

IMPORTANT

The benefit explanations contained herein are subject to all provisions of the Group Dental Contract on file with your Employer, Trust Fund, or other entity ("Plan Administrator"), and do not modify the terms and conditions of such contract in any way, nor shall the subscriber accrue any rights because of any statement in or omission from this booklet.

HOW TO USE YOUR DENTAL PROGRAM

Attending Dentist's Statements (claim forms) are available from the Plan Administrator, usually at your human resource office or at dental offices. Items 1-15 on claim forms are patient and/or subscriber information. Member identification and group numbers are very important. Your group number is on the cover of this brochure. Your dentist will complete an examination and recommend needed treatment. If treatment is to be extensive, your dentist may send the claim form to Delta Dental in advance (see Predetermination). When services are completed, you will be asked to sign the form and your dentist will submit it to Delta Dental.

Timely submission of claims is important. Claims submitted 12 months or more beyond the date of service will not be eligible for payment.

FREE CHOICE OF DENTIST

Delta Dental Plans recognize that many factors affect the choice of dentist and therefore support your right to freedom of choice regarding your dentist. Note the explanation of Delta Dental payment procedures to understand the method of payments applicable to your dentist selection.

PARTICIPATING DENTISTS

These are licensed dentists who have entered into an agreement with Delta Dental to abide by Delta Dental's policies regarding services, your portion of the charged fees and other matters pertinent to Delta Dental's obligations to its subscribers. Names of Delta Dental Premier® participating dentists can be obtained by calling Delta Dental, accessing its website at deltadentalins.com, or from directory listings furnished to your employer.

PREDETERMINATION OF BENEFITS

Please remember: If you and your dentist are unsure of your contract benefits for a specific course of treatment, make sure with predetermination.

If total charges for a treatment plan exceed an amount which Delta Dental establishes (\$300), predetermination is recommended for approval of the charges for payment. You should ask the attending dentist to submit the claim form in advance of performing services. Delta Dental will act promptly in returning a predetermination voucher to you and the attending dentist with verification of the patient's current eligibility and current availability of benefits with applicable maximums. The availability of benefits may change subsequent to the date of the voucher due to a change in eligibility status, exhaustion of applicable benefit maximums or application of frequency of procedure limitations.

PAYMENT FOR SERVICES

Payment for services performed for you by Delta Dental Premier dentists is calculated by Delta Dental on the basis of a Delta Dental Premier Maximum Plan Allowance or the fee charged, whichever is less ("Delta Dental Premier Allowed Amount"). Delta Dental Premier dentists have agreed to accept the Delta Dental Premier Allowed Amount as full payment for services covered by the Contract.

Delta Dental calculates its share of the Delta Dental Premier Allowed Amount ("Delta Dental Payment") and sends it to the Delta Dental Premier dentist. Delta Dental advises you of any charges not payable by Delta Dental for which you are responsible ("Patient Payment"). These are generally your share of the Delta Dental Premier Allowed Amount – i.e., copayments, deductibles, charges where maximums have been exceeded – and charges for services not covered by the Contract.

Payment for services performed for you by a non-participating dentist is also calculated by Delta Dental on a Delta Dental Premier Allowed Amount basis, but Delta Dental pays its Delta Dental Payment to you. You are responsible for payment of the non-participating dentist's total fee, which may include amounts in addition to the Delta Dental Premier Allowed Amount and services not covered by the Contract.

COORDINATION OF BENEFITS

If separate dental benefits are available to the member, spouse, or dependents under other programs, there are specific conditions applicable to determination of payment. The ratio of each carrier's liability to total cost incurred is reviewed. Payment is made according to the "birthday" rule adopted by most insurance carriers, but in no case does Delta Dental pay in excess of its total contractual obligation, if it were the only carrier involved. If the other carrier determines its benefits first, Delta Dental will pay any difference between the amount paid by the other carrier and the charge for the covered service, to the extent of Delta Dental's benefit for the given procedure.

CLAIMS AND APPEAL PROCEDURES

Delta Dental attempts to process all claims within a reasonable processing time. If a claim will be delayed more than 30 days, Delta Dental will notify the subscriber in writing stating the reason for delay.

