



Delta Dental of New York

Rensselaer County

Combined Evidence of Coverage and Disclosure Form



deltadentalins.com

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Delta Dental

Administrative Offices

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Mechanicsburg, PA 17055-6999

(717) 766-8500 Toll free: (800) 932-0783

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www.deltadentalins.com

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INTRODUCTION

Delta Dental is pleased to welcome you to the group dental plan for Rensselaer County. 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 dentist, but to see him/her on a regular basis.

Using This Evidence of Coverage

This Evidence of Coverage 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 **Definition of Terms** section, which will explain any words that have special or technical meanings under the plan.

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

Contact Us

If you have any questions about your coverage that are not answered here, please visit our web site at www.deltadentalins.com or call our Customer Service Center. A Customer Service Center representative can answer questions you may have about obtaining dental care, help you locate a participating dentist, explain benefits, check the status of a claim, and assist you in filing a claim.

Representatives are available by telephone Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time at (717) 766-8500 or toll-free at (800) 932-0783. If you are hearing impaired, you may call our toll-free TTY/TDD number at (888) 373-3582. You can also access Delta Dental's automated information line at (800) 932-0783 to obtain information about enrollee eligibility and benefits, group benefits, or claim status.

If you prefer to write Delta Dental with your question(s), please mail your inquiry to the following address:

<p style="text-align: center;">Delta Dental One Delta Drive Mechanicsburg, PA 17055</p>
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SELECTING YOUR DENTIST**Free Choice of Dentist**

Delta Dental recognizes that many factors affect the choice of dentist and therefore supports your right to freedom of choice regarding your dentist. This assures that you have full access to the dental treatment you need from the dental office of your choice. You may see any licensed dentist for your covered treatment:

- Delta Dental PPO Participating Dentist ("PPO")
- Delta Dental Premier Participating Dentist ("Premier")
- Non-Participating Dentist

In addition, you may choose your own specialist, and you and your family members can see different dentists.

Remember, you enjoy the greatest savings when you choose a PPO dentist. To take full advantage of your benefits, we highly recommend you verify a dentist's participation status within a Delta Dental network with your dental office before each appointment. Review the section titled "How Claims Are Paid" for an explanation of Delta Dental payment procedures to understand the method of payments applicable to your dentist selection and how that may impact your out-of-pocket costs.

Referrals to Specialists

Your dentist may refer you to another dentist for a consultation or specialized treatment or you may elect to see a specialist on your own. If this is done, be sure that the dentist you are referred to is a participating dentist. You can do this by simply asking the specialist when you make your appointment. Visiting a dentist who has agreed to participate in the Delta Dental network can save you money, time, and the hassle of paperwork. Remember, if the dentist is not a participating dentist, you may be required to pay all of the treatment cost at the time of service and submit a claim to Delta Dental for reimbursement.

Locating a Delta Dental Participating Dentist

There are several ways in which you can locate a participating dentist near you:

- You may access information about the plan through our web site at www.deltadentalins.com. This web site includes a dentist search function allowing you to locate Delta Dental participating dentists by location, specialty and network type; or
- You may also call Delta Dental and one of our representatives will assist you. He/she can provide you with information regarding a dentist's membership status, specialty and office location.

PLAN INFORMATION**Benefit Summary Charts**

The services provided through the plan include all the benefits described in the Benefit Summary Charts on the following pages, with the exception of those items presented in the **Limitations and Exclusions** section. The plan covers several categories of benefits when a licensed dentist provides the services and when they are within the standards of generally accepted dental practice. To help you understand the types of procedures that are included in each of the categories of services, examples and descriptions are provided in the charts. The enrollee's share may be higher than the percentages listed in the charts, depending on the applicability of deductibles, maximums, the difference between the non-participating dentist's fee and the PPO maximum plan allowance or charges for non-covered services.

The information in the following chart applies to services provided by Delta Dental PPO dentists only.

Benefit Summary Chart

Category of Service	Paid by Delta Dental		
Diagnostic	*		
Periodic exams (twice per calendar year)			
Bitewing x-rays (twice per calendar year)			
Full-mouth x-ray (once per 3-year period)			
Palliative emergency treatment			
Preventive	*		
Prophylaxis (cleaning) (twice per calendar year)			
Fluoride treatments (twice per calendar year to age 19)			
Space maintainers (to age 14)			
Basic Restorative	*		
Fillings (amalgam “silver” and composite “white” non-molar)			
Major Restorative	*		
Single crowns, inlays, onlays			
Oral Surgery	*		
Extraction and other oral surgery procedures, incl. pre- and post-operative care			
Endodontics	*		
Root canal, pulpal therapy			
Surgical Periodontics	*		
Surgical treatment of the gums and supporting structures of the teeth			
Non-Surgical Periodontics	*		
Non-surgical treatment of the gums and supporting structures of the teeth			
Prosthodontics	*		
Procedures for replacement of missing teeth by construction or repair of bridges and partial or complete dentures			
General Anesthesia and IV Sedation	*		
Covered when used in conjunction with covered oral surgical procedures and other selected endodontic and periodontal procedures			
Temporomandibular Joint Dysfunction (TMJ)	*		
Services relating to hinging joints of the jaw			
		Deductibles	Maximums
Individual (Calendar year)		\$n/a	\$1,200.00
Family (Calendar year)		\$n/a	\$n/a

***See attached Table of Allowances.**

The information in the following chart applies to services provided by Delta Dental Premier dentists and Non-Participating dentists only.

Benefit Summary Chart

Category of Service	Paid by Delta Dental
Diagnostic	*
Periodic exams (twice per calendar year)	
Bitewing x-rays (twice per calendar year)	
Full-mouth x-ray (once per 3-year period)	
Palliative emergency treatment	
Preventive	*
Prophylaxis (cleaning) (twice per calendar year)	
Fluoride treatments (twice per calendar year to age 19)	
Space maintainers (to age 14)	
Basic Restorative	*
Fillings (amalgam “silver” and composite “white” non-molar)	
Major Restorative	*
Single crowns, inlays, onlays	
Oral Surgery	*
Extraction and other oral surgery procedures, incl. pre- and post-operative care	
Endodontics	*
Root canal, pulpal therapy	
Surgical Periodontics	*
Surgical treatment of the gums and supporting structures of the teeth	
Non-Surgical Periodontics	*
Non-surgical treatment of the gums and supporting structures of the teeth	
Prosthodontics	*
Procedures for replacement of missing teeth by construction or repair of bridges and partial or complete dentures	
General Anesthesia and IV Sedation	*
Covered when used in conjunction with covered oral surgical procedures and other selected endodontic and periodontal procedures	
Temporomandibular Joint Dysfunction (TMJ)	*
Services relating to hinging joints of the jaw	
	Deductibles
Individual (Calendar year)	\$n/a
Family (Calendar year)	\$n/a
	Maximums
	\$1,200.00
	\$n/a

***See attached Table of Allowances.**

Copayments

The plan will pay a percentage of the applicable allowed amount (PPO allowed amount for PPO dentists or Premier allowed amount for Premier and Non-Participating dentists) for each covered service, subject to certain limitations, and you are responsible for paying the balance. What you pay is called the copayment and is part of your out-of-pocket cost. You pay this even after a deductible has been met.

