

Delta Dental PPO Plan with Point of Service (POS) EMPLOYEE INFORMATION SHEET

FEATURES OF DELTA DENTAL PPO PLAN WITH POINT OF SERVICE (POS)

- Cost-saving safety net that expands your access to Delta Dental participating dentists.
- Two dentist networks that can limit your out-of-pocket payments.
- Freedom to choose any dentist, but non-participating dentists do not contract with Delta Dental to limit their fees.

HOW YOU CAN SAVE MONEY

You'll save:

- Most if you go to a Delta Dental PPO dentist.
- Considerably if you go to a Delta Dental Premier dentist.
- Least if you go to a non-participating dentist.

Summary of services covered and benefits provided under your dental program:

Dentist Visited	Annual Deductible Per Person	Annual Deductible Per Family	Services Exempt From Annual Deductible	Annual Maximum Per Person	Orthodontic Lifetime Maximum Per Patient
Delta Dental PPO	\$50	\$150	Diagnostic, Preventive, and Orthodontic	\$1000	\$1000
Delta Dental Premier or Non-Participating	\$50	\$150	Diagnostic, Preventive, and Orthodontic	\$1000	\$1000

The following table illustrates copayment percentages for each covered procedure in accordance with Delta Dental's payout level:

Service	Examples of Procedures	Delta Dental PPO Dentist		Delta Dental Premier Dentist		Non-Participating Dentist	
		Delta Dental	Patient	Delta Dental	Patient	Delta Dental	Patient
Diagnostic	exam & x-rays	100%*	0%*	100%*	0%*	100%*	0%*
Preventive	fluoride treatments to age 19, teeth cleaning, sealants to age 14	100%*	0%*	100%*	0%*	100%*	0%*
Basic Restorative	fillings	80%*	20%*	80%*	20%*	80%*	20%*
Major Restorative	crowns	50%*	50%*	50%*	50%*	50%*	50%*
Oral Surgery	extractions	80%*	20%*	80%*	20%*	80%*	20%*
Endodontics	root canal therapy	80%*	20%*	80%*	20%*	80%*	20%*
Periodontics	treatment of gum disorders	80%*	20%*	80%*	20%*	80%*	20%*
Prosthodontics	dentures, bridgework	50%*	50%*	50%*	50%*	50%*	50%*
Orthodontics	straightening of teeth	50%*	50%*	50%*	50%*	50%*	50%*
Orthodontics is a covered benefit for dependent children to age 19.							
TMJ	temporomandibular joint dysfunction treatment	50%*	50%*	50%*	50%*	50%*	50%*

***DELTA DENTAL'S ALLOWED AMOUNT:** Percentage is based on applicable Delta Dental Allowance or the dentist's actual fee, whichever is less (the Allowed Amount).

PAYMENT FOR SERVICES

The following illustrates payment responsibilities depending on your choice of dentist:

Dentist Status	Allowance	Payment Responsibilities
Delta Dental PPO Participating	Dentists are paid the Delta Dental PPO Allowed Amount.	The benefit payment is sent directly to the dentist. By agreement, participating dentists must accept Delta Dental's allowances as payment in full for covered services. Delta Dental's benefit is a percentage of the applicable Maximum Plan Allowance, which may require a copayment. Deductibles may also apply.
Delta Dental Premier Participating	Dentists are paid the Delta Dental Premier Allowed Amount.	
Non-Participating	Claims for services provided by non-participating dentists are processed using the Delta Dental Premier Allowed Amount.	You are responsible for paying the non-participating dentist's actual fee. Delta Dental sends its applicable benefit payment to you. Your out-of-pocket cost may include applicable copayments or deductibles, as well as any difference between Delta Dental's payment and the dentist's actual charge.

ELIGIBILITY

Eligible for coverage are employees, spouses, and dependent children to age 19, unless a full-time student, in which case eligibility is extended to age 26. There is a six-month waiting period on Major Restorative and Prosthodontic services for groups with no prior coverage.

