



Delta Dental PPO

Lake Forest College

Group #10660

Effective Date: 06/01/16

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SECTION II: HOW YOUR GROUP DENTAL PLAN WORKS

Depending on the *dentist* choose, what would be an example of my out-of-pocket costs?

 T(<)*#8,)) -1#A#dentist#5# 1#Delta Dental PPO#51-@):/\#
 #
 # Submitted Amount# YI žž#
 # Fee Adjustment# Y! žž#
 # Approved Amount (Fee Schedule)# Y%žž#
 # Allowed Amount (Fee Schedule)# Y%žž#
 # Deductible# AAQ >W -4-&Q >#
 # 1Q4#Co-Paymen# D)*5-W %žZ #
 # Patient Paymen# Y! %ž#
 # Delta Paymen# Y! %ž#
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. 184*-1#&#dentist# 4-#A=:11>#) #4881A# 1#scheduled fee#4-#9 Q#A4<D 15-#9 :#8)?1:1>#A:) 81>*:1-#approved amount#
 (<)*#8455) # (1#8, 4:=1># 1#! žž#>#91:1581#fee adjustment#
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T(<)*#8,)) -1#A#dentist#@,) #) #5# 1#Delta Dental PPO 51-@):/B(* #&#A4: 88A4-8=#8# 1#Delta Dental Premier#
 51-@):/\#

 # Submitted Amount# YI žž#
 # Fee Adjustment# Yf!žž#
 # Approved Amount (Maximum Plan Allowance)# YHžž#
 # Allowed Amount (Maximum Plan Allowance)# YHžž#
 # Deductible# AAQ >W -4-&Q >#
 # 1Q4#Co-paymen# D)*5-W %žZ #
 # Patient Paymen# Y\$žž#
 # Delta Paymen# Y\$žž#
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. 184*-1#&#dentist#4881A+1># 1Q4# 15-40#maximum plan allowance (approved amount)#4-#A4<D 15-#5-9 Q#)*#8455) #
 (1#8, 4:=1># 1#f!žž#>#91:1581#fee adjustment#
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T(<)*#8,)) -1#A#dentist#@,) #>)1-#5) #A4: 88A4-1#5#1# 1#Delta Dental PPO#51-@):/#):# 1#Delta Dental Premier#
 51-@):/\#

 # Submitted Amount# YI žž#
 # Fee Adjustment# Yž#
 # Approved Amount (Submitted Amount): YI žž#
 # Allowed Amount (Maximum Plan Allowance): YHžž#
 # Deductible# AAQ >W -4-&Q >#
 # 1Q4#Co-Paymen# D)*5-W %žZ #
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 , 4?1#A=:11D 15+ #&# # 1Q4# 15-40#<)*#@Q(1#1-A) 5- & (Q#9):# 1#>#91:1581#(1-@115# 1Q4# 15-40# #A4<D 15-#45>#<)*:#
 dentist#submitted amount#
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How will I be notified of Delta Dental's payment determination?

T)*#@Q#181&1#45# CAQ154-8 5#) 9# 1519-# # +4#D 15-#9<)* # 4?1#) #A4<#45<#A): 8 5#) 9# 1#8Q1D B#):#9#A4<D 15-#8#&-*1>#
 >&18Q#) #<)*#9:#45#) #) 951-@):/#8Q1D 3# # 1#15>#) 9# + &# 18-8 5# # 18-8 5#7# # @1# 4?1#80>1>#45#455) +4#>#
 CAQ154-8 5#) 9# 1519-# # +4#D 15#) #5>84-1#0, 4-#59:D 4-8 5#Ʉ >1>#) 5# + #9:D 3#7#<)*:#A4<D 15-#1-A) 5- & (Q#&#
 01:)#45>#01#&-*1#A4<D 15-#>&18Q#) # 1#dentist#<)*#@Q#5) #181&1#45# CAQ154-8 5#) 9# 1519-# # +4#D 15#(184*-1#<)*:#
 8Q1D # 4-#(115#A4-#5-9 Q#E) @1?1: B<)* #D 4<# Q#8, 18/#8Q1D # +4#-#) 5#)*:# 1(# &1#):#(<#-8=# 1#4#) D 4-1>#A,) 51#
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What You Should Know About Pre-Treatment Estimates

Am I required to submit a pre-treatment estimate before beginning treatment?

' G) * =, #pre-treatment estimates#4:1#5) #.1G* &1>#Delta Dental strongly recommends that you ask your *dentist* to submit a *pre-treatment estimate* for treatment costing \$200 or more.##fi, 1#pre-treatment estimate

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What is coordination of benefits?

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6 , 15#) * #4:1#8) ?1:1># 5>1:#D) :1# 45# 51#A) @<#) :#A:1A4&# 14Q #84:1#A045B# 1#(1519# # 5>1:# 1-1#A) @& - #) :#A045-#
@&#(1#8)) :>5441>3##7#<) *:#1D A0 <1: ^#) :#) :=4504 & 5F #=:) * A#>15+40A045#&#; 1#A: D 4: <#A045B#&1#@&#A4<#) *:#5) :D 40#
(1519# #4- #9# 1:1#) # + 1:#8) ?1:4=13##7#<) *:#1D A0 <1: ^#) :#) :=4504 & 5F #=:) * A#>15+40A045#&#; 1# 18) 5>4: <#A045B#&1#
@&#>14:D 51#@, 4#(1519# #@) *O# 4?1#(115#A4	#<) *#>&5^# 4?1# + 1:#8) ?1:4=13## 1#@&# 15#A4<# 1#(404581#) 9# 1#
approved amount# 4#@4-#5) #A4&# <# 1#A: D 4: <#A045B# A#) #@, 4# 104# 15+40#5) :D 40A4<D 15#@) *O# 4?1#(115#9#<) *#
, 4>#5) # + 1:#8) ?1:4=13##i, 1#8) D (51>#A4<D 15+ #) 940A045-#@3?1:#(1#D) :1# 45#<) *:#48* 40(@#
#
! 11# AA15>@# #9 :# 1#)) :>54 & 5# 9# 1519# #A:) ?& & 5-#) ?1:55=#<) *:#=:) * A#>15+40A045#
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Who do I submit my claim to first in a situation where coordination of benefits applies?

#
! *(D &# 1#804D #) # 1#A: D 4: <#A045#&- 3#6 , 15#<) *#181&1#A4<D 15#9) D # 4#A045B# *(D &# 1#804D #45>#4#8) A<#) 9# 1#
A: D 4: <#A045^# CA0454 & 5# 9# 1519# #) # 1# 18) 5>4: <#A045#
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SECTION IV: ENROLLMENT AND CHANGES TO ENROLLMENT

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Who is eligible to enroll in this group dental plan?

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T) *#45>#<)*:#dependents 4:1#1Q&(Q#9):#8)?1:4=1#*5>1:#+ &#=#:)*A#>15-4GAQ15#(1=555=#)5#+,1#9-#>4<#<)*#=#:)*A#>15-4GAQ15#(18)D1-#1918-21#):#4-#>1#1:D 51>#(<#<)*:#1DAQ<1:~#):#:=45Q4-5F#1Q&(Q#<#1G*&1D15+3#

Dependents 5#D Q4:<#1?:81#4:1#5) #1Q&(Q#9):#8)?1:4=13#F#<)*:#dependents#Q, Q#15:Q>#5#+, &#=#:)*A#>15-4GAQ15BTQ>#) #48-21#>* <B8)?1:4=1#9):#+, 4#dependent#@Q#1:D 54-1#) 5#+, 1#>4-1#) 9#>1A4:#:1#9):#48-21#>* <3A) 5#1#*:5#) #82Q45# +4#-B<)*:#1Q&(Q#dependent@Q(1#15-+4-1>#)?1:4=1#) 5#+, 1#>4-1#48-21#D Q4:<# +4#-#814-1-3#

To what age is my dependent child covered?