The amount of your copayment will depend on the type of service provided and the dentist providing the service (see section titled "Selecting Your Dentist"). Dentists are required to collect your copayment for covered services.

It is to your advantage to select PPO dentists because they have agreed to accept the PPO allowed amount as payment, which typically results in lower copayments charged to you. Please read the sections titled "Selecting Your Dentist" and "How Claims Are Paid" for more information.

Deductible

Most dental plans have a specific dollar deductible. The Benefit Summary Charts show the individual and family deductibles that apply, depending on the participation status of the dentist providing the services. Deductibles apply to all benefits unless otherwise noted. Each enrolled family member must pay the individual deductible amount each calendar year to satisfy the plan deductible. You pay this directly to your dentist for completed services. The total deductible amount paid will not exceed the family deductible for all family members.

Maximum Benefit

Most dental programs have a maximum benefit. This is the maximum dollar amount a dental plan will pay toward the cost of dental care. The enrollee is personally responsible for paying costs above the maximum benefit. The Benefit Summary Charts show the maximum benefit amount that applies, depending on the participation status of the dentist providing the services. This is the maximum benefit amount that Delta Dental will pay for covered services per enrollee in a calendar year.

Limitations and Exclusions

Dental plans are designed to help with part of your dental expenses and may not always cover every dental need. The typical program includes limitations and exclusions, meaning the program does not cover every aspect of dental care. This can relate to the type of procedures or the number of visits. These limitations and exclusions are carefully detailed in this booklet and you should make yourself familiar with them. Please read the **Limitations and Exclusions** section to help you understand the limitations and exclusions of this dental plan.

HOW CLAIMS ARE PAID

Payment by Delta Dental for any single procedure that is a covered service will be made upon completion of the procedure. If an enrollee loses eligibility or the contract is terminated, Delta Dental will pay for any single procedure started while the contract was in effect or the enrollee was eligible. Payment for care is applied to the calendar year deductible and maximum benefit based on the date of service. After you have satisfied your deductible requirement, Delta Dental will provide payment for covered services at the percentage indicated in the Benefit Summary Chart, up to a maximum for each enrollee in a calendar year.

Payment for Services — Delta Dental PPO Dentist

Payment for covered services performed for you by a PPO dentist is calculated based on the PPO maximum plan allowance. PPO dentists have agreed to accept a PPO maximum plan allowance as the full charge for covered services.

Delta Dental calculates its share of the maximum plan allowance, or the dentist's submitted fee, whichever is less, ("Delta Dental Payment") using the applicable percentage from the Benefit Summary Chart and sends it directly to the PPO dentist who has submitted the claim. Delta Dental advises you of any charges not payable by Delta Dental for which you are responsible ("Patient Payment"). These charges are generally your share of the maximum plan allowance or submitted fee (copayment), the deductible, charges where the maximum benefit has been exceeded, and/or charges for non-covered services.

Example (assuming this is a procedure that is covered at a 50%/50% copayment level, the maximum benefit has not been exceeded and the deductible has been met):

Submitted Amount (Dentist Fee)	= \$100
PPO Maximum Plan Allowance	= \$70
Delta Dental Payment (50% of PPO Max. Plan Allow.)	= \$35
Patient Payment	= \$35

Payment for Services — Delta Dental Premier Dentist

A Delta Dental Premier dentist is a participating dentist, but is not a Delta Dental PPO dentist. Premier dentists have not agreed to accept a PPO maximum plan allowance as full payment for services, but instead have agreed to accept a Premier maximum plan allowance. Payment for covered services performed for you by a Premier dentist is calculated based on the Premier allowed amount, which is the lesser of the dentist’s submitted fee or the Premier maximum plan allowance.

The portion of the Premier allowed amount payable by Delta Dental (“Delta Dental’s Payment”) is limited to the applicable percentage shown in the Benefit Summary Chart. Delta Dental’s Payment is sent directly to the Premier dentist who submitted the claim. Delta Dental advises you of any charges not payable by Delta Dental for which you are responsible (“Enrollee’s Payment”). These charges are generally your share of the Premier allowed amount, as well as any deductibles, charges where the maximum benefit has been exceeded, and/or charges for non-covered services.

Example (assuming this is a procedure that is covered at a 50%/50% copayment level, the maximum benefit has not been exceeded and the deductible has been met):

Submitted Amount (Dentist Fee)	= \$100
Premier Maximum Plan Allowance	= \$80
Delta Dental’s Payment (50% of Premier Max. Plan Allow.)	= \$40
Enrollee’s Payment	= \$40

Payment for Services — Non-Participating Dentist

Payment for services performed for you by a non-participating dentist is also calculated by Delta Dental based on the Premier allowed amount, which is the lesser of the dentist’s submitted fee or the Premier maximum plan allowance. The portion of the Premier allowed amount payable by Delta Dental (“Delta Dental’s Payment”) is limited to the applicable percentage shown in the Benefit Summary Chart.

However, when dental services are received from a non-participating dentist, Delta Dental’s Payment is sent directly to the primary enrollee. You are responsible for payment of the non-participating dentist’s total fee. Non-participating dentists will bill you for their normal charges, which may be higher than the Premier allowed amount for the service. You may be required to pay the dentist yourself and then submit a claim to Delta Dental for reimbursement. Since the Delta Dental Payment for services you receive may be less than the non-participating dentist’s actual charges, your out-of-pocket cost may be significantly higher.

Example (assuming this is a procedure that is covered at a 50%/50% copayment level, the maximum benefit has not been exceeded and the deductible has been met):

Submitted Amount (Dentist Fee)	= \$100
Premier Maximum Plan Allowance	= \$80
Delta Dental’s Payment (50% of Premier Max. Plan Allow.)	= \$40
Enrollee’s Payment	= \$60

Note: The enrollee balance of \$60 is the sum of the enrollee copayment (50% of the Premier Maximum Plan Allowance of \$80, which is \$40) and the difference between the Premier Maximum Plan Allowance and the Submitted Amount, which is \$20.

How to Submit a Claim

Delta Dental does not require any special claim forms. Most dental offices have standard claim forms available. Participating dentists will fill out and submit your claims paperwork for you. Some non-participating dentists may also provide this service upon your request. If you receive services from a non-participating dentist who does not provide this service, you can submit your own claim directly to Delta Dental. For your convenience, you can print a claim form from our web site: www.deltadentalins.com. Delta Dental shall not be obligated to pay claims submitted more than twelve (12) months after the date of the Service, unless it can be shown not to have been reasonably possible to submit the claim and the claim was submitted as soon as reasonably possible.

