531 | 36.5% | 8,182 | 54.0% | 9,244 | 61.0% |
| 2nd Quarter | Apr - Jun | 16,545 | 16,545 | 0 | 0.0% | 3.0 | 4.3 | 1,335 | 8.1% | 3,137 | 19.0% | 6,329 | 38.3% | 8,904 | 53.8% |
| 3rd Quarter | Jul - Sep | 14,519 | 14,519 | 0 | 0.0% | 2.0 | 3.7 | 1,489 | 10.3% | 3,483 | 24.0% | 7,542 | 51.9% | 10,881 | 74.9% |
| 4th Quarter | Oct - Dec | 14,841 | 14,841 | 0 | 0.0% | 3.0 | 4.5 | 1,295 | 8.7% | 2,766 | 18.6% | 5,348 | 36.0% | 10,207 | 68.8% |
| 1st Semi-Annual | Jan - Jun | 31,693 | 31,693 | 0 | 0.0% | 2.5 | 4.4 | 3,750 | 11.8% | 8,668 | 27.3% | 14,511 | 45.8% | 18,148 | 57.3% |
| 2nd Semi-Annual | Jul - Dec | 29,360 | 29,360 | 0 | 0.0% | 2.5 | 4.1 | 2,784 | 9.5% | 6,249 | 21.3% | 12,890 | 43.9% | 21,088 | 71.8% |

| Quality | | Calls Monitored | Quality Monitoring Score |
|---|---|---|---|
| 2017 Goal | | | **96.00%** |
| Year to Date | 2017 | 11333 | 96.95% |
| 1st Quarter | Jan - Mar | 2768 | 96.52% |
| 2nd Quarter | Apr - Jun | 3069 | 96.90% |
| 3rd Quarter | Jul - Sep | 2784 | 97.04% |
| 4th Quarter | Oct - Dec | 2712 | 97.37% |
| 1st Semi-Annual | Jan - Jun | 5837 | 96.72% |
| 2nd Semi-Annual | Jul - Dec | 5496 | 97.20% |

DELTA DENTAL

# Invoice

Delta Dental Insurance
Company 1130 Sanctuary
Parkway, MS 112
Alpharetta, GA 30009-4840

**DDIC ASC CLM**
ATTN: Billing Contact
1130 Sanctuary Parkway
Alpharetta, GA 30009

**Plan administered by:**
Delta Dental Insurance
Company

**CAN WE HELP?**
Visit our web site
**deltadentalins.com**
For eligibility inquiries call
1-800-632-8555
For billing inquiries call
1-800-632-8555

- **Invoice number:** BE00999DDICC
- **Invoice date:** February 22, 2017

Claims Paid ..... $2,734.22

## DDP ASC PCTCLM

- **Account number:** 09-DDICCLM
- **Purchase Order #:**

**Period of coverage:**
February 16, 2017 to February 22, 2017

**Total amount due** **$2,734.22**

## Remittance

| CUSTOMER NAME | ACCOUNT NUMBER | AMOUNT DUE | AMOUNT ENCLOSED |
|---|---|---|---|
| DDIC ASC CLM | 09-DDICCLM | $ 2,734.22 | $ |

## Payment Options

You have two options for sending your payment - by electronic funds transfer or by mail:

### By electronic funds transfer

Delta Dental Insurance Company
Wells Fargo
Bank
Convention Plaza Branch
San Francisco, CA 94103
A/C# 4031-030505
RTN# 121000248

### By mail

Make your check payable to:
Attn: Accounts Receivable
Delta Dental Insurance
Company P.O. Box 7564
San Francisco, CA 94120-7564

DELTA DENTAL

# Group summary

February 16, 2017 to February 22, 2017
Invoice number:BE00999DDIC
Group: DDICCLM

| GROUP | DIVISION | CURRENT ENROLLEE COUNT | NUMBER OF CLAIMS PAID | DESCRIPTION OF CHARGES | FEE BASIS | AMOUNT DUE $ |
|---|---|---|---|---|---|---|
| DDICCLM | 00001 | | 17 | Claims Paid | | 2,734.22 |
| | | | | | **Division 00001 total:** | **$2,734.22** |
| **Group totals:** | | | **17** | | | **$2,734.22** |