LIMITATIONS AND EXCLUSIONS

There are certain limitations and exclusions which apply to your dental plan. For example, dentistry that is performed for appearance only, preventive plaque control programs, periodontal splinting, and services provided or devices started prior to the effective date of the program are not covered. Adult orthodontics is not a covered benefit.

PREDETERMINATION

If the cost of care to be provided to any one patient is expected to exceed \$300, Delta Dental recommends that you ask your dentist to submit the claim form in advance of treatment. Delta Dental will review the claim and return a predetermination voucher to both you and the dentist indicating the services that are covered, how much of the proposed treatment will be paid by Delta Dental and how much is your responsibility. This understanding can make it easier to plan an appropriate course of treatment. Predetermination also can be helpful for any service for which you would like an advance breakdown of the coverages and the charges.

ONLINE SERVICES

Visit Delta Dental's web site, www.MidAtlanticDeltaDental.com, to locate participating dentists and to check your eligibility and benefits. Delta Dental's online dentist directory helps you find the dentists most convenient to you or to find out if your current dentist is a participating dentist with Delta Dental.

CUSTOMER SERVICE

If you or your dentist have questions about claim status or filing procedures, please contact Delta Dental's Customer Service Department at:

Delta Dental One Delta Drive Mechanicsburg, Pennsylvania 17055	Phone Number: 717-766-8500 Toll-Free WATS Number: 877-332-4841 TTY/TDD: 888-373-3582 Web site: www.MidAtlanticDeltaDental.com
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IMPORTANT - The benefit explanations contained herein are subject to all provisions of the Group Dental Contract, and do not modify such contract in any way, nor shall the subscriber accrue any rights because of any statement in or omission from this information sheet.

WORK IN PROGRESS / TRANSITION OF CARE

Delta Dental's goal is to make the transition of services as smooth as possible so no Delta Dental enrollee is "caught in the middle" of a change in carriers.

Delta Dental routinely handles transition of care on a daily basis. Our goal is to make transition of services as smooth as possible so that no employee who selects a Delta Dental program is "caught in the middle" as a result of a carrier change.

Procedures that are begun (opened or prepared) – such as crowns, root canals, dentures and bridgework – prior to the effective date of Delta Dental's coverage are considered to be the responsibility of the previous carrier, even for employees who are currently enrolled in a DHMO program, as some clients' employees are. Delta Dental assumes responsibility for claims for procedures begun after the effective date of Delta Dental's coverage.

Typical benefit categories that have procedures that may overlap carriers include: Orthodontics (teeth straightening); Endodontics (root canals); and Prosthodontics and major restorative services (crowns).

Periodontics, fillings, and extractions are examples of procedures that are normally started and completed on the same date of service and would not be affected by overlapping benefits coverage.

Root canals and crowns may require several weeks for completion, while orthodontics may require a few months to several years.

For prosthodontics and crowns, Delta Dental considers the date the impression is taken as the incurred date.

For orthodontics, Delta Dental takes into account the date that treatment began and the amount already paid toward the treatment.

The orthodontist should submit a claim with the treatment plan, an explanation of the status of the treatment plan, and evidence of the amount paid to date by the enrollee and/or the prior insurance carrier(s).

Delta Dental will review the treatment plan and determine its liability in the absence of other coverage. In the event there is other coverage, Delta Dental will then coordinate benefits by reducing its payment by the amount covered by any previous carriers.



Delta Dental will pay no more than its contracted maximum lifetime amount for orthodontic services minus the previous carrier payments.

Example: The orthodontic treatment plan costs \$3,000 for 24 months. Another carrier paid \$500. Delta Dental's liability in the absence of other insurance would be \$1,000, the contracted maximum lifetime amount for orthodontic services in this example. In this instance, Delta Dental's liability is reduced by the \$500 paid by another carrier, which makes Delta Dental's liability \$500.

In the event orthodontic treatment is being provided by a dentist who participates with the prior carrier but does not participate with Delta Dental, claims submitted to Delta Dental by the orthodontist will be processed as claims submitted by a non-participating dentist.