

DELTA DENTAL

EMPLOYEE INFORMATION SHEET
DeltaPreferred Option with a Point-of-Service Variation

As an employee benefit, New School University is happy to provide a DeltaPreferred Option dental care program with a Point of Service variation administered by Delta Dental of New York.

HOW TO USE YOUR DENTAL PLAN

Obtain a claim form from the human resource office and fill in sections 1 through 15. Sections 1 through 8 are self-explanatory; section 9 may be skipped. Section 10 should be "#2019". Sections 11 through 15 are to be completed since they are used to assist Delta in determining whether you are entitled to dual coverage and/or coordination of benefits with another carrier. The form should then be given to the dentist of your choice at your next appointment.

YOUR DENTAL CARE BENEFIT

Your dental care program is an excellent benefit. All covered dental procedures, except diagnostic and preventive services, are subject to an annual per person deductible of \$50, with a family limitation of \$150 for DeltaPreferred Option, DeltaPremier, and Non-Participating dentists. The deductible is waived for diagnostic and preventive services. There is a \$1,750 annual maximum per person for services provided by DeltaPreferred Option dentists and a \$1,500 annual maximum per person for services provided by DeltaPremier and Non-Participating dentists. The following payment schedule will illustrate the co-payment percentages involved with each covered procedure, in accordance with Delta's payout level.

		DeltaPreferred Option		DeltaPremier		Non-Participating	
		Participating	Participating	Participating	Participating	Participating	Participating
		<u>Paid by</u>	<u>Paid by</u>	<u>Paid by</u>	<u>Paid by</u>	<u>Paid by</u>	<u>Paid by</u>
		<u>Delta*</u>	<u>Patient*</u>	<u>Delta**</u>	<u>Patient**</u>	<u>Delta***</u>	<u>Patient***</u>
DIAGNOSTIC -	(exam & x-rays)	100%	0%	100%	0%	100%	0%
PREVENTIVE -	(fluoride treatments to age 19, teeth cleaning – children and adults & sealants to age 14)	100%	0%	100%	0%	100%	0%
BASIC RESTORATIVE -	(fillings)	85%	15%	85%	15%	85%	15%
ORAL SURGERY -	(extractions)	85%	15%	85%	15%	85%	15%
ENDODONTICS -	(root canal therapy)	85%	15%	85%	15%	85%	15%
PERIODONTICS -	(treatment of gum disorders)	85%	15%	85%	15%	85%	15%
MAJOR RESTORATIVE -	(crowns)	50%	50%	50%	50%	50%	50%
PROSTHODONTICS -	(dentures, bridgework)	50%	50%	50%	50%	50%	50%
ORTHODONTICS -	(straightening of teeth)	50%	50%	50%	50%	50%	50%
DENTURE REPAIR & ADJUSTMENTS -	(repair & adjustment to existing dentures)	85%	15%	85%	15%	85%	15%

* DeltaPreferred Option participating dentists are paid at the DeltaPreferred Option Maximum Plan Allowance.

** DeltaPremier participating dentists are paid at the DeltaPremier Maximum Plan Allowance.

*** Claims for services rendered by a non-participating dentist will be processed using a maximum fee level that may be higher than Delta's Maximum Plan Allowance. The non-participating dentist then can bill the enrollee for the difference between Delta's reimbursement and the actual charge.

Orthodontics is a benefit for dependent children to age 19 and has a separate maximum of \$1,000 lifetime per patient for DeltaPreferred, DeltaPremier, and Non-Participating dentists.

Eligible for coverage are:

- Employees
- Spouses/Domestic Partners
- Dependent children to age 19 unless a full-time student in which case to age 25.

DENTISTS

DeltaPreferred Option participating dentists are paid at the DeltaPreferred Option Maximum Plan Allowance. DeltaPremier participating dentists are paid at the DeltaPremier Maximum Plan Allowance. Participating dentists accept Delta's allowances as payment in full for covered services. Participating dentists are paid directly by Delta Dental, and by agreement cannot bill the patient more than the applicable copayments or deductibles for the services provided.

Claims for services rendered by a non-participating dentist will be processed using a maximum fee level that may be higher than Delta's Maximum Plan Allowance. Delta sends its payment directly to you. You are responsible for payment of the Non-Participating Dentist's total fee, which may include amounts in addition to Delta's payment, such as copayments and deductibles as well as services not covered.

LIMITATIONS AND EXCLUSIONS

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

- adult orthodontics (straightening of teeth)

The contract on file at the human resource office will give a full listing of the limitations and exclusions of your dental plan.

PREDETERMINATION

If the amount of care to be provided to any one patient will exceed \$300, the dentist should submit the claim form to Delta Dental for predetermination before completing the treatment. Delta's dental consultants will examine the treatment plan and x-rays which may accompany the form and future benefits will be detailed. This is generally a very simple procedure that takes only a few days, but it is very important because it assures you and the dentist that you are eligible for dental benefits, and it tells both you and the dentist if certain proposed services are not covered by the contract.

BENEFIT SERVICES

If you or your dentist have any questions about claim filing procedures or the status of your claim, please feel free to contact Delta's Benefit Service Department at:

Delta Dental
One Delta Drive
Mechanicsburg, Pennsylvania 17055

Phone Number:	717-766-8500
Toll-Free WATS Number:	800-932-0783
TTY/TDD:	888-373-3582
Website:	www.MidAtlanticDeltaDental.com

IMPORTANT – The benefit explanations contained herein are subject to all provisions of the Group Dental Contract, and do not modify such contract in any way, nor shall the subscriber accrue any rights because of any statement in or omission from this information sheet.