Your dental office should be able to assist you in filling out the claim form. Fill out the claim form completely and mail it to:

<p style="text-align: center;">Delta Dental P.O. Box 2105 Mechanicsburg, PA 17055-6999</p>

Payment Guidelines

Delta Dental does not pay participating dentists any incentive as an inducement to deny, reduce, limit or delay any appropriate service.

If you or your dentist files a claim for services more than twelve (12) months after the date you received the services, payment may be denied. If the services were received from a non-participating dentist, you are still responsible for the full cost. If the payment is denied because your participating dentist failed to submit the claim on time, you may not be responsible for that payment. However, if you did not tell your participating dentist that you were an enrollee of the plan at the time you received the service, you may be responsible for the cost of that service.

We explain to all participating dentists how we determine or deny payment for services. We describe in detail the dental procedures covered as benefits, the conditions under which coverage is provided and the program's limitations and exclusions. If any claims are not covered, or if limitations or exclusions apply to services you have received, you may be responsible for the full payment.

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

Optional Treatment and Non-Covered Services

You must pay for any non-covered or optional dental benefits that you choose to have done. Refer to the **Limitations and Exclusions** section for information about excluded services and limitations.

Often there are several approaches or different methods that a dentist may use to treat dental needs. This program is designed to cover dental treatment using standards of care consistent with the delivery of quality, affordable dental treatment to the enrollee. If you request a treatment that is more costly than standard practice, you must pay for the charges in excess of the covered dental benefit.

Example: If a metal filling would fix the tooth and you choose to have the tooth crowned, you are responsible for paying the difference between the cost of the crown and the cost of the filling. You must pay this money directly to your dentist.

Pre-Treatment Estimates

If you and your dentist are unsure of your benefits for a specific course of treatment, or if treatment costs are expected to exceed \$300, Delta Dental recommends that you ask for a pre-treatment estimate. You should ask your dentist to submit the claim form in advance of performing the proposed services. Pre-treatment estimate requests are not required but may be submitted for more complicated and expensive procedures such as crowns, wisdom tooth extractions, bridges, dentures, or periodontal surgery. You'll receive an estimate of your share of the cost and how much Delta Dental will pay before treatment begins. Delta Dental will act promptly in returning a pre-treatment estimate to you and the attending dentist with non-binding verification of your current availability of benefits and applicable maximums. The pre-treatment estimate is non-binding as the availability of benefits may change subsequent to the date of the estimate due to a change in eligibility status, exhaustion of applicable maximum benefit or application of frequency of procedure limitations.

Other Health Insurance

Be sure to advise your dentist of all programs under which you have dental coverage and have him or her complete the dual coverage portion of the claim form, so that you will receive all benefits to which you are entitled. When you have coverage under more than one benefit program, the primary and secondary carriers coordinate the two programs, so that the primary carrier pays its portion first and then the secondary carrier pays its portion, not to exceed the dentist's fees for the covered services.

The following rules will be followed to establish the order of determining the liability of this or any other programs:

1. The program covering the enrollee as an employee will determine its benefits before the program covering the enrollee as a dependent.
2. The program covering the enrollee as a dependent of an employee whose birthday falls earlier in the calendar year will determine its benefits before the program covering the enrollee as a dependent of an employee whose birthday falls later in the calendar year. If both employees have the same birthday, the program covering the employee for the longest period will be primary over the program covering the employee for the shorter period. If the other program does not have the rule described in this paragraph, but instead has a rule based on gender of the employee, the rule of the other plan will determine the order of benefits.
3. The program covering the enrollee having custody of the dependent will determine its benefits first; then the program of the spouse of the parent with custody of the dependent; and finally, the program of the parent not having custody of the dependent. However, if the specific terms of a court order state that one of the parents is responsible for the health care expenses of the dependent, the benefits of that program are considered first. The prior sentence will not apply with respect to any period during which any benefits are actually paid or provided before a program has actual knowledge of the court order.
4. The program covering the enrollee as an employee or as a dependent of an employee will determine its benefits before one that covers the enrollee as a laid-off or retired employee or as the dependent of such person. If the other plan does not have a rule concerning laid-off or retired employees, and as a result each plan determines its benefits after the other, then this paragraph will not apply.
5. If the other program does not have a rule establishing the same order of determining liability for benefits or is one which is "excess" or always "secondary," Delta Dental will determine its benefits first. If such determination indicates that Delta Dental should not have been the first program to determine its benefits, Delta Dental will be considered as not the first to determine its benefits.
6. In situations not described in items 1 through 5, the program under which the enrollee has been enrolled for the longest period of time will determine its benefits first.

When Delta Dental is the first to determine its benefits, benefits will be paid without regard to coverage under any other program. When Delta Dental is not the first to determine its benefits, and there are remaining expenses of the type allowable under this program, Delta Dental will pay only the amount by which its benefits under this plan exceed the amount of benefits payable under the other program or the amount of such remaining expenses, whichever is less.

ELIGIBILITY AND ENROLLMENT**Eligibility Requirement**

You will become eligible to receive benefits on the date stated in the contract after completing any eligibility periods required by the group. Contact your Human Resources for the eligibility requirement for new hires. You may enroll for individual and family coverage.

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

- Spouse.
- Married or unmarried children and/or dependent grandchildren until the end of the month of their 26th birthday. Such children include: (a) your biological child, (b) your legally adopted child (including a child living with the adopting parents and/or grandparents during the period of probation), (c) a child for whom you have legal guardianship or temporary guardianship of more than 12 months duration and for a shorter period if the guardianship is of a dependent minor and granted by testamentary, (d) a stepchild. Documentation of the above must be furnished upon request by Delta Dental.
- Married or unmarried children and/or dependent grandchildren of any age who are incapable of self-support by reason of mental or physical incapacity that occurred before the age of 26 (end of the month) and were covered prior to age 26 (end of the month). The dependent child must also be chiefly dependent on you for support and maintenance, but is not required to reside with a parent or legal guardian who is a primary enrollee. Eligibility of these dependent children and/or grandchildren will not be terminated while the contract remains in force and the dependent child and/or grandchild remains in such condition. Proof of physical or mental disability must be furnished as required by Delta Dental.
- Newborn children and/or dependent grandchildren of any primary enrollee for 31 days from: (a) the moment of birth, (b) the date of placement for adoption or upon placement in the foster home, or (c) the date of appointment for a minor for whom guardianship has been granted by court or testamentary appointment. Proof of birth or adoption or foster home placement must be furnished upon request by Delta Dental. In order for the coverage to continue beyond the 31-day period, you must notify the Plan administrator of the birth, adoption, placement in the foster home, or appointment of guardianship.