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I 11# AA15>C# B 15-4G Q15# A1884-5-B9):#>1A15>15#8, Q#4=1#Q &4-5-3#

Will I be asked to verify that my child is a full-time student in an accredited school, college or university?

#

N) 3# 1A15>15#8, Q:15# 5>1:#4=1# H#4:1#1Q&(Q#9):#8)?1:4=1#1=4:>Q--#) 9#* >15# +4#- 3#

Is the limiting age extended for disabled dependents?

#

T1-B<)*:#*5D 4:~>#8, Q#4=1# H#45>#) Q1:B#D 4<#8) 5-5*1#) # (1#1Q&(Q#4-#4#dependent#@584A4(Q#) 9-1Q-*AA):#(184*-1#) 9A, <-84Q):#D 15-4G584A48&<#1# 4#(1=45#A:Q:#) #Q-5=#dependent# +4#-#):#A:Q:#) #+, 1#>4-1#) 9#>)*:#1Q&(Q#<Z3# T)*:#*5D 4:~>#8, Q#D*-#40) #1#8, Q#>#1A15>15#) 5#<)*#9):#*AA):#3#6 1#1G*&1#<)*#) #*(D&#A:)) 9# 1#584A48&<#45>#>1A15>158<#&#; 5#f#>4<-#49#:#@1#D 4/1#-*8, #4#1G*1-#45>#*(-1G*15-Q#4-#@1#D 4<#1G*&1B#(*#5) #D):1#91G*15-Q#; 45#455*4Q#

When may I elect coverage?

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T)*#D 4<#1Q8#) #15:Q#5#+, &#=#:)*A#>15-4GAQ15#@& 5#f#>4<-#9) Q@5=#, 1# 4&918-5#) 9# 1#1Q&(Q#<#1G*&1D15+ #):#>#:#45#) A15#15:Q 15#A1:Q>3# #+ &#D 1B<)*#D 4<#4Q) #1Q8#) #15:Q#<)*:#1Q&(Q#dependents#@*8, #8)?1:4=1#&#) 9#1>3##

When can I make a change in coverage election(s)?

#

T)*#D 4<#8, 45=1#; 1#<A1#) 98)?1:4=1#1Q8#>#>#:#5=#, 1#benefit period#9# 1:1##G*4Q-5=# +4#-#8, 45=1#45>#4#@:#&+15# :1G*1-#45>#A:)) 9# 9#4, 45=1#&#A:)?&1>#&# 5#f#>4<-#) 9# 1#>4-1#) 9# 1#8, 45=1#3#

What is a qualifying status change?

` *4Q-5=# +4#-#8, 45=1-#580>1#; 1#9) Q@5=#

•# i, 45=1-#5#9AD Q# +4#-B#) #580>1# NVT#B, 45=1#5#<)*:#Q=4QD 4:84Q# +4#-]#8, 45=1#5#; 1#5*D (1:#) 9#dependents]#):#4#dependent# 4&9-5=#):#5) #Q 5=1:# 4&9-5=#dependent#1Q&(Q#<#1G*&1D15+3#

•# fi4/5=#):#1#*:55=#9) D #4#Q4?1#) 9#4(-1581#*5>1:#; 1#M4D Q#45># 1>84QV14?1# 8#) 9#FILL\$#M V' Z#):#4#D Q4:<#Q4?1#5>1:#; 1#A 58:~D 1># 1?:81-#; DAQ<D 15#45># 11DAQ<D 15#&# + # 8#) 9#FILL" #\t, " ' ' Z#

' #newborn infant#@8(1#8)?1:1>#9)D #, 1#D)D 15#) 9(&+ #9):#f1#>4<- 3# #newborn infant##8, 8# 5>1:#\$f1#>4<- #) 9#4=13#

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SECTION V. DEFINITIONS

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"Allowed Amount" #D 145- #, 1#4D) * 5# #, 4# #, 1#group subscribe# #, 4- #8) 5+ 48+1 >#@& # 104# 15+40#) #* -1#9) :#840* 0-45=#
+ &#:#) * A#>15+40A015F #A4<D 15-#1-A) 5- & &<3#

"Approved Amount" #D 145- #, 1#4D) * 5# #, 4# #, 1#dentis# #, 4- #4=:11>#) #4881A-#4- #9 0A4<D 15-#9) :# 14D 15-3##

"Benefit Period" #D 145- #, 1#19:1581#A1: & ># A1881 >#5# #, 1# 8, 1>* 0# 9 15+40# 1519- #9) :#A*:A) -1-#) 9#1+1:D 55=#, 1#
4AA084- & 5#) #deductible- B@4&5=#A1: & >- #45>#8) ?1: 4=1#8 & #9) :# 48, #covered individual#

"Certificate of Coverage" #D 145- #, 1#- * (- 8- & & 5#81: +884+1#& - *1>#) #4#subscribe# (<# 104# 15+40# 1+5=#9) :+ #+ 1#
+1:D -#45>#8) 5>& & 5- #) 9# & #:#) * A#>15+40A0153#fi, 1#group subscribe# , 40#(1#1-A) 5- & 0#9) :#>+ & * &5=#8) A& -#) 9# 1#
certificate of coverage#) #subscribers#

"Co-Payment" #D 145- #, 1#>1- & 54+1 >#A) : & 5#9C1 >#A1: 815+4=1Z#) 9# 1#allowed amount# #, 4# 104# 15+40# #8) 5+ 48+ 40#
) (& 4+1 >#) #A4<#9) :#4#8) ?1: 1>#A:) 81>* :1B# A#) #+ 1#:#) * A#>15+40A015#D 4C0 *D #9) :# 1#A4- & 5-3fi, 1#A4- & 5-#co-paymen#& #

- #)D1-4:51:# 4?&#
- # b) 5#D):4=1B04-1#:#11>#
- # 1-&54-5# 9) D1-4:51:#4-A: 4: <(151984: <#5#):#01#5-*:4581#45>#1 &1D15#8) 5+48#
- # 1-&54-5# 9) D1-4:51:#4-A: 4: <(151984: <#5#1DA0 <11F#:#5-*:1>F#@0#
- # *:4(C#A:)A1: <#45># 14G #84:1#A)@1:-# 94+):51<#
- # b) 5# @51:-, &# 9D)):#1, 80B# 5-#8, 18/5=#488) *5#:# 5#81>Ǩ) *5+3#

 "Family Coverage" #D 145-#8) ?1:4=1#9) :#A#subscribe#A0-#A# A) *-1#45>):# 51#:#D):1#>1A15>15#8, 0:153#

 "Fee Adjustment" #D 145-#4, 1#>91:1581B045-B(1-@115#4, 1#submitted amount#45>#4, 1#approved amount#