Routine claims questions may be directed in writing to Delta Dental or by calling Delta Dental toll free at (800)932-0783. You can also e-mail questions by accessing the Contact Us section of Delta Dental's website at deltadentalins.com.

Any dissatisfaction with adjustments made or denials of payment should be brought to Delta Dental's attention, and if unresolved to your satisfaction, to the Plan Administrator. The Plan Administrator will advise you of your rights of appeal or other recourse.

NOTE

Complete descriptions of benefits, limitations and exclusions are contained in the Group Dental Service Contract on file with the Plan Administrator. This brochure is a summary only.

Be sure to provide your dentist with your group number and subscriber identification number.

Delta Dental of Pennsylvania
One Delta Drive
Mechanicsburg, PA 17055
(800) 932-0783
TTY/TDD 888-373-3582
deltadentalins.com

SERVICES NOT COVERED

Prescription drugs, premedications, relative analgesia
General anesthesia, is benefitted with all covered oral surgery procedures and with select endodontic and periodontal surgeries.
Charges for hospitalization, including hospital visits
Plaque control programs, including oral hygiene and dietary instruction
Procedures to correct congenital or developmental malformations except for children eligible at birth
Procedures, appliances or restorations primarily for cosmetic purposes
Increasing vertical dimension
Replacing tooth structure lost by attrition
Periodontal splinting
Gnathological recordings
Equilibration
Treatment of dysfunctions of the temporomandibular joint
Implants
Prosthetic services, including bridges, dentures
Orthodontic services, including tooth guidance appliances
Experimental procedures

SPECIAL NOTE

Dental benefits may be based on the least costly treatment that conforms to generally accepted dental practice.

ELIGIBLE MEMBERS

Member/subscriber
Member's spouse or domestic partner
Children up to age 26
Unmarried children who become mentally or physically disabled and incapable of self-support before age 26 while covered by this Contract or another contract
Children who are subject to a Qualified Domestic Relations Order
Newborn children of any covered person for thirty-one (31) days after birth



Subscriber I.D. Card
Group Number **3041**

Member Name _____

Member I.D.# _____

(This card is for information only. It is not a guarantee of benefits.)

COVERED BENEFITS

Subject to a contract year deductible of \$25 per person (not to exceed \$75 per family per year).*

Diagnostic - Procedures to assist dentists to evaluate existing conditions and dental care required - to include visits, exams, diagnoses and x-rays (exams and bitewing x-rays once in any six-month period)

Preventive - Prophylaxis (cleaning once in any six-month period), fluoride treatments (to age 19, once in any six-month period), space maintainers (to age 14), sealants (to age 14, once in any 36-month period on unfilled permanent first and second molars)

Basic Restorative - Amalgam ("silver") and composite ("white" non-molar) fillings

Major Restorative - Crowns, inlays, onlays are benefitted where above materials are not adequate

Oral Surgery - Extraction and oral surgery procedures including pre- and post-operative care

Endodontics - Procedures for pulpal therapy and root canal filling

Periodontics - Surgical and non-surgical procedures for treatment of gums and supporting structures of teeth

Note: Maximum benefit \$1,000 per person based on a contract year. The contract year runs from January of a given year to December of the same year. ***Diagnostic and Preventive services are exempt from the deductible.**

PAYMENT SCHEDULE

BENEFIT	Paid by	Paid by
	Delta Dental	Patient
DIAGNOSTIC	100%	0%
PREVENTIVE	100%	0%
BASIC RESTORATIVE	100%	0%
MAJOR RESTORATIVE	80%	20%
ORAL SURGERY	100%	0%
ENDODONTICS	100%	0%
PERIODONTICS	100%	0%

The above covered percentages are payable to participating dentists or subscribers and subject to limitations and exclusions as specified in the Group Dental Service Contract. This schedule is applied according to the payment for services criteria explained elsewhere in this brochure.



DESCRIPTION
OF
BENEFITS
GROUP DENTAL
PROGRAM
FOR
MEMBERS
OF

**Pennsylvania Social
Services Union,
Huntingdon School
District**

Delta Dental Group Number **3041**

Administered by

Delta Dental of Pennsylvania
One Delta Drive
Mechanicsburg, PA 17055

(800) 932-0783
TTY/TDD 888-373-3582
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