| Inv Nbr | St | Recipient Identifier | Group | Div | Emp Ref # | Last Name | First Name | Enrollee ID | Supp ID | ASN ID | Mbr ID | RelCode | DOB | DOS | TotalFee | Patient Pays | Delta Pays | Claim Nbr | Employee Occupation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BE001234567 | CA | 99999 | 99999 | 11111 | | JONES | JOHN | 123456789 | 123456789 | | 1234567890 | 20 | 01/01/1968 | 01/23/2018 | 1,041.00 | 570.50 | 470.50 | 20180155099651 | |
| BE001234567 | CA | 99999 | 99999 | 11111 | | COUNTER | CAROL | 987465321 | 987465321 | | 1098765432 | 10 | 01/01/1968 | 01/23/2018 | 253.00 | 122.60 | 130.40 | 20180155099651 | |
| BE001234567 | CA | 99999 | 99999 | 11111 | | MAVERICK | MARY | 123456789 | 123456789 | | 1234567890 | 10 | 01/01/1968 | 01/23/2018 | 190.00 | 0.00 | 190.00 | 20180155099651 | |
| BE001234567 | CA | 99999 | 99999 | 11111 | | JACKSON | JULIE | 987465321 | 987465321 | | 1098765432 | 10 | 01/01/1968 | 01/23/2018 | 103.00 | 0.00 | 103.00 | 20180155099651 | |
| BE001234567 | CA | 99999 | 99999 | 11111 | | MATHERS | MICHAEL | 123456789 | 123456789 | | 1234567890 | 10 | 01/01/1968 | 01/23/2018 | 265.00 | 53.00 | 212.00 | 20180155099651 | |
| BE001234567 | CA | 99999 | 99999 | 11111 | | LARSON | LUKE | 987465321 | 987465321 | | 1098765432 | 30 | 01/01/1968 | 01/23/2018 | 181.00 | 36.20 | 144.80 | 20180155099651 | |
| BE001234567 | CA | 99999 | 99999 | 11111 | | SMITH | SAM | 123456789 | 123456789 | | 1234567890 | 30 | 01/01/1968 | 01/23/2018 | 240.00 | 48.00 | 192.00 | 20180155099651 | |
| BE001234567 | CA | 99999 | 99999 | 11111 | | BEARCUB | BRIAN | 987465321 | 987465321 | | 1098765432 | 10 | 01/01/1968 | 01/23/2018 | 1,415.00 | 732.50 | 682.50 | 20180155099651 | |
| BE001234567 | CA | 99999 | 99999 | 11111 | | JUPITER | JANET | 123456789 | 123456789 | | 1234567890 | 30 | 01/01/1968 | 01/23/2018 | 105.00 | 0.00 | 105.00 | 20180155099651 | |
| BE001234567 | CA | 99999 | 99999 | 11111 | | BROWN | BETTY | 987465321 | 987465321 | | 1098765432 | 10 | 01/01/1968 | 01/23/2018 | 1,319.00 | 684.50 | 634.50 | 20180155099651 | |

**Explanation of Columns:**

| | |
|---|---|
| Inv Nbr: | Delta Dental Invoice Number |
| St: | Contract Holder State |
| Recipient Identifier | Group's Bill To Arrangment: Group, Division, Rollup |
| Group: | Delta Dental Group Number |
| Div: | Delta Dental Division Number |
| Emp Ref # | Group Assigned Employer Reference Number |
| Last Name: | Enrollee Last Name |
| First Name: | Enrollee First Name |
| Enrollee ID: | Enrollee ID supplied by the client |
| Supp ID: | Enrollee ID supplied by the client |
| ASN: | Enrollee ID used as Alternate ID |
| Mbr ID: | Delta Dental System Generated ID |
| Rel: ** | Enrollee Relationship Code to the Primary Enrollee |
| DOB: | Enrollee Date of Birth |
| DOS: | Claim Date of Service |
| Total Fee: | Claim Amount Approved |
| Patient Pays: | Enrollee Claims Amount Responsibility |
| Delta Pays: | Delta Dental Claim Amount Responsibility paid to the provider |
| Claim Nbr: | Delta Dental claim document tracking number |
| Employee Occupation | Group Assigned Employee Reference Number |

**Explanation of Relationship Codes (Rel Column)**

| | |
|---|---|
| 10 | Self (Subscriber or Primary Enrollee) |
| 11 | Surviving Spouse (Subscriber or Primary Enrollee) |
| 12 | Child Subscriber |
| 20 | Spouse |
| 21 | Domestic Partner |
| 30 | Child |
| 31 | Student |
| 32 | Disabled |
| 33 | IRS Dependent |
| 40 | Other Adult |

DELTA DENTAL

Delta Dental Insurance Company
1130 Sanctuary Parkway, MS 112
Alpharetta, GA 30009-4840

# Invoice

**Plan administered by:**
Delta Dental Insurance Company
1130 Sanctuary Parkway, MS 112
Alpharetta, GA 30009-4840

**Deltacare Sample**
ATTN: Billing Contact
One Delta Drive
Mechanicsburg, PA 17055

**CAN WE HELP?**
Visit our web site
**deltadentalins.com**
For eligibility inquiries call
1-800-632-8555
For billing inquiries call
1-800-632-8555

- **Invoice number** BE00999DCare
- **Invoice date:** March 1, 2017

## DDP FULLY INSURED

- **Account number:** 39-Dcare
- **Purchase Order #:**

**Period of coverage:**
March 1, 2017 to March 31, 2017

## Enrollment changes

Enrollment changes not reflected on this invoice will be adjusted on your next invoice.