Changes in Eligibility Status

Changes in eligibility status (i.e. marriage, divorce, birth, etc.) must be reported to the Plan Administrator within 31 days following the event causing the change. If you do not change coverage when first eligible, you may change later during a subsequent open enrollment period. Changes become effective on the exact day of notification of the change.

Loss of Eligibility

Your coverage ends on the last day of the month in which termination of employment occurs or immediately when this program ends. Coverage for all dependents also ceases at that time, or when dependent status is lost. Your dependent children and/or grandchildren will be disqualified for benefits when they reach the disqualifying age.

COMPLAINTS, GRIEVANCES AND APPEALS

Our commitment to you is to ensure quality throughout the entire treatment process: from the courtesy extended to you by our customer service representatives to the dental services provided by our participating dentists. If you have questions about any services received, we recommend that you first discuss the matter with your dentist. However, if you continue to have concerns, please call Delta Dental's Customer Service Center.

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

Questions or complaints regarding eligibility, the denial of dental services or claims, the policies, procedures, or operations of Delta Dental, or the quality of dental services performed by the dentist may be directed in writing to Delta Dental or by calling Delta Dental 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 Dental's web site at www.deltadentalins.com.

A grievance is a written expression of dissatisfaction with the provision of services or claims practices of Delta Dental. When you write, please include the name of the enrollee, the primary enrollee's name and enrollee ID, and your telephone number on all correspondence. You should also include a copy of the claim form, Benefits Statement, Invoice or other relevant information.

Appeals

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.

Appeals on claims denied must be submitted in writing. For an explanation as to your rights of appeal, please refer to the Claims Denial Review Procedure that is furnished automatically without charge as a separate document that accompanies this booklet.

Send your grievance, appeal, or claims review request to Delta Dental at the address shown below:

<p style="text-align: center;">Delta Dental One Delta Drive Mechanicsburg, PA 17055</p>
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GENERAL PROGRAM INFORMATION**Proof of Claim**

Before approving a claim, Delta Dental will be entitled to receive, to such extent as may be lawful, from any attending or examining dentist, or from hospitals in which a dentist's care is provided, such information and records relating to attendance to or examination of, or treatment provided to, an enrollee as may be required to administer the claim, or that an enrollee be examined by a dental consultant retained by Delta Dental, in or near the community or residence. Delta Dental will in every case hold such information and records confidential.

Physical Access

Delta Dental has made efforts to ensure that our offices and the offices and facilities of participating dentists are accessible to the disabled. If you are not able to locate an accessible dentist, please call our Customer Service Center and a representative will help you find an alternate dentist.

Access for the Hearing Impaired

The hearing impaired may contact the Customer Service Center through our toll-free TTY/TDD number at (888) 373-3582.

Privacy

Delta Dental values its relationship with you. Protecting your personal information is of great importance to us. Delta Dental will obtain from the enrollee only nonpublic information that relates to Delta Dental's administration of the dental benefits we provide. Information may include, but not be limited to name, address, social security number, enrollee ID, and date of birth. We do not disclose any nonpublic personal information about you to any affiliated or nonaffiliated third parties except as is necessary in order to provide our service to you or as we are required or permitted by law. Delta Dental maintains physical, electronic, and procedural security measures to safeguard your nonpublic personal information in our possession.

Web Site Security

Delta Dental employs security measures to control access to the eligibility and dental benefit information under our control. Delta Dental uses industry standards, such as firewalls and Secure Socket Layers, to safeguard the confidentiality of personal enrollee information.

There are areas of our web site that require a specific user ID and password for web site access. In order to receive a user ID and password, Delta Dental requires enrollees to contractually agree to not provide information they may access to other individuals. The user identification and password required for site access is internally validated to ensure this information cannot be viewed without proper authority and security authentication.

ENROLLEE RIGHTS AND RESPONSIBILITIES

We believe that you, as a Delta Dental enrollee, have the right to expect quality, affordable care that protects not only your dental health, but also your privacy and ability to make informed choices. We also believe that you have certain responsibilities to help protect these rights.

The Right to Choose

The Delta Dental system maintains some of the largest dentist networks in the industry — each with a full range of specialists — to give you the widest possible choice of dentists. Dentists are never penalized for referring you to a specialist. You can visit any dentist at any time, without prior notification or authorization from Delta Dental.

The Right to Quality Assurance

While we support the right of enrollees to choose their dentist, we recognize our responsibility to provide some assurances of quality care.

Therefore, each dentist who has contracted with Delta Dental agrees to provide care that meets the standards of the dental profession. Dentist contracts allow Delta Dental to audit dental offices in person — at random and for cause — to help ensure that these standards are met. If you should ever receive substandard care from a Delta Dental dentist, Delta Dental will fully investigate the matter and can arrange for you to be reimbursed and/or retreated as needed.

The Right to Affordability

Delta Dental contracts with dentists to provide fair and reasonable compensation. Those contracts also prohibit dentists from billing you for excess charges, "add-on" procedures that should already be included, or for any amount that is Delta Dental's responsibility.

Delta Dental benefit plans are designed to promote preventive care, avoiding dental disease before more costly treatment becomes necessary.

The Right to Full Disclosure

You have the right to clear and complete information about your dental benefits, including treatment that is subject to limitations or not covered. You are entitled to know what your share of costs will be before you receive treatment (“pre-treatment estimate”), and how your dentist is compensated by Delta Dental. Delta Dental provides materials to explain these features to you.

Delta Dental dentists are not subject to policies sometimes called “gag clauses.” You are entitled to hear about all treatment options your dentist may recommend, whether covered or not, and to obtain a second opinion if you choose.

The Right to Fair Review and Appeal

Delta Dental supports your right, as well as your dentist’s, to a fair and prompt review of any of Delta Dental’s coverage decisions. We maintain effective complaint resolution systems in the event of disagreement over coverage or concern about the quality of care.

The Responsibility to Protect These Rights

Protection of the rights described above is possible only with your cooperation. In order to ensure the continued enjoyment of these rights, you share:

- The responsibility to participate in your own dental health — practicing personal dental hygiene and receiving regular professional care. You should avoid substances and behaviors that could jeopardize your oral health, and should cooperate with your dentist on his or her recommended treatment plans.
- The responsibility to become familiar with your coverage. This includes meeting any financial obligation incurred as a result of treatment (including the appropriate copayments or deductibles required by the program). It means cooperation with Delta Dental policies designed to protect against health care fraud schemes by fellow enrollees or dentists. It also means taking advantage of the information available on dental health and your dental program so that you can become a more informed consumer.

LIMITATIONS AND EXCLUSIONS**Excluded Benefits**

The plan covers a wide variety of dental care expenses, but there are some services for which we do not provide benefits. It is important for you to know what these services are before you visit your dentist.