 "Fee Schedule or Scheduled Fee" #D 145-#4, 1#4D) *5#4#4# dentist#5#4, 1# 104# 15-40# ~ ` #51-@):/#4=:11-#
 8) 5+48+4(0#) #4881A-#4-#9 0#A4<D 15#9):#8) ?1:1>#A:) 81>*:1-3#fi, 1#fee schedule

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& - \$: f) . () % : * < 2018 : & * - 2 / 06 twice per calendar year fl	fi Ž Ž E fl	F Ž E fl	F Ž E fl	4 fl	4 fl	4 fl
> () 2 * : f # 8 (. 2 & f t)) : 2 * \$ - 06 once per calendar year, for dependent children under age 19 fl	fi Ž Ž E fl	F Ž E fl	F Ž E fl	4 fl	4 fl	4 fl
i) * ' & f l * 2 \$ 2 & . 06 once per life time for dependent children under age 14 fl	H Ž E fl	H Ž E fl	I Ž E fl	J fl	J fl	J fl
" & ' & , & - \$ \$ - f l (# 10) * ' & f l , * 2 \$ 2 & . 06 fl once per calendar year.	H Ž E fl	H Ž E fl	I Ž E fl	J fl	J fl	J fl
i & * : * - \$ 06 fl applied once per tooth to first and second permanent molars which are free of caries (cavities) and restorations fl	4 Ł fl	4 Ł fl	4 Ł fl	4 Ł fl	4 Ł fl	4 Ł fl

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 *With an indicator for diabetes, high risk cardiac conditions, or kidney failure or dialysis conditions, the enrollee will be eligible for any combination of four cleanings (prophylaxis or periodontal maintenance) per benefit year.
 *With an indicator for periodontal disease, the enrollee will be eligible for any combination of four cleanings (prophylaxis or periodontal maintenance) per benefit year and for in gs (pr n (r an

<p>When an inlay is requested or placed, the level of benefits will be limited to that of an amalgam filling.</p>						
<p>When multiple pins are requested or placed, the level of benefits will be limited to one pin per tooth.</p>						
<p>Sedative fillings are a covered Dental Benefit once per tooth per lifetime.</p>						

<p>When endodontic therapy is performed on primary teeth, the level of benefits will be limited to that of a pulpotomy, except where radiographs indicate there is no permanent successor tooth and the primary tooth demonstrates sufficient intact root structure.</p>						
<p>Retreatment of root canal therapy within 24 months of initial treatment is not a covered benefit.</p>						
<p>When incomplete endodontic therapy is billed because the patient has been referred to an endodontist for completion of endodontic treatment, the level of benefits will be limited to that of a pulpal debridement.</p>						
<p>Pulpal therapy (resorbable filling) is a covered Dental Benefit once per tooth per lifetime.</p>						

When endodontic therapy is performed on primary teeth, the level of benefits will be limited to that of a pulpotomy, except where radiographs indicate there is no permanent successor tooth and the primary tooth demonstrates sufficient intact root structure.

Retreatment of root canal therapy within 24 months of initial treatment is not a covered benefit.

When incomplete endodontic therapy is billed because the patient has been referred to an endodontist for completion of endodontic treatment, the level of benefits will be limited to that of a pulpal debridement.

Pulpal therapy (resorbable filling) is a covered Dental Benefit once per tooth per lifetime.

<p>Periodontal therapy includes treatment for diseases of the gums and bone supporting the teeth once per quadrant in any 24-month interval.</p>						
<p>*With an indicator for diabetes, high risk cardiac conditions, or kidney failure or dialysis conditions, the enrollee will be eligible for any combination of four cleanings (prophylaxis or periodontal maintenance) per benefit year.</p>						
<p>*With an indicator for periodontal disease, the enrollee will be eligible for any combination of four cleanings (prophylaxis or periodontal maintenance) per benefit year and for topical application of fluoride at the frequency stated in this Schedule of Dental Benefits.</p>						
<p>*With an indicator for suppressed immune system conditions or cancer-related chemotherapy and/or radiation, the enrollee will be eligible for any combination of four cleanings (prophylaxis or periodontal maintenance) per benefit year and for topical application of fluoride at the frequency stated in this Schedule of Dental Benefits.</p>						

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*With an indicator for suppressed immune system conditions or cancer-related chemotherapy and/or radiation, the enrollee will be eligible for any combination of four cleanings (prophylaxis or periodontal maintenance) per benefit year and for topical application of fluoride at the frequency stated in this Schedule of Dental Benefits.

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~ #, (. / +(I	" (2%" () %& ~ Ž I	" (2%" () %& +(' Q #	Ž / *q# E9) (*6#+7I	" (2%" () %& ~ Ž I	" (:%" () %& +(' Q #	Ž / *q# E9) (*6#+7I

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- Pulp vitality tests billed in conjunction with any service except for an emergency exam or palliative treatment are not a covered benefit

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- Recementation of a space maintainer within six months of initial placement is not a covered benefit

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- Fillings are not a covered benefit when crowns are allowed for the same teeth.
- Replacement of any existing cast restoration (crowns, onlays, ceramic restorations) with any type of cast restoration within 60 months following initial placement of existing restoration is not a covered benefit
- Replacement of a stainless steel crown with any type of cast restoration is not a covered benefit by the same office within 24 months following initial placement
- A cast restoration is a covered benefit only in the presence of radiographic evidence of decay or missing tooth structure. Restorations placed for any other purpose, including, but not limited to, cosmetics, abrasion, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformations of teeth, or the anticipation of future fractures, are not a covered benefit
- When there is radiographic evidence of sufficient vertical height (more than three millimeters above the crestal bone) on a tooth to support a cast restoration, a crown build-up is not a covered benefit

- Bone replacement grafts performed in conjunction with extractions or implants are not a covered benefit
- Periodontal splinting to restore occlusion is not a covered benefit

Replacement of any existing prosthodontic appliance (cast restorations, fixed partial dentures, removable partial dentures, complete denture) with any prosthodontic appliance within 60 months following initial placement of existing appliance is not a covered benefit

- Replacement of any existing prosthodontic appliance (cast restorations, fixed partial dentures, removable partial dentures, complete denture) with any prosthodontic appliance within 60 months following initial placement of existing appliance is not a covered benefit
- When a fixed partial denture and a removable partial denture are requested or placed in the same arch, the fixed partial denture is not a covered benefit
- Any prosthodontic appliance connected to an implant is not a covered benefit
- Reline or rebase of an existing appliance within six months following initial placement is not a covered benefit
- Fixed or removable prosthodontics for a patient under age 16 is not a covered benefit
- Tissue conditioning is not a covered benefit
- When the edentulous (toothless) space between teeth is less than 50% of the size of the missing tooth, a pontic is not a covered benefit

Mobilization of an erupted or malpositioned tooth to aid eruption or placement of a device to facilitate eruption of an impacted tooth performed in conjunction with other oral surgery is not a covered benefit

- Mobilization of an erupted or malpositioned tooth to aid eruption or placement of a device to facilitate eruption of an impacted tooth performed in conjunction with other oral surgery is not a covered benefit

Coverage is NOT provided for:

Coverage is NOT provided for:

- Services compensable under Worker's Compensation or Employer's Liability laws.
- Services provided or paid for by any governmental agency or under any governmental program or law, except as to charges which the person is legally obligated to pay. This exception extends to any benefits provided under the U.S. Social Security Act and its Amendments.
- Services performed to correct developmental malformation including, but not limited to, cleft palate, mandibular prognathism, enamel hypoplasia, fluorosis and congenitally missing teeth. This exclusion does not apply to *newborn infants*.
- Services performed for purely cosmetic purposes, including, but not limited to, tooth-colored veneers, bonding, porcelain restorations and microabrasion. Orthodontic care benefits shall fall within this exclusion unless such benefits are provided.
- Charges for services completed prior to the date the person became covered under this program.
- Services for anesthesiologists or anesthesiologists.
- Temporary procedures.
- Any procedure requested or performed on a tooth when radiographs indicate that less than 40% of the root is supported by bone.

