

Dental Benefits Booklet

for

Bonneville County
Group Number: 1224
Contract Effective Date:



Welcome To: DELTA DENTAL OF IDAHO

Notice to Buyer: This certificate provides dental benefits only.

HOW DO I USE MY DENTAL BENEFITS?

If your dentist is a Participating Dentist, the claim form will be available at the dentist's office. If your dentist is non-participating, claims forms through your employer. Delta Dental also accepts the standard ADA claim form used by most dentists.

The dental office will file the claim form with Delta Dental; however, you may be required to assist in completing the patient information portion of the form.

Participating Dentist - Delta Dental Premier

The Delta Dental Premier benefit option offers the most extensive network of participating dentists and specialists in Idaho and across the nation. Participating dentists in the Premier network have agreed upon acceptable fees with Delta Dental, protecting you from paying any charges above the dentist's contract fees. Delta Dental will provide a complete accounting of your dentist's charges, our payment and the balance due to the dentist.

A complete list of participating dentists with Delta Dental is available from your employer or on our website, www.deltadentalid.com.

Participating Dentist - Delta Dental PPO

The Delta Dental PPO option lets you choose any provider, including a participating dentist or specialist from the PPO network or the Premier network. When you choose services from either a Delta Dental PPO or Premier network provider, you are protected from paying any charges above the dentist's contract fees. With a PPO network provider you may receive a higher level of benefit and lowest out-of-pocket cost. Delta Dental will provide a complete accounting of your dentist's charges, our payment and the balance due to the dentist.

A complete list of participating dentists with Delta Dental is available from your employer or on our website, www.deltadentalid.com.

Non-Participating Dentist

Payment for services provided by a non-participating dentist is based on actual charges, or the non-participating dentist allowance in Idaho, whichever is less. You are responsible for any remaining balance.

Claim Review

The Dental Consultant of Delta Dental and/or any other dentist whom Delta Dental may designate shall have the right to resolve any question concerning coverage of dental services or the necessity or choice of treatment which may arise hereunder and any such determination made in good faith shall be conclusive and binding upon Delta Dental, the Eligible Person and the dentist, unless within ninety (90) days following receipt of written notice of a rejected procedure or other written notice of such decision any person aggrieved thereby shall appeal the same to Delta Dental for determination. A third claim review is available, which shall be final and binding on all parties and not subject to any further appeal, arbitration or judicial review.

Any controversy or claim arising out of or relating to this Contract or the breach thereof, the American Arbitration Association shall be followed by arbitration proceeding.

Predeterminations

If your dental treatment involves services of \$200 or greater, it is advisable to ask your dentist to submit a predetermination of benefits.

A statement will be sent to your dentist estimating the amount of Delta Dental payment obligation and the amount that you will owe. These estimates be subject to your continuing eligibility in the plan and the contract remaining in effect. If claims for other completed dental services are received and processed prior to the completion date of the proposed treatment, this may reduce Delta Dental's estimated payment for the proposed treatment and increase your obligation to the dentist. Predeterminations are valid for ninety (90) days from the date answered by Delta Dental.

Coordination of Benefits

The dental benefits of the program are subject to the Coordination of Benefits provision in the Contract.

The Coordination of Benefits provision says that if a covered employee or their insured dependents have any other group insurance or any other individual, group or group type coverage that will pay for all or part of any dental services, payments will be coordinated with Delta Dental and the total amount paid will not be more than the allowed amount.

In no case will the Delta Dental payment exceed the amount, which would have been paid if there were no other insurance involved.

WHAT ARE MY PLAN'S BENEFITS?

As a condition precedent to the approval of claim payments, Delta Dental shall be entitled to request and receive, to such extent as may be lawful, information from any attending or examining dentist, such information and records relating to an Eligible Person as may be required to pay claims. Delta Dental shall keep all information and records confidential.

DEPENDENT ELIGIBILITY

Your employer has the option of covering dependents or not under Delta Dental plans. Check with your employer to see if they have chosen to cover dependent coverage. If so, dependent age requirements are listed on the Coverage Plan Summary.

1. Children will include natural offspring, stepchildren, adopted children and foster children.
2. The dependent requirement and the age limitation for child dependents are stated on the Coverage Plan Summary.
3. An unmarried dependent child over the age specified on the Benefits Endorsement page may continue to be eligible as a dependent if the child is incapable of self support because of a physical or mental incapacity that began before attaining the specified contract age (specified on the Benefits Endorsement page). A physician's certificate must be submitted to Delta Dental within six (6) months following your dependent attaining the specified age.
4. Newly acquired dependents must be enrolled on the first day of the calendar month following the date they become eligible dependents as defined in the Coverage Plan Summary.
5. Newborns are covered from date of birth and should be enrolled on the first day of the calendar month following birth. Idaho State law requires that coverage shall be provided for adopted newborn children that are placed with the eligible employee within sixty (60) days of the adopted child's birth. Coverage for an adopted newborn placed with the eligible employee more than sixty (60) days after the birth of the adopted child shall be provided and after the date the child is so placed. Coverage shall be provided for newborn children with congenital anomalies.