The plan does not provide benefits for:

1. Surgical procedures including but not limited to reduction of fractures, removal of tumors and removal of impacted teeth are subject to the provisions described in the **Other Health Insurance** section of this booklet.
2. Treatment or materials with respect to skeletal malformation, except for treatment due to accidental injury to sound natural teeth within 12 months of the accident or treatment necessary due to congenital disease or anomaly, or treatment of enamel hypoplasia (lack of development), except that this exclusion shall not apply to covered dependent children or eligible newborn children so long as such dependent children continue to be eligible. When services are not excluded under this provision as to these dependent children who continue to be eligible, other limitations and exclusions of this section shall specifically apply.
3. Treatment that increases the vertical dimension of an occlusion, replaces tooth structure lost by attrition or erosion, or otherwise unless it is part of a treatment dentally necessary due to accident or injury.

4. Treatment or materials primarily for cosmetic purposes including but not limited to treatment of fluorosis (a type of discoloration of the teeth) and porcelain or other veneers not for restorative purposes, except as part of a treatment dentally necessary due to accident or injury and except for reconstructive surgery necessary because of a congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. If services are not excluded as to particular teeth under this provision, cosmetic treatment of teeth adjacent or near the affected teeth are excluded.
5. Treatment or materials for which the enrollee would have no legal obligation to pay.
6. Services provided or materials furnished prior to the effective eligibility date of an enrollee under this plan, unless the treatment was a year in duration and completed after the enrollee became eligible if no other limitations shall apply.
7. Periodontal splinting, equilibration, gnathological recordings and associated treatment and extra-oral grafts.
8. Preventive plaque control programs, including oral hygiene instruction programs.
9. Fissure sealants.
10. Myofunctional therapy, unless covered by the exception in Item 2, above.
11. Temporomandibular joint dysfunction treatment that is medical in nature.
12. Prescription drugs including topically applied medication for treatment of periodontal disease, pre-medication, analgesias, separate charges for local anesthetics, general anesthesia except as a covered benefit in conjunction with a covered oral surgery procedure.
13. Implants and related services, unless covered by the exception Item 2, above.
14. Experimental procedures that have not been accepted by the American Dental Association.
15. Services provided or material furnished after the termination date of coverage for which premium has been paid, as applicable to individual enrollees, except this shall not apply to services commenced while the plan was in effect or the enrollee was eligible.
16. Charges for hospitalization or any other surgical treatment facility, including hospital visits.
17. 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.
18. Replacement of existing restorations for any purpose other than restoring active carious lesions or demonstrable breakdown of the restoration.
19. 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.

Limitations

Benefits to enrollees are limited as follows:

Limitation on Optional Treatment Plan. In all cases in which there are optional plans of treatment carrying different treatment costs, payment will be made only for the applicable percentage of the least costly course of treatment, so long as such treatment will restore the oral condition in a professionally accepted manner, with the balance of the treatment cost remaining the responsibility of the enrollee. Such optional treatment includes, but is not limited to, specialized techniques involving gold, precision partial attachments, overlays, implants, bridge attachments, precision dentures, personalization or characterization such as jewels or lettering, shoulders on crowns or other means of unbundling procedures into individual components not customarily performed alone in generally accepted dental practice.

Limitation on Major Restorative Benefits. If a tooth can be restored with amalgam, synthetic porcelain or plastic, but the enrollee and the dentist select another type of restoration, the obligation of Delta Dental shall be only to pay the applicable percentage of the fee appropriate to the least costly restorative procedure. The balance of the treatment shall be considered a dental treatment excluded from coverage under this plan.

- Replacement of crowns, jackets, inlays and onlays shall be provided no more often than once in any five-year period and then only in the event that the existing crown, jacket, inlay or onlay is not satisfactory and cannot be made satisfactory. The five-year period shall be measured from the date on which the restoration was last supplied, whether paid for under the provisions of this plan, under any prior dental care contract, or by the enrollee.

Limitation on Prosthodontic Benefits. Replacement of an existing denture will be made only if it is unsatisfactory and cannot be made satisfactory. Services, including denture repair and relining, which are necessary to make such appliances fit will be provided as outlined in the section "Covered Benefits." Prosthodontic appliances and abutment crowns will be replaced only after five years has elapsed following any prior provision of such appliances and abutment crowns under any plan procedure.

Limitation on Periodontal Surgery. Benefits for periodontal surgery in the same quadrant are limited to once in any five-year period. The five-year period shall be measured from the date on which the last periodontal surgery was performed in that quadrant, whether paid for under the provisions of this plan, under any prior dental contract, or by the enrollee.

DEFINITION OF TERMS

The following are definitions of words that have special or technical meanings under the plan.

Attending Dentist Statement: The written report of a series of procedures recommended for the treatment of a specific dental disease, defect or injury, prepared for an enrollee by a dentist as a result of an examination made by such dentist.

Benefits Statement: The statement you receive after a claim is processed, detailing how your claim payment was calculated including the procedures and fees submitted and the amount for which you are responsible.

Calendar Year: The time period beginning on January 1st and ending on December 31st.

Claim Form: A written or electronically submitted document to request payment for completed dental treatment or to request a pre-treatment estimate for proposed dental treatment. The claim form is also sometimes called an Attending Dentist's Statement.

Company: The employer, union or other organization or group contracting to obtain benefits.

Contract: The written agreement between Delta Dental and Rensselaer County to provide dental benefits. The contract, together with this Evidence of Coverage, forms the terms and conditions of benefits available to you under the dental plan.

Contract Year: The 12-month period beginning on the effective date and each yearly period thereafter.

Copayment: Your share of the cost of a covered service, usually expressed as a percentage of the applicable allowed amount.

Deductible: The dollar amount enrollees must pay toward completed treatment before Delta Dental's payment is applied to those services in a given period.

Delta Dental PPO with Point of Service (POS) Option: A dental care program under which all fees paid by Delta Dental for covered services provided by a PPO dentist shall be based on the PPO allowed amount, subject to any applicable copayments, deductibles and maximums. All fees paid by Delta Dental for services provided by a Premier dentist who is not a PPO dentist or by a Non-Participating dentist shall be based on the Premier allowed amount.

Delta Dental PPO ("PPO") Dentist: A participating dentist who is a member of the Delta Dental PPO dentist network.

Delta Dental Premier (“Premier”) Dentist: A participating dentist who is a member of the Delta Dental Premier dentist network.

Delta Dental PPO (“PPO”) Maximum Plan Allowance: The maximum amount payable by Delta Dental for a covered dental service if the subscriber is enrolled in a PPO program. Delta Dental establishes the maximum plan allowance for each procedure through a review of proprietary filed fee data and actual submitted claims. Maximum plan allowances are typically set annually to reflect charges based on actual submitted claims from dentists in the same geographical area with similar professional standing. The subscriber’s financial obligation beyond the maximum plan allowance is determined by any maximums, deductible and co-payment amounts.

