

### SERVICES NOT COVERED

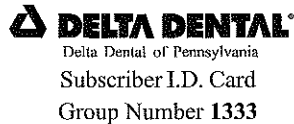
Prescription drugs, premedications, relative analgesia  
 General anesthesia, except with oral surgery  
 Charges for hospitalization, including hospital visits  
 Plaque control programs, including oral hygiene and dietary instruction  
 Procedures to correct congenital or developmental malformations 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  
 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

Employee/subscriber  
 Employee's spouse  
 Dependent children to age 19 (to age 23 if unmarried, full-time student)  
 Dependent children physically or mentally unable to be self-supporting regardless of age



Employee Name \_\_\_\_\_

Employee S.S.# \_\_\_\_\_

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

### COVERED BENEFITS

Subject to a contract year deductible of \$10 per person (not to exceed \$30 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 twice in any twelve-month period)

**Preventive** - Prophylaxis (cleaning twice in any twelve-month period), fluoride treatments (to age 19), space maintainers (to age 16), 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 benefited 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

**Prosthodontics** - Procedures for construction or repair of fixed bridges, partial or complete dentures

**Note:** Orthodontic (straightening of teeth) services are not covered under this contract. Maximum benefit \$1,000 per person based on a contract year. The contract year runs from July 1 of a given year to June 30 of the following year. \*Diagnostic and Preventive services are exempt from the deductible.

### PAYMENT SCHEDULE

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

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  
 EMPLOYEES  
 OF  
**FOREST AREA SCHOOL  
 DISTRICT**

Delta Group Number 1333

Administered by



One Delta Drive  
 Mechanicsburg, PA 17055

(800)932-0783  
 (717)766-8500

TTY/TDD 888-373-3582

www.MidAtlanticDeltaDental.com

## 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 personnel office or at dental offices. Items 1-15 on claim forms are patient and/or subscriber information. Employee social security 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 in advance (see Predetermination). When services are completed, you will be asked to sign the form and your dentist will submit it to Delta.

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

## FREE CHOICE OF DENTIST

Delta 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 payment procedures to understand the method of payments applicable to your dentist selection.

## PARTICIPATING DENTISTS

These are licensed dentists in Pennsylvania who have entered into an agreement with Delta to abide by Delta's policies regarding services, your portion of the charged fees and other matters pertinent to Delta's obligations to its subscribers. Names of DeltaPremier participating dentists can be obtained by calling Delta, accessing its web site at [www.MidAtlanticDeltaDental.com](http://www.MidAtlanticDeltaDental.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 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 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

DeltaPremier participating dentists accept the DeltaPremier Usual, Customary, and Reasonable fee or the fee charged, whichever is less, determined by Delta, ("UCR Allowance") as full payment for a service for you covered by the Group Dental Contract. Delta calculates DeltaPremier UCR Allowances and sends its share ("Delta Payment") to the DeltaPremier participating dentist. Delta advises you of any charges not payable by Delta for which you are responsible ("Patient Payment"). These are generally your share of DeltaPremier UCR Allowance, copayments, deductibles, charges where maximums have been exceeded, or charges for services not covered by the Group Dental Contract.

Delta also calculates UCR Allowances for services performed for a subscriber by a non-participating dentist but Delta makes the Delta Payment to the subscriber. The subscriber is responsible for payment of the non-participating dentist's total fee which may include amounts in excess of the UCR Allowances and services not covered by the Group Dental Service Contract.

## COORDINATION OF BENEFITS

If separate dental benefits are available to the employee, 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 pay in excess of its total contractual obligation, if it were the only carrier involved. If the other carrier determines its benefits first, Delta will pay any difference between the amount paid by the other carrier and the charge for the covered service, to the extent of Delta'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 will notify the subscriber in writing stating the reason for delay.

Routine claims questions may be directed in writing to Delta or by calling Delta at (717) 766-8500 or toll free at (800) 932-0783. You can also e-mail questions by accessing the Contact Us section of Delta's web site at [www.MidAtlanticDeltaDental.com](http://www.MidAtlanticDeltaDental.com).

Any dissatisfaction with adjustments made or denials of payment should be brought to Delta'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.

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*Be sure to provide your dentist with your group number and subscriber social security number.*

**Delta Dental of Pennsylvania**  
**One Delta Drive**  
**Mechanicsburg, PA 17055**  
**(800) 932-0783 - (717) 766-8500**  
**TTY/TDD 888-373-3582**  
**[www.MidAtlanticDeltaDental.com](http://www.MidAtlanticDeltaDental.com)**