**Total amount this period** **$6,999.58**

## Total amount due $6,999.58

## Remittance

| CUSTOMER NAME | ACCOUNT NUMBER | AMOUNT DUE | AMOUNT ENCLOSED |
|---|---|---|---|
| Deltacare | 39-Dcare | $ 6,999.58 | $ |

## Payment Options

You have two options for sending your payment - by electronic funds transfer or by mail:

### By electronic funds transfer

Delta Dental Insurance Company
Union Bank
200 Pringle Avenue, Suite 250
Walnut Creek, CA 94596
A/C# 999999999
RTN# 1999999999

### By mail

Make your check payable to:
Attn: Accounts Receivable Delta
Dental Insurance Company
P.O. Box 99999999999
Dallas, TX 99999-99999

DELTA DENTAL

## Group summary

March 1, 2017 to March 31, 2017
Invoice number: BE00999Dcare
Group: Dcare

| COVERAGE OPTION | NUMBER OF ENROLLEES | PREMIUM PER ENROLLEE | TOTAL AMOUNT DUE |
|---|---|---|---|
| EE Only | 80 | $40.53 | $3,242.40 |
| EE + Spouse | 8 | $87.11 | $696.88 |
| Family | 14 | $130.20 | $1,822.80 |
| EE + 1 Child | 5 | $87.11 | $435.55 |
| EE + Children | 3 | $130.20 | $390.60 |
| **Group sub-total** | **110** | | **$6,588.23** |
| Adjustments | | | $411.35 |
| **Group total:** | | | **$6,999.58** |

## Division summary

March 1, 2017 to March 31, 2017
Invoice number: BE00999DDP
Group: Dcare
Deltacare Division: 00003

| COVERAGE OPTION | NUMBER OF ENROLLEES | PREMIUM PER ENROLLEE | TOTAL AMOUNT DUE |
|---|---|---|---|
| EE Only | 80 | $40.53 | $3,242.40 |
| EE + Spouse | 8 | $87.11 | $696.88 |
| Family | 14 | $130.20 | $1,822.80 |
| EE + 1 Child | 5 | $87.11 | $435.55 |
| EE + Children | 3 | $130.20 | $390.60 |
| **Division sub-total** | **110** | | **$6,588.23** |
| Adjustments | | | $411.35 |
| **Division total:** | | | **$6,999.58** |

DELTA DENTAL

# Enrollee adjustments

March 1, 2017 to March 31, 2017
Invoice number: BE00999Dcare
Group: DCare
Division: 00003

Deltacare

| ENROLLEE ID | ENROLLEE NAME | ADJUSTMENT EFFECTIVE DATE | ADJUSTMENT | COVERAGE OPTION | AMOUNT DUE ($) |
|---|---|---|---|---|---|
| | Customer 1 | 12/05/2016 | Addition | EE Only | 81.06 |
| | Customer 2 | 02/01/2017 | Other Changes | EE + Spouse | -87.11 |
| | Customer 3 | 02/01/2017 | Addition | EE + Spouse | 87.11 |
| | Customer 4 | 02/01/2017 | Addition | EE Only | 40.53 |
| | Customer 5 | 02/01/2017 | Other Changes | EE Only | -40.53 |
| | Customer 6 | 02/01/2017 | Addition | EE Only | 40.53 |
| | Customer 7 | 01/10/2017 | Addition | EE Only | 81.06 |
| | Customer 8 | 02/01/2017 | Addition | EE Only | 40.53 |
| | Customer 9 | 02/01/2017 | Other Changes | EE Only | -40.53 |
| | Customer 10 | 01/10/2017 | Addition | EE Only | 81.06 |
| | Customer 11 | 02/01/2017 | Other Changes | EE Only | -40.53 |
| | Customer 12 | 02/01/2017 | Addition | EE Only | 40.53 |
| | Customer 13 | 01/01/2017 | Addition | EE Only | 40.53 |
| | Customer 14 | 02/01/2017 | Addition | EE Only | 40.53 |
| | Customer 15 | 02/01/2017 | Other Changes | EE Only | -40.53 |
| | Customer 16 | 02/14/2017 | Addition | EE + Spouse | 87.11 |

**Total enrollee adjustments for group Dcare division 00003: $411.35**