Delta Dental Premier (“Premier”) Maximum Plan Allowance: The maximum amount payable by Delta Dental for a covered dental service if the subscriber is enrolled in a Premier program. Delta Dental establishes the maximum plan allowance for each procedure through a review of proprietary filed fee data and actual submitted claims. Maximum plan allowances are typically set annually to reflect charges based on actual submitted claims from dentists in the same geographical area with similar professional standing. The enrollee’s financial obligation beyond the maximum plan allowance is determined by any maximums, deductible and copayment amounts.

Dependent: Eligible family members as defined in the **Eligibility and Enrollment** section of this Evidence of Coverage.

Effective Date: The date the dental program begins. This date is given on the front cover of this Evidence of Coverage.

Employee: An employee of the company who meets the eligibility requirements, accepted by Delta Dental, for enrollment under the contract, and who is so specified for enrollment.

Enrollee: Collectively, the primary enrollee and all enrolled dependents.

Exclusions: Services that are not covered under this dental plan.

Family: The primary enrollee and all enrolled dependents of the primary enrollee.

Limitations: The number of services allowed, frequency of services allowed, and the most affordable dentally appropriate service.

Maximum Benefit: The total maximum dollar amount Delta Dental will pay toward the cost of covered dental care incurred by an individual enrollee in a given period.

Network: A collective expression for all participating dentists who have contracted with Delta Dental to offer services to enrollees and who have agreed to abide by certain administrative guidelines.

Non-Participating Dentist: A dentist who has not contracted with Delta Dental and who is not contractually bound to abide by Delta Dental’s administrative guidelines.

Out-of-Pocket Costs: The portion of dental fees that you pay. Out-of-pocket costs include your deductible, copayment, any amount exceeding the maximum benefit amount, and services not covered by the dental plan.

Participating Dentist: A dentist who contracts with Delta Dental and agrees to abide by certain administrative guidelines.

PPO Allowed Amount: For covered services, the PPO allowed amount under this plan is the lesser of the dentist’s submitted fee or the PPO maximum plan allowance. For non-covered services, the PPO allowed amount is zero.

Premier Allowed Amount: For covered services, the Premier allowed amount under this plan is the lesser of the dentist’s submitted fee or the Premier maximum plan allowance. For non-covered services, the Premier allowed amount is zero.

Pre-Treatment Estimate: A pre-treatment estimate gives a non-binding estimate of how much of a proposed treatment plan will be covered under an enrollee’s dental program and what the enrollee’s out-of-pocket cost will be.

Primary Enrollee: An employee who is enrolled in this dental plan.

Services: Treatment performed by a dentist or under his/her supervision and direction and when necessary, customary and reasonable, as determined by Delta Dental, using standards of generally accepted dental practice.

Single Procedure: A dental procedure to which a separate procedure number is assigned by Delta Dental.

Submitted Amount: The amount the dental office actually submits on the claim form. This is the fee normally charged by the dentist for services provided to all enrollees, regardless of insurance coverage.

Table of Allowances: The list of covered dental services showing the procedure code and the maximum amount paid by Delta Dental for each covered Single Procedure which is attached at the end of this Evidence of Coverage.

Treatment: A caring for or dealing with an oral condition.

TABLE OF ALLOWANCES

Procedure Code	Description	Fee
D0120	Periodic oral evaluation – established patient	\$29.00
D0140	Limited oral evaluation – problem focused	\$29.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$29.00
D0150	Comprehensive oral evaluation – new or established patient	\$39.00
D0180	Comprehensive periodontal evaluation – new or established patient	\$39.00
D0190	Screening of a patient	\$20.00
D0191	Assessment of a patient	\$20.00
D0210	Intraoral – complete series of radiographic images	\$58.00
D0220	Intraoral – periapical first radiographic image	\$6.00
D0230	Intraoral – periapical each additional radiographic image	\$6.00
D0240	Intraoral – occlusal radiographic image	\$19.00
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	\$13.00
D0270	Bitewing – single radiographic image	\$11.00
D0272	Bitewings – two radiographic images	\$19.00
D0273	Bitewings – three radiographic images	\$27.00
D0274	Bitewings – four radiographic images	\$35.00
D0277	Vertical bitewings – 7 to 8 radiographic images	\$40.00
D0321	Other temporomandibular joint radiographic images, by report	\$58.00
D0330	Panoramic radiographic image	\$58.00
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	\$48.00
D0419	Assessment of salivary flow by measurement	\$3.00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$6.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$6.00
D0603	Caries risk assessment and documentation, with a finding of high risk	\$6.00
D1110	Prophylaxis – adult	\$58.00
D1120	Prophylaxis – child	\$39.00
D1206	Topical application of fluoride varnish	\$29.00
D1208	Topical application of fluoride – excluding varnish	\$29.00
D1510	Space maintainer – fixed, unilateral – per quadrant	\$145.00
D1516	Space maintainer – fixed – bilateral, maxillary	\$193.00
D1517	Space maintainer – fixed – bilateral, mandibular	\$193.00

D1526	Space maintainer – removable – bilateral, maxillary	\$97.00
D1527	Space maintainer – removable – bilateral, mandibular	\$97.00
D1575	Distal shoe space maintainer - fixed, unilateral – per quadrant	\$145.00
D2140	Amalgam – one surface, primary or permanent	\$58.00
D2150	Amalgam – two surfaces, primary or permanent	\$77.00
D2160	Amalgam – three surfaces, primary or permanent	\$97.00
D2330	Resin-based composite – one surface, anterior	\$68.00
D2331	Resin-based composite – two surfaces, anterior	\$87.00
D2332	Resin-based composite – three surfaces, anterior	\$97.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$77.00
D2390	Resin-based composite crown, anterior	\$68.00
D2391	Resin-based composite – one surface, posterior	\$68.00
D2392	Resin-based composite – two surfaces, posterior	\$87.00
D2393	Resin-based composite – three surfaces, posterior	\$97.00
D2410	Gold foil – one surface	\$68.00
D2420	Gold foil – two surfaces	\$87.00
D2430	Gold foil – three surfaces	\$97.00
D2520	Inlay – metallic – two surfaces	\$145.00
D2530	Inlay – metallic – three or more surfaces	\$193.00
D2542	Onlay – metallic – two surfaces	\$97.00
D2710	Crown – resin-based composite (indirect)	\$126.00
D2712	Crown – ¾ resin-based composite (indirect)	\$126.00
D2720	Crown – resin with high noble metal	\$361.00
D2721	Crown – resin with predominantly base metal	\$361.00
D2722	Crown – resin with noble metal	\$361.00
D2740	Crown – porcelain/ceramic substrate	\$361.00
D2750	Crown – porcelain fused to high noble metal	\$361.00
D2751	Crown – porcelain fused to predominantly base metal	\$361.00
D2752	Crown – porcelain fused to noble metal	\$361.00
D2753	Crown – porcelain fused to titanium and titanium alloys	\$361.00
D2780	Crown – ¾ cast high noble metal	\$361.00
D2790	Crown – full cast high noble metal	\$290.00
D2791	Crown – full cast predominantly base metal	\$361.00
D2792	Crown – full cast noble metal	\$361.00

D2794	Crown – titanium and titanium alloys	\$290.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$68.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$68.00
D2920	Re-cement or re-bond crown	\$68.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$58.00
D2930	Prefabricated stainless steel crown – primary tooth	\$116.00
D2950	Core buildup, including any pins when required	\$106.00
D2951	Pin retention – per tooth, in addition to restoration	\$29.00
D2952	Post and core in addition to crown, indirectly fabricated	\$97.00
D2954	Prefabricated post and core in addition to crown	\$184.00
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$97.00
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	\$97.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$338.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$435.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$531.00
D3346	Retreatment of previous root canal therapy – anterior	\$338.00
D3347	Retreatment of previous root canal therapy – premolar	\$435.00
D3348	Retreatment of previous root canal therapy – molar	\$531.00
D3410	Apicoectomy – anterior	\$271.00
D3421	Apicoectomy – premolar (first root)	\$271.00
D3425	Apicoectomy – molar (first root)	\$271.00
D3426	Apicoectomy (each additional root)	\$97.00
D3450	Root amputation – per root	\$473.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$97.00
D3921	Decoronation or submergence of an erupted tooth	\$58.00
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$261.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$483.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$483.00
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$483.00
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$483.00
D4270	Pedicle soft tissue graft procedure	\$483.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first	\$483.00

	tooth, implant, or edentulous tooth position in graft	
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	\$362.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$77.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$58.00
D4910	Periodontal maintenance	\$135.00
D5110	Complete denture – maxillary	\$387.00
D5120	Complete denture – mandibular	\$387.00
D5130	Immediate denture – maxillary	\$242.00
D5140	Immediate denture – mandibular	\$242.00
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$277.00
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$277.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$409.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$409.00
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$332.00
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$332.00
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$491.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$491.00
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$307.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$307.00
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)	\$368.00
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)	\$368.00
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$309.00
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	\$309.00
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	\$278.00
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	\$278.00

D5511	Repair broken complete denture base, mandibular	\$87.00
D5512	Repair broken complete denture base, maxillary	\$87.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$97.00
D5611	Repair resin partial denture base, mandibular	\$87.00
D5612	Repair resin partial denture base, maxillary	\$87.00
D5621	Repair cast partial framework, mandibular	\$55.00
D5622	Repair cast partial framework, maxillary	\$55.00
D5630	Repair or replace broken retentive clasping materials – per tooth	\$145.00
D5640	Replace broken teeth – per tooth	\$97.00
D5650	Add tooth to existing partial denture	\$97.00
D5660	Add clasp to existing partial denture – per tooth	\$135.00
D5710	Rebase complete maxillary denture	\$309.00
D5711	Rebase complete mandibular denture	\$309.00
D5720	Rebase maxillary partial denture	\$309.00
D5721	Rebase mandibular partial denture	\$309.00
D5725	Rebase hybrid prosthesis	\$309.00
D5730	Reline complete maxillary denture (chairside)	\$145.00
D5731	Reline complete mandibular denture (chairside)	\$145.00
D5740	Reline maxillary partial denture (chairside)	\$145.00
D5741	Reline mandibular partial denture (chairside)	\$145.00
D5750	Reline complete maxillary denture (laboratory)	\$193.00
D5751	Reline complete mandibular denture (laboratory)	\$193.00
D5760	Reline maxillary partial denture (laboratory)	\$193.00
D5761	Reline mandibular partial denture (laboratory)	\$193.00
D5765	Soft liner for complete or partial removable denture – indirect	\$193.00
D5863	Overdenture – complete maxillary	\$387.00
D5864	Overdenture – partial maxillary	\$409.00
D5865	Overdenture – complete mandibular	\$387.00
D5866	Overdenture – partial mandibular	\$409.00
D6210	Pontic – cast high noble metal	\$174.00
D6211	Pontic – cast predominantly base metal	\$174.00
D6212	Pontic – cast noble metal	\$193.00
D6214	Pontic – titanium and titanium alloys	\$174.00
D6240	Pontic – porcelain fused to high noble metal	\$193.00

D6241	Pontic – porcelain fused to predominantly base metal	\$193.00
D6242	Pontic – porcelain fused to noble metal	\$193.00
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$193.00
D6250	Pontic – resin with high noble metal	\$193.00
D6251	Pontic – resin with predominantly base metal	\$193.00
D6252	Pontic – resin with noble metal	\$193.00
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$116.00
D6549	Retainer – for resin bonded fixed prosthesis	\$116.00
D6602	Retainer inlay – cast high noble metal, two surfaces	\$145.00
D6603	Retainer inlay – cast high noble metal, three or more surfaces	\$193.00
D6604	Retainer inlay – cast predominantly base metal, two surfaces	\$145.00
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	\$193.00
D6606	Retainer inlay – cast noble metal, two surfaces	\$145.00
D6607	Retainer inlay – cast noble metal, three or more surfaces	\$193.00
D6610	Retainer onlay – cast high noble metal, two surfaces	\$116.00
D6612	Retainer onlay – cast predominantly base metal, two surfaces	\$116.00
D6614	Retainer onlay – cast noble metal, two surfaces	\$116.00
D6624	Retainer inlay – titanium	\$193.00
D6720	Retainer crown – resin with high noble metal	\$319.00
D6721	Retainer crown – resin with predominantly base metal	\$290.00
D6722	Retainer crown – resin with noble metal	\$290.00
D6750	Retainer crown – porcelain fused to high noble metal	\$367.00
D6751	Retainer crown – porcelain fused to predominantly base metal	\$290.00
D6752	Retainer crown – porcelain fused to noble metal	\$290.00
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	\$367.00
D6780	Retainer crown – $\frac{3}{4}$ cast high noble metal	\$213.00
D6784	Retainer crown $\frac{3}{4}$ – titanium and titanium alloys	\$290.00
D6790	Retainer crown – full cast high noble metal	\$290.00
D6791	Retainer crown – full cast predominantly base metal	\$290.00
D6792	Retainer crown – full cast noble metal	\$290.00
D6794	Retainer crown – titanium and titanium alloys	\$290.00
D6930	Re-cement or re-bond fixed partial denture	\$58.00
D6950	Precision attachment	\$193.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$58.00