- Services performed on non-functional teeth (second or third molar without an opposing tooth).
 - Services performed on deciduous (primary) teeth near exfoliation.
- Drugs or the administration of drugs, except for general anesthesia.

APPENDIX C
DENTAL PLAN SPECIFICATIONS
DUAL CHOICE DENTAL PROGRAM
DELTA DENTAL PPO

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CONTRACT NUMBER: ffl ! ! ! ! fi
fi

BENEFIT YEAR: ffl # \$ % # & fl () * & % * fi - . - / 0 - fl / () 2i

fi
fi
CERTIFICATE OF COVERAGE REISSUANCE DATE: fl % \$ - fl 3 2 ! / ! fi

DUAL CHOICE DENTAL PROGRAM

4* - fi % # fl * + 6 - fi - \$) # fl & , & # / fl 7 8 9 * fi # fl + \$) * 5 fi (8 9 . * fi + 9) 6 \$: fi + \$ (6) (fi + ; fi # fi < - \$) # fl - - 7 + & (- & = 6 - fi
9 & , & # / 3 2 ; - & < fi) + fi # (fi - 5 # fi - \$) # fl ~ ` 3 # \$ < fi # fi < - \$) # fl # 9 0 #) 6 \$ fi 9 & , & # / 3 2 ; - & < fi) + fi # (fi - 5 # fi # & 2 fi
1 % (. 8 6 - & (fi / # ' fi / + = - fi & / fi) * - fi - 5 # fi - \$) # fl ~ ` fi 9 & , & # / fi) + fi) * - fi - 5 # fi # & fi 9 & , & # / fi + & fi & / fi) * - fi
- 5 # fi # & fi 9 & , & # / fi) + fi) * - fi - 5 # fi - \$) # fl ~ ` fi 9 & , & # / fi + \$ fi # fi + \$) * 5 fi 0 # (6 2 fi > fi % (. 8 6 - 8 7 6 . 9 % 6 , fi 6 fi + & fi
* - & k - 9 - \$ < - \$) (: fi / # ' fi + \$ 5 fi 0 - fi + = - & < fi % \$ < - & fi + \$ - fi 9 & , & # / fi < % 8 6 , fi # \$ ' fi + \$ - fi / + \$) * fi # \$ < fi / # ' fi + \$ 5 fi / # ? - fi # fi
. * # \$, - fi 0 fi \$ +) 6 ' 6 , fi) * - fi 5 \$ fi > < / 6 6) & #) + 2 fi 4 * - fi 5 \$ fi > < / 6 6) & #) + 2 fi 5 fi) % \$ 3 B 5 5 +) 6 ' fi - 5 # fi - \$) # fl + fi
5) - 8) * # \$ fi) * - fi @ * fi ; fi) * - fi + \$) * fi 9 & . - < 6 , fi) * - fi ; ; - .) 6 - fi k #) - fi ; fi) * - fi # \$, - 2 i

fi
> \$ ' fi) & #) / - \$) fi \$ fi 9 & , & ((fi / % (fi 0 - fi + / 9 5) - < fi % \$ < - & fi) * - fi & % 9 fi k - \$) # fi 9 & , & # / fi \$ fi B * 6 * fi) & #) / - \$) fi B # (fi
6 6 #) - < 2 fi A + fi 9 & , & # / fi * # \$, - (fi / # ' fi 0 - fi / # < - fi B * 6 fi # fi % (. 8 6 - 8 7 + & # \$ ' fi + ; fi 6 fi + & fi - & fi - 9 - \$ < - \$) (3 6 fi
% \$ < - & + 6 , fi # .) 6 - fi k - \$) # fi) & #) / - \$) 2 fi * + % 6 fi # fi % (. 8 6 - 8 7 * # \$, - fi k - \$) # fi 9 & , & # / (fi B * 6 fi \$ fi # .) 6 - fi k - \$) # fi
) & #) / - \$) fi + & fi 8 * 6 fi # \$ ' fi + ; fi * 6 fi + & fi - & fi - 9 - \$ < - \$) (fi 6 fi 6 fi # .) 6 - fi k - \$) # fi) & #) / - \$) 3 i) * - fi B 9 - \$ (- (fi + ; fi) * #) fi
) & #) / - \$) fi # & fi (+ 5 5 fi) * - fi & (9 + \$ (6 6) fi ; fi) * - ffl + = - & < fi % \$ < 6 6 % # 5 # \$ < fi \$ +) fi - 5 # fi - \$) # fl 2 i

fi
fi
ELIGIBILITY REQUIREMENTS: FT

fi += &, - fi + & k - 9 - \$ < - \$) fi * & & \$ f) - & (& #) - (f) * - fi \$ < fi; f) * - f # () f k # ' f 9 & & & f) + f #) # \$ \$, f) * - f # & & \$, f #, - & i
fi
- 9 - \$ < - \$) fi * & & \$ f (* # 5 # 5 + f & \$, 5 % - fi * & & \$ fi; f # \$ ' f #, - f B * + f # & f # \$ < fi + \$) & % f) + f D - f 9 - & / # \$ - \$) 5 f # \$ < fi
(+) # 5 f k & # 0 5 < f D - . # % (- fi; f # f / - < 6 # 5 f k -) - & & # 0 5 f 9 * (6 # 5 + & f / - \$) # 5 & 9 # & / - \$) 3 B * - & f) * - f k & # 0 & & fi
. + / / - \$ - < f 9 & & & f) + f # (& \$, f k - 9 - \$ < - \$) f () # % (f # (f 9 & + & - < f # 0 + = - & i

ENROLLMENT REQUIREMENTS:

fi
B. - 9) f & f) * - fi = - \$) fi; f # f % # & \$, f () # % (fi * # \$, - H fi
fi
#: fi / 9 5 ' - - (/ - / 0 - & (fi + &) * - & fi - 9 - \$ < - \$) (f / # ' fi + \$ 5 fi \$ & + \$) * - & fi ; ; - .) & - f k #) - fi; fi += &, - fi + & fi
< % & \$, f # f (% (- E % \$) fi + 9 - \$ fi \$ & + \$ - \$) f 9 - & < & i
fi
D: fi / 9 5 ' - - (/ - / 0 - & (fi + &) * - & fi - 9 - \$ < - \$) (fi 8 * + fi) - & (& #) - fi. += &, - fi 8 & \$ +) fi O - fi 9 - & & & - < fi) + fi
& & & \$ & + \$) & # \$ fi + 9 - \$ fi \$ & + \$ - \$) f 9 - & < fi. . % & & \$, f #) f 5 # () f 8 - \$) & + % & f Z : f / + \$) * (f # : - &) * - f k #) - fi
+; f) - & & #) & \$ & i
fi
7.: fi ' \$ - fi \$ & + \$ & 3 / 9 5 ' - - (/ - / 0 - & (fi + &) * - & fi - 9 - \$ < - \$) (f / % () f & / # \$ fi \$ & + \$ < fi + &) * - f k % &) & \$ fi +; fi
) * - f l - \$ - ; & fi - & < & i

DEDUCTIBLE:

fi
& . - < % & (f & &) - < f & \$ f) * - fi . * - < % & fi +; fi - \$) # 5 l - \$ - ; & (fi + & f 8 * 6 * f # fi - < %) & 5 fi # 9 9 & (f # & fi (% O M .) fi) + fi # fi
NO @ 2 f fi - < %) & 5 f 9 - & fi += & < f & & & & # 5 9 - & l - \$ - ; & fi - & < & i

COVERAGE LIMITS:

fi
4* - f / # B & % / fi += &, - f # & f 9 - & fi += & < f & & & # 5 9 - & l - \$ - ; & fi - & < f & f i v Z i t t 2

ENHANCED BENEFITS PROGRAM

~ & . - < % & (f & &) - < f & \$ f) * - fi . * - < % & fi +; fi - \$) # 5 l - \$ - ; & (f B & * f # f (& \$, 5 f # () - & & ? f i P. f # & f 9 # & fi; f) * - fi \$ * # \$. - < fi
L - \$ - ; & (fi & , & / 2 f f i += &, - f B & & 0 - f #) f) * - fi & % & l + \$) & # .) - < f D - \$ - ; & f 5 = - 5 B & * f) * - f # < < & & \$ # 5 i & E % \$. ' fi
5 8 # \$. - f D - & \$, f) * - fi + \$ 5 fi * # \$, - 2 f 4 * - & f & f \$ + f #, - f & E % & / - \$) f # \$ < f) * - f 9 #) & \$) f / # ' f D - f) * - fi % (. & & & & & fi
+) * - & i += & < fi - 9 - \$ < - \$) (& i
fi
4* + (- fi & & & 5 fi + &) * - fi \$ * # \$. - < f l - \$ - ; & (fi & , & / f & \$, 5 % - f) * - fi + 5 8 & \$, H fi
• fi ~ - + 9 5 f B & * f 9 - & & + \$) # 5 7, % / : f k & - # (- fi
• fi ~ - + 9 5 f B & * f k & O -) - (fi
• fi ~ & , \$ # \$) f B + / - \$ fi
• fi ~ - + 9 5 f B & * f f 6 * & & ? fi # & & # . fi + \$ < & & \$ (fi
• fi ~ - + 9 5 f B & * f 7 & \$ - ' fi # & & fi + & B * + f # & f 9 & & - & + & \$, f k & 5 (& fi
• fi ~ - + 9 5 f 9 & & - & + & \$, fi # \$. - & & & &) - < fi * - / +) * - & # 9 f # \$ < ^ + & & # < &) & \$ fi
• fi ~ - + 9 5 f B & * f (% 9 9 & ((- < f & / % & - f () - / (f k % f) + f D R f 9 + (& & - f () # % (3 i & # \$ f) & \$ (9 5 # \$) 3 # \$ < ^ + & () - / fi
. - 5 7 0 + \$ - f / # & + 8 : f) & # \$ (9 5 # \$) fi

fi
C f i \$ - fi; f) * - (- fi + \$ < & & \$ (f # 9 9 & (f) + fi + % 3 (6 \$ f 9 f i + & fi * # \$. - < f D - \$ - ; & (fi) + < # ' f D' fi & & & \$, f) * - fi % (. & & & & fi
(- .) & \$ fi; f 8 8 2 - 5 # < - \$) # 5 2 + / fi & fi # 5 5, f s i t t 1 Z 1 1 / O z 1 2 i

APPENDIX D
COORDINATION OF BENEFITS

fi, 1#A*:A) - 1#) 9# &#-:) *A#>15-40A05#&#) #, 10#<) *#D 11#> 1#8) - #) 9#511>1>#>15-4084:1#) :#>14D 15-3##7#) #5#15>1>#
+ 4#45<) 51#181&1#(1519#&#-:14#1:#> 45#48#* 40#1CA15-1-#58*.:1>3#5#5) #1?15#�#A4<D 15#((<#> &#-:) *A#>15-40A05#
1C811>#> 1#4D) *5#> 4#&#) *G#> 4?1#(115#40 @1>#9) + 1:#>15-408) ?1:4=1#) #1C#

7#A#covered individual#-40#>#) #>15-408) ?1:4=1#*5>1:#&#) #:#D):1#A) 088-#):#A:1A4&#> 14Q #84:1#A05-B#> 15#> 1#
(1519#>1:#> &#-:) *A#>15-40A05#> 40#(1#8 >#-#) 0 @-#

k4Z# fi, 1#(1519#&#) 9#> 1#A05#> 4#8) ?1:-#> 1#A1:-) 5#>180#4-#> 1#1DA0 <11'D 1D (1:#45>#5) #4-#A#dependent#@0(1#
>1#1:D 51>#(19:1#>) -1#) 9#> 1#A05#> 4#8) ?1:-#> 1#A1:-) 5#-#A#dependent#

k(Z# C81A-#4-# 1#9 :> #5#A4:4=#4A, #8Z#@, 15#&#) #:#D):1#A05-#8) ?1:#> 1#-4D 1#8, 0#4-#A#dependent#) 9#>9:15#
A4:15+V#

f13# fi, 1#(1519#&#) 9#> 1#A05#> 9#> 1#A4:15#&#>) -1#(&#> >4<B#1C80 >5=#<14:#> 9#(&#> B#9A0#14:0:#5#4#<14:#&#> 1#
>1#1:D 51>#(19:1#>) -1#) 9#> 1#A05#> 9#> 1#A4:15#&#>) -1#(&#> >4<B#1C80 >5=#<14:#> 9#(&#> B#9A0#0#1:#5#4#
<14:#&#>)*#

! 3# 7#() + #A4:15+ # 4?1#> 1#-4D 1#(&#> >4<B#> 1#(1519#&#) 9#> 1#A05#> 4#8) ?1:1>#> 1#A4:15#9 :#4#) 5=1:#A1:0>#
) 9#> 1#&#> 1#>1#1:D 51>#(19:1#>) -1#) 9#> 1#A05#> 4#8) ?1:1>#> 1#A4:15#9 :#4#>) :#1:#A1:0>#> 9#> 1#

k8Z# 7#&#> #:#D):1#A05-#8) ?1:#4#>1A15>15+ 8, 0#) 9#>0):81>#>#:#-1A4:4#1>#A4:15+B#(1519#&#) 9#> 1#8, 0#&#>0#(1#
>1#1:D 51>#&#> #&#> :>1:V#

f13# M&- B#> 1#A05#> 9#> 1#A4:15#&#> #8* ->) ><#> 9#> 1#8, 0#>#

! 3# t 18) 5>B#> 1#A05#> 9#> 1#A) * -1#> 9#> 1#A4:15#&#> #8* ->) ><#> 9#> 1#8, 0#>#45>#

\$3# fi, &#>B#> 1#A05#> 9#> 1#A4:15#&#> # 4?5=#8* ->) ><#> 9#> 1#8, 0#>#
#

APPENDIX E
APPEALING A CLAIM DENIAL

#

APPENDIX F
CONTINUATION OF COVERAGE

#

1 / 1 ' Nfifl#fiz! fiz" ž#
ž fl\$flz % #

Nfl

#

When Will Notice of a Qualifying Event Be Given Automatically to the Plan Administrator?

6, 15#; 1#G* 4085=#1?15+ #&#; 1#15>#) 9#1DA0 <D 15-B#1>* 8& 5#) 9#) *:-#) 9#1DA0 <D 15-B#) :#>14+ #) 9#; 1#1DA0 <11B#; 1#
~ 045# >D 5& +4+):#00(1#>11D 1>#) #; 4?1#(115#5) 501>#4*) D 4+8403##

#

When Must You Give Notice of a Qualifying Event or Other Event that May Affect COBRA Coverage?

M):#) + 1:#G* 4085=#1?15+ #; 4#D 4<#t &=1: B#1C+15>B#) :#) + 1:@&1#4918#; 1# . '' #8) 5-5* 4-5#8) ?1:4=1#) 9#<) *B#<)*:#
-A)*-1B#):#<)*:#8, 0:15B#<)*#4:1# 5>1:#45#) (0-4-5#) #=&1#@: &+15#5) 581#) #; 1# 045# >D 5& +4+):#) 9#; 1#1?15+3##**Failure**
to do so may trigger a loss of COBRA continuation coverage for you, your spouse, or your child or children.##

& 1:#<)* B#<)*:#A)*-1B#<)*:#8, 0-B#):#A#1A:1-15+4-21#48-5=#) 5#(1, 40#) 9#<)* B#<)*:#A)*-1B#<):#<)*:#8, 0-D 4<A:)?&1#; 1#
5) 5813##f; 1#1?15+ #0, 8, #; &=1:#4#1-A) 5-& (8<#) 5#<)*:#A4: #) #5) 9<#; 1# 045# >D 5& +4+):#5#@: &5=#4:1#4-#) 0 @-W

Divorce or Legal Separation.##) *#D * - #5) 9<#; 1# 045# >D 5& +4+):#5#@: &5=#9#<)*#(18) D 1#>8):81>#):#0=40#

=215#) # 1# 045# >D 5&+4): #5#): >1: #) # (45# 1#1C+15- & 5#) 9# . . ' ' #8) ?1: 4=1# (<#14-) 5#) 9#> & 4(0<3#T) *#D * - # 580 >1#@& #<) *: #@: &+15#5) +81#<) *: #54D 1B#4>>: 1-- B#8) 5+48# +1C1A,) 51#5*D (1: B# 1#54D 1#) 9# 1#9: D 1: Q#> & 4(D ># G* 400) ># (151984: <B#45>#4#8) A<#) 9# 1# 1+1: D 54& 5# (<# 1#) 8&G# 18*: &<# >D 5&+4& 53#T) *#D * - #A:) ?& 1# 1#@: &+15# 5) 81#@& 5# \$Z#>4<- #) 9# 1#>4+1#) 9# 1# 954G>1+1: D 54& 5# (<# 1#) 8&G# 18*: &<# >D 5&+4& 5# 4# 1#G* 400) ># (151984: <#) #) 5=1: #& 4(D >#

When Does COBRA Coverage Start?

581# 1# 045# >D 5&+4): #181&1-#@: &+15#5) 81# 4#4#G* 400-5=#1?15# 4-#) 88*: :1>B# . . ' ' #8) 5-5* 4& 5#8) ?1: 4=1# @00# (1#) 9# 1#>#) #148, #) 9# 1#G* 400) ># (151984: & 1-3#M) :#148, #G* 400) ># (151984: <#@,) #108+ # . . ' ' #8) 5-5* 4& 5# 8) ?1: 4=1# . . ' ' #8) 5-5* 4& 5#8) ?1: 4=1#@00# =151: 40# (1=5#) 5# 1#>4+1#) 9# 1#G* 400-5=#1?15#

When Does COBRA Coverage Normally Last Up to 18Months? When Does COBRA Coverage Normally Last Up to 36Mnths?

6 , 15# 1#G* 400-5=#1?15#&# 1#15>#) 9#1D A0 <D 15#) :# 1>* 8& 5#) 9# 1#1D A0 <11F# ,) *:- #) 9#1D A0 <D 15- B# . . ' ' # 8) 5-5* 4& 5#8) ?1: 4=1# 0- + #) 50# #A#) #4#) +40# 9#U#D) 5+ - 3#fi, 1: 1#4: 1#@) #04<- #5#@, & #, # &#U/D) 5+ #A1: & ># 9# . . ' ' # 8) 5-5* 4& 5#8) ?1: 4=1# 845# (1#1C+15>1>M#G* 400) ># (151984: <# (18) D 1-#> & 4(D >#) :# 18#4# 18) 5>#G* 400-5=#1?15#) 88*: - 3#fi, 1-1#@) #D 1+) >- #) :#1C+15>5=#8) 5-5* 4& 5#8) ?1: 4=1# 1#> & 8* -- 1># (10) @3#

6 , 15# 1#G* 400-5=#1?15#&# 1#>14+ #) 9# 1#1D A0 <11B#<) *:#>8) :81#) :#D =40# 1A4: 4& 5#B) :#4# 1A15>15#8, 0#F#0 - 5=# 10& 0<#4- #4# 1A15>15#8, 0#B# . . ' ' #8) 5-5* 4& 5#8) ?1: 4=1# 0- + #) :# A#) #5H#D) 5+ - 3#

When Does a Disability Extend COBRA Coverage Up to a Maximum of 29Months?

7#<) *#) :#45<) 51#5#<) *: #9AD 0#8) ?1: 1># 5>1: #, &#-:) *A#>15-40A015#&#>1+1: D 51># (<# 1#) 8&G# 18*: &<# >D 5&+4& 5#) # (1#> & 4(D >#4#45<#D 1#>*: 5=# 1#9&- #1Z#>4<- #) 9# 1# . . ' ' #8) 5-5* 4& 5#8) ?1: 4=1# A1: & ># 1# . . ' ' #8) 5-5* 4& 5# 8) ?1: 4=1# A1: & >#D 4<# (1#1C+15>1># (<#fi#D) 5+ - #) #4#) +40D 4C0D *D #) 9# L#D) 5+ - #981: 45#8) 5> & 5- #4: 1# 4& 9# >3#fi, 1# 8) 5> & 5- #4: 4#D * - # (1# 4& 9# >#4: 1#4- #) 0 @- W

- # fi, 1#G* 400-5=#1?15#D * - # (1#) *:#1: D 54& 5#) 9#1D A0 <D 15#) :# 1>* 8& 5#5#) *:- #] #
- # fi, 1#G* 400) ># (151984: <#@,) #D 4<# (1#<) *#) :#<) *:# A) * - 1#) :#<) *:# 1A15>15#8, 0#Z#D * - # (1#>1+1: D 51># 5>1: # 1# 1) 8&G# 18*: &<# 8#) #, 4?1# (115#> & 4(D >#4#45<#D 1#>*: 5=# 1#9&- #1Z#>4<- #) 9# 1# . . ' ' #8) 5-5* 4& 5#8) ?1: 4=1# A1: & >]#45># #
- # fi, 1#G* 400) ># (151984: <#D * - #5) 0# 1# 045# >D 5&+4): #) 9# 1#> & 4(0<#>1+1: D 54& 5#4- # 1#9: + #4() ?1# 5>1: # 1# 15# * - #) *#5 21#N) 81#) 94# * 400-5=# 1?15#) :# + 1: # 15# 4# 4# 4# 9#8# . . ' ' #) ?1: 4=1# ; # *This notice should be sent to the Plan Administrator at the address shown in this booklet.* #

If the qualified beneficiary (who may be you or your spouse or your Dependent child) is determined by the Social Security Administration to no longer be disabled, you must notify the Plan Administrator of that fact within 30 days of the Social Security Administration's determination.

When Does a Second Qualifying Event Extend the 18-Month Period of COBRA Coverage Up to a Maximum of 36 Months?

7#<) *:#9AD 0#1CA1: 81581-#45) + 1: #G* 400-5=#1?15#@, 0# 181&5=#1 . . ' ' #8) 5-5* 4& 5#8) ?1: 4=1# 1#-A) * - 1#45># 1A15>15#8, 0: 15#5#<) *: #9AD 0#845# 1#4>> & 540D) 5+ - #) 9# . . ' ' #8) 5-5* 4& 5#8) ?1: 4=1# B# A#) #4#) +40D 4C0D *D #) 9#

\$H#D) 5+ - 3##fi, & #1C+15- & 5#& #4?48(1 #) #<) *: # A) * - 1#45># 1A15>15#8, & : 15#8#<) * #>8 B) : # = 1 #>8) : 81>#) : #0 = 40#
- 1A4: 4+1>3##fi, 1#1C+15- & 5#& #40) #4?48(1 #) #4# 1A15>15#8, & #@, 15#+, 4#8, & # -) A- # (15=#10- & (1 #* 5>1: #+ & #=:) * A#
>15-40A05#4- #4# 1A15>15#8, & 3##

#

When May COBRA Coverage Be Cut Off Early?

fi, 1# &, #) #8) 5-5* 1#=:) * A# 14Q #A05#8) ?1: 4=1#+, 4# 4- # (115#108+1>#9) : #4#G* 4081 ># (151984: <#@0#15># (19: 1#+, 1#0- #
>4<#) 9# 1#D 4C0D *D #8) 5-5* 4- & 5#8) ?1: 4=1#A1: & ># A) 5#+, 1#1 4: 81 - #) 9# 1#9) 0 @5=#>4+1- W

•# fi, 1#8- #>4<#9) : #@, & #0 10#A4-D 15#9) : #8) 5-5* 4- & 5#8) ?1: 4=1#& #5) #D 4>1#@& #1-A18#) #, 1#G* 4081 ># (151984: <3#

•

4D) *5# 9#) *:#&- #A4<D 15#) *=#, #) #8)?1: #, &1#A1: & >3##) *#D 4<#8) 5>48# 1# 045# >D 5&&+4#) :#) #8) 5&D #, 1# 8)::18#4D) *5# 9#) *:#&- #A4<D 15#&#

#

When and How Must Your Subsequent Payments for Continuation Coverage Be Made?

' 91: #<) *#D 4/1#<) *:#&- #A4<D 15#	: #8) 5>5* 4& 5#8) ?1: 4=1#<) *#@0(1# 1G* &1>#) #A4<#9: #8) 5>5* 4& 5#8) ?1: 4=1#9: # 148 # * (-1G* 15#D) 5+ # 98) ?1: 4=13# 5>1: #, &#=:) *A#>15-40A045B# 1-1# * (-1G* 15#A1: & >8#A4<D 15+ #9: #8) 5>5* 4& 5# 8) ?1: 4=1#4: 1#>*1# 5# 1#&- #>4<# 9# 1#D) 5+ #9: #@, 8, #, 1#8) 5+ & * & 5#&#D 4>13##7#<) *#D 4/1#4#A1: & >8#A4<D 15#) 5# :# (19: 1#& #>*1#>4+1B#) *:#8) ?1: 4=1# 5>1: #, &#=:) *A#>15-40A045#@08) 5>5* 1#9: #, 4#8) ?1: 4=1#A1: & >#@&) * #45<#(: 14/3## T) *#@05) # (1# 15#A1: & >8#5) 581-# 9A4<D 15+ #>*1#9: #, 1-1#8) ?1: 4=1#A1: & >- 3#

~ 4<D 15#) 5- &1: 1>#D 4>1# 5# 1#>4+1#&# # 15#) #, 1# 045# >D 5&&+4#) :#4-#1?&1581>#(<# 1# 3 3A) -D 4:/#>4+1#

#

Is There Any Grace Period for Your Subsequent Payments for Continuation Coverage?

' G,) *=#, # * (-1G* 15#A1: & >8#A4<D 15+ #4: 1#>*1# 5# 1#&- #>4<# 9# 1#D) 5+ #9: #@, 8, #<) *#4: 1# 1G* 1- 5=#8) ?1: 4=1#<) *# @0(1#>815#4#=: 481#A1: & >#) 9#&#>4<- #) #D 4/1#148, #A1: & >8#A4<D 15#3#) *:#8) 5>5* 4& 5#8) ?1: 4=1#@0(1#A:) ?&1>#9: # 148, #8) ?1: 4=1#A1: & >#4- #0) 5=#4- #A4<D 15#9: #, 4#8) ?1: 4=1#A1: & >#&#D 4>1#(19: 1# 1#15>#) 9# 1#=: 481#A1: & >#9: #, 4# A4<D 15#3##

Should you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under this group dental plan. ' -#4#A: 18) 5>& 5#9: #>.) AA5=#8) ?1: 4=1#> 1# 045# ' >D 5&&+4#) :#D * - #A:) ?&1#@: &+15#5) 581#) #<) *# 4# 1#A4<D 15# 4- #5) # (115# 181&1>3##i,) 581# , 40(1#D 40>#) # <) *#4#0 4- #f1%#>4<- # (19: 1#8) ?1: 4=1#&#) #814- 1B#4>?&5=#, 4#8) ?1: 4=1#@0(1#>.) AA1>#) 5#4# A18&1 >#>4+1#4#0 4- #f1%# >4<- #491: #, 1#>4+1# 9# 1#5) 581# 50-- #A4<D 15# 4- # (115# 181&1>#(<# 4#>4+1 3##) ?1: 4=1#9: #<) *#@0814- 1#4# 1#15>#) 9# 1#&#>4<#=: 481#A1: & >#@, 1: 1# 1# 1G* &1>#f1%#>4<#5) 581# 4- # (115#A:) ?&1>3

To Whom Should You Direct Questions?

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Leave Under the Family and Medical Leave Act

1) 5-5* 4-5# 9#=:) * A#>15-40A015#8) ?1:4=1#45>#. 15- -4+D 15#) 9#8) ?1:4=1#* 5>1: #, &#=:) * A#>15-40A015#& #4? 4&A(0#) #
1D A0 <11-#45>#, 1) ?1:1>#10&0# 1A15>15+ # 5>1: #81: 4&# A18&A >#8) 5>8& 5- 3#

#

' 5#1D A0 <11#@,) #4/1-#4#0 4?1# 9#4(-1581#* 5>1: #, 1#M V' # 5+&0 >#) #8) 5-5* 1#8) ?1:4=1#* 5>1: #, &#=:) * A#>15-40A015#
9: #, 0 -10, 1: -10#45>#, &, 1: #8) ?1:1>#10&0# 1A15>15+ #) #, 1# 4D 1#1C+15#4- #9# 1#1D A0 <11# 4>#(115#48-210#4#

Part C

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Continuation Coverage Rights under the Uniformed Services Employment and Reemployment Rights Act
("USERRA")(for employees)

Military Leave Under the Uniformed Services Employment and Reemployment Rights Act#

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5#488):>4581#@& #\t . " ' ' B#8) 5-5* 4-5#8)?1:4=1#* 5>1:#+ &#=:) *A#>15+40#45#?40(0#) #1DA0 <11-°D 1D (1:-#
B) 08010#19::1>#) #4- #X1DA0 <11-0#(,) #4/1#D 04: <#04?1#45>#+ 1)?1:1>#10&0# 1A15>15+ ##* 5>1:#81: +5#
-A1800 >#8) 5>80 5-3#T) *#D * -#=#1#+ 1#` 045#' >D 5&+4):#@: &+15#5) 81#@& 5#H#>4<-#) 9#<)*:#4(-1581#9) D#
1DA0 <D 15#9):# 04: <#1:81# 9*)*:#>1-&1#) #08#8) 5-5* 4-5#8)?1:4=1#* 5>1:#\t . " ' ' 3##
#

#

5# 1#1?15#<)*#918#A4<# 1#1G* &1># :1D &D - B8)?1:4=1#@80(1#845810>3#75#4>>&5B8)?1:4=1#@80(1#1:D 844>#8#

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How Does Your Spouse Elect Continuation Coverage?

T) *: #A) * -1# 4- #+ 1# & #) #108#8) 5-5* 4-5#8) ?1:4=1#9 :# , 0 , 1: -10#45>#45<#8) ?1:1># 1A15>15#8, 0: 153# 104# 15+40#5) +81#) #+ 1# A) * -1#) 9+ 1#) A-5#) #8) 5-5* 1#8) ?1:4=1#* 5>1: #705) & #01@@@07580 >1#+ 1#4D) * 5#) 9#A1: & >8# ~ :1D & D - #) # (1#8, 4: =1>#45>#+ 1#D 1+) >#45>#A(81#) 9#A4<D 15-B4-#@1074-#5-+* 8-5-#9 :# 1+ :55=#+ 1#108-5#9 :D 3# 6 & 5\$Z#>4<-#) 9#181&5=#) +81#9) D # 104# 15+40# 1# A) * -1#D * -#5) +9# 104# 15+40# (<#81: 88) >#D 40# 1+ :5# 181&# :1G* 1-#1>B) 9# & , 1: #5+15#) #8) 5-5* 1#8) ?1:4=1#45>#A4<# 1#1G* & 1>#5&40# :1D & D 3##Failure to exercise the option to continue coverage and pay the required initial premium within 30 days of receiving notice from Delta Dental will terminate the spouse's right to Illinois continuation coverage for him/herself and covered Dependent children.

How Much Does Illinois Continuation Coverage Cost?

S 151: 40B# 1#A) * -1#@07(1#1G* & 1>#) #A4<# 1#15&1#8) - #) 98) 5-5* 4-5#8) ?1:4=13## # # M) :#4#9 :D 1: #A) * -1#@,) #, 4-#5) #. 148, 1>#4=1#9#/#@, 15#8) 5-5* 4-5#8) ?1:4=1#(1=5-B# 1#4D) * 5#+ 1#A) * -1#@A4<# D 4<#5) #1C811>#fizz#A1:815#) 9+ 1#8) - #) #S:) *A# * (-8 & 1: #580 >5=#) + #1D A0 <1: #45>#1D A0 <11#8) 5+ & * 5-7#9 :# 8) ?1:4=1#) 9#A# 0 0: 0# & 4+1>#15:) 01#@,) #) #181&5=#8) 5-5* 4-5#8) ?1:4=13## # # M) :#4#1- & 1>#1D A0 <11F#A) * -1#) :#4#9 :D 1: #A) * -1#@,) #, 4-#4+451>#4=1#9#/#@, 15#8) 5-5* 4-5#8) ?1:4=1#(1=5-B# 1# 4D) * 5#+ 1#A) * -1#@A4<#9 :# 1#9- #@) #<14: -#) 98) 5-5* 4-5#8) ?1:4=1#D 4<#5) #1C811>#fizz#A1:815#) 9+ 1#8) - #) # S:) *A#1 * (-8 & 1: #580 >5=#) + #1D A0 <1: #45>#1D A0 <11#8) 5+ & * 5-7#9 :#8) ?1:4=1#) 9#A#- 0 0: 0#- & 4+1>#A045# A4: +8145#@,) #) #. 181&5=#8) 5-5* 4-5#8) ?1:4=13##. 1=555=#@) #<14: -#491: #8) 5-5* 4-5#8) ?1:4=1#(1=5-B# 1# 4D) * 5#+ 1#A) * -1#A4<-#9 :#8) 5-5* 4-5#8) ?1:4=1#D 4<#580 >1#45#>> & 5408, 4: =1B5) #) #1C811># ž#A1:815#) 9+ 1#8) - #) 9+ 1#8) ?1:4=1#) #, 1#S:) *A# * (-8 & 1: B9 :#8) - + #) 9#A>D 5&+4-5# # # ~ 1G* & 1>#8) 5+ & * 5-#9 :#A) * -1-#108+5=#705) & #8) 5-5* 4-5#8) ?1:4=1#D 4<#(1#5814-1>#(<#+ 1#1D A0 <1: #9) D #) 51# <14: #) #, 1#51C3

When and How Must the First Payment for Continuation Coverage Be Made?

7#705) & #8) 5-5* 4-5#8) ?1:4=1#& #108+1>B# 1#A) * -1#D * -# 15>#+ 1#5&40#A4<D 15#9 :#8) 5-5* 4-5#8) ?1:4=1#) # 104# 15+40#& # 1#108-5#9 :D #A:) ?& 1>#(<# 104# 15+40## # fi, 1#8- #A4<D 15#D * -#8) ?1: #, 1#8) - #) 98) 5-5* 4-5#8) ?1:4=1#9) D #, 1#8 1#8) ?1:4=1# 5>1: #, 1#-:) *A#>15+40#A045#@) * 0# , 4?1#) + 1: @&1#1: D 54+1>#A#) #, 1#8 1# 1#8- #A4<D 15#&#D 4>13##fi, 1#A) * -1#& #1-A) 5- & 0#9 :#D 4/5=#* :1# 4# 1# 4D) * 5#) 9+ 1#8- #A4<D 15#) * =, #) #8) ?1: #, & #15- & 1#A1: & >3##fi, 1#A) * -1#D 4<#8) 5+8# 104# 15+40# #8) 5&D # 1# 8) : :18#4D) * 5#) 9+ 1#8- #A4<D 15#45>#@, 1:1# 4#A4<D 15# ,) * 0#(1# 15+3#


When and How Must Subsequent Paymentsb H VKG u I

~ 4<D 15 #& #8) 5-&:1:1>#D 4>1#) 5#† 1#>4†1#&#&#- 15#-) # 1Q4# 15+4G4- #1?&1581>#(<#† 1#^ 3 3#A) -D 4:/#>4†13## *If the*

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Delta Dental of Illinois
111 Shuman Boulevard
Naperville, IL 60563
800-323-1743

deltadentalil.com