WHAT ARE THE LIMITATIONS OF MY PLAN?

(Also see your Coverage Summary for plan specific limitations).

Coverage is limited for:

1. Optional treatment: If the Subscriber or Eligible Dependent selects a more expensive service than is customarily provided.

For example, if teeth can be restored satisfactorily with amalgam or composite material, the cost of inlays, onlays and crowns are not covered. The cost difference between the covered and the noncovered procedure is to be borne by the patient.

2. Payment Provisions: The following guidelines will be used to determine the date on which a service shall be paid:
 - a. For Full Dentures or Partial Dentures: On the date the final impression is taken.
 - b. For Fixed Bridges, Crowns, Onlays: On the date the tooth or teeth are prepared.
 - c. For Root Canal Therapy: On the date the root canal is initiated.

3. Oral surgery is limited to minor surgical procedures and does not allow payment for services such as major surgery preparation for dentures.
4. All other services not specifically included in the Processing Policies.

WHAT SERVICES ARE NOT COVERED?

1. Appliances, restorations, or procedures necessary to increase vertical dimension or restore the occlusion are considered optional and the cost responsibility of the patient.
2. Service for injuries or conditions which are covered under Workers' Compensation or Employers' Liability coverage; or services which are provided to the member of any Federal or State Government Agency; or are provided, without cost, to the subscriber by any municipality, county or other subdivision.
3. Cosmetic services for purely cosmetic reasons.
4. Dental services including prosthodontic services, crowns or bridges started prior to the date the patient became eligible for such services under the agreement.
5. Occlusal (complete) equilibration and/or treatment for TMD disturbances.
6. Separate charges for anesthesia other than general anesthesia and IV sedation administered by a licensed dentist in connection with covered services performed in a dental office.
7. Prescription drugs.
8. Tooth transplants.
9. Oral hygiene instruction and dietary instruction.
10. Plaque control programs.
11. Myofunctional therapy.
12. Veneers placed for cosmetic purposes only.
13. Hospitalization.
14. Broken appointments.
15. Duplicate dentures.
16. Charges for dental services performed by a dental mechanic or another dental technician who is **not licensed**.
17. Periodontal splinting, including crowns or bridgework.
18. Delta Dental is not obligated to pay claims received more than twelve (12) months after the date of rendition of the service.
19. Experimental procedures not yet approved by Delta Dental.
20. All other services not specifically included in the Processing Policies.
21. Orthodontic services.

WHEN DO MY BENEFITS END?

Benefits under your plan will end when the earliest of any of the following happens:

1. The date the plan is discontinued or the date on which contributions are no longer made by your employer. Idaho State law requires that if s disabled due to a dental condition, coverage would be extended to any person disabled, for the disabling condition, only for a period of twelve months or less, whichever occurs first.
2. The end of the calendar month during which termination of full-time employment occurs.
3. The end of the calendar month during which the family member no longer meets the requirement of eligible family member.

IS COVERAGE AVAILABLE AFTER TERMINATION OF COVERAGE?

As required by Title X of the Consolidated Omnibus Budget Reconciliation Act (COBRA), this provides the extended coverage option to persons eligible under their group health plans. This is applicable only to groups of 20 or more eligible employees. In consideration of the payments under the group contract, and subject to all of the terms and conditions thereof, Delta agrees to provide Benefits to persons who elect continued coverage.

1. For the purposes of elected continuous coverage, each of the following shall constitute a Qualifying Event.
 - a. Termination of an Eligible Employee's employment with the Applicant (other than for gross misconduct), or a reduction in the number of hours worked by the Eligible Employee to less than the minimum number of hours required under the contract.
 - b. Death of an Eligible Employee.
 - c. Divorce or legal separation from an Eligible Employee.
 - d. An Eligible Employee becoming entitled to Medicare benefits.
 - e. A dependent child ceasing to meet the description of dependent child.
2. Eligible Employees whose coverage under this program is terminated by reason of a Qualifying Event may elect to continue coverage for themselves and their Eligible Dependents for eighteen (18) months following the month in which the Qualifying Event occurs.
3. Eligible Dependents whose coverage under this program is terminated by reason of any of the Qualifying Events described in Section 1 (b) may elect to continue their coverage for thirty-six (36) months following the month in which the Qualifying Event occurred.
4. Continued coverage elected by a person shall be effective as of the first day of the month following the applicable Qualifying Event described in paragraph 1. However, benefits shall not be available to a person electing continuing coverage before Applicant furnishes Delta with the data required in Section 3.01 of the Contract, along with all dues then currently payable for such person as stated in the Contract.

Delta shall not, in any event, make benefits available with respect to any person for whom such information and dues are not received by Delta within 30 days of the date such person is required by law to notify Applicant of his or her election.

5. A person's continued coverage elected under Sections 2 or 3 above shall terminate on the last day of the month in which any of the following events occurs.
 - a. The period of continued coverage specified in Section 2 or 3