D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$97.00
D7220	Removal of impacted tooth – soft tissue	\$193.00
D7230	Removal of impacted tooth – partially bony	\$242.00
D7240	Removal of impacted tooth – completely bony	\$290.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$329.00
D7250	Removal of residual tooth roots (cutting procedure)	\$97.00
D7260	Oroantral fistula closure	\$387.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$97.00
D7280	Exposure of an unerupted tooth	\$97.00
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	\$97.00
D7286	Incisional biopsy of oral tissue – soft	\$97.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$97.00
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$58.00
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$193.00
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$116.00
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$193.00
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$145.00
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$145.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$68.00
D7520	Incision and drainage of abscess – extraoral soft tissue	\$48.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$145.00
D7610	Maxilla – open reduction (teeth immobilized, if present)	\$870.00
D7620	Maxilla – closed reduction (teeth immobilized, if present)	\$580.00
D7630	Mandible – open reduction (teeth immobilized, if present)	\$870.00
D7640	Mandible – closed reduction (teeth immobilized, if present)	\$676.00
D7650	Malar and/or zygomatic arch – open reduction	\$580.00
D7660	Malar and/or zygomatic arch – closed reduction	\$193.00
D7810	Open reduction of dislocation	\$290.00
D7820	Closed reduction of dislocation	\$145.00
D7961	Buccal/labial frenectomy (frenulectomy)	\$77.00
D7962	Lingual frenectomy (frenulectomy)	\$77.00

D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$29.00
D9222	Deep sedation/general anesthesia – first 15 minutes	\$48.00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$48.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$68.00
D9410	House/extended care facility call	\$39.00
D9420	Hospital or ambulatory surgical center call	\$39.00

Note: This table represents codes and nomenclature excerpted from the version of the Current Dental Terminology (CDT) in effect at the date of this printing. CDT coding and nomenclature are the copyright of the American Dental Association, and have been accepted as the standard for data transmission purposes under federal Administrative Simplification regulations. For the purposes of this table, Delta Dental's administration of benefits, limitations and exclusions under this plan will at all times be based on the then-current version of CDT whether or not a revised table is provided.

APPENDIX A

(1) *Denial of payment based upon lack of coverage of benefit under the Contract or Enrollee's eligibility status i.e., claim benefit determinations that are **not** considered Utilization Review under Article 49 of the New York Insurance Law.*

If a post-service claim¹ is denied in whole or in part, Delta Dental shall notify the Enrollee and the attending dentist of the denial in writing within thirty (30) days after the claim is filed, unless special circumstances require an extension of time, not exceeding fifteen (15) days, for processing. If there is an extension, the Enrollee and the attending dentist shall be notified of the extension and the reason for the extension within the original thirty (30) day period. If an extension is necessary because either the Enrollee or the attending dentist did not submit the information necessary to decide the claim, the notice of extension shall specifically describe the required information. The Enrollee or the attending dentist shall be afforded at least forty-five (45) days from receipt of the notice within which to provide the specific information. The extension period (15 days) – within which a decision must be made by Delta Dental – will begin to run from the date on which the Enrollee's response is received by the plan (without regard to whether all of the requested information is provided) or, if earlier, the due date established by the plan for furnishing the requested information (at least 45 days).

The notice of denial shall explain the specific reason or reasons why the claim was denied in whole or in part, including a specific reference to the pertinent Contract provisions on which the denial is based, a description of any additional material or information necessary for the Enrollee to perfect the claim and an explanation as to why such information is necessary. The notice of denial shall also contain an explanation of Delta Dental's claim review and appeal process and the time limits applicable to such process, including a statement of the Enrollee's right to bring a civil action under ERISA upon completion of Delta Dental's second level of review. The notice shall refer to any internal rule, guideline, and protocol that was relied upon (and that a copy will be provided free of charge upon request).

If the Enrollee or the attending dentist wants the denial of benefits reviewed, the Enrollee or the attending dentist must write to Delta Dental within one hundred eighty (180) days of the date on the denial letter. In the letter, the Enrollee or attending dentist should state why the claim should not have been denied. Also any other documents, data, information or comments which are thought to have bearing on the claim including the denial notice, should accompany the request for review. The Enrollee or the attending dentist is entitled to receive upon request and free of charge reasonable access to and copies of all documents, records, and other information relevant to the denied claim. The review will take into account all comments, documents, records, or other information, regardless of whether such information was submitted or considered in the initial benefit determination.

¹ Delta Dental does not condition receipt of a benefit, in whole or in part, on approval of the benefit in advance of obtaining dental care. Additionally, Delta Dental does not conduct concurrent review relating to continued or extended health care services, or additional services for an insured undergoing a course of continued treatment.

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The review shall be conducted on behalf of 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 is of a claim denial based in whole or in part on a clinical judgment in applying the terms of the Contract, Delta Dental shall consult with a dentist who has appropriate training and experience in the pertinent field of dentistry and who is neither the Delta Dental dental consultant who made the claim denial nor the subordinate of such consultant. The identity of the Delta Dental dental consultant whose advice was obtained in connection with the denial of the claim whether or not the advice was relied upon in making the benefit determination is also available to the Enrollee or the attending dentist upon request. In making the review, Delta Dental will not afford deference to the initial adverse benefit determination.

If after review, Delta Dental continues to deny the claim, Delta Dental shall notify the Enrollee and the attending dentist in writing of the decision on the request for review within thirty (30) days of the date the request is received. Delta Dental shall send to the Enrollee or attending dentist a notice, which contains the specific reason or reasons for the adverse determination and reference to the specific Contract provisions on which the benefit determination is based. The notice shall state that the Enrollee is entitled to receive, upon request and free of charge, reasonable access to, and copies of all documents, records and other information relevant to the Enrollee's claim for benefits. The notice shall refer to any internal rule, guideline, and protocol that was relied upon (and that a copy will be provided free of charge upon request). The notice shall state that if the claim denial is based on lack of dental necessity, experimental treatment or a clinical judgment in applying the terms of the Contract, an explanation is available free of charge upon request by either the Enrollee or the attending dentist. The notice shall also state that the Enrollee has a right to bring an action under ERISA upon completion of Delta Dental's second level of review, and shall state: "You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency."

If in the opinion of the Enrollee or attending dentist, the matter warrants further consideration, the Enrollee or the attending dentist should advise Delta Dental in writing as soon as possible. The matter shall then be immediately referred to Delta's Dental Affairs Committee. This stage can include a clinical examination, if not done previously, and a hearing before Delta's Dental Affairs Committee if requested by the Enrollee or the attending dentist. The Dental Affairs Committee will render a decision within thirty (30) days of the request for further consideration. The decision of the Dental Affairs Committee shall be final insofar as Delta Dental is concerned. Recourse thereafter would be to the state regulatory agency, a designated state administrative review board, or to the courts with an ERISA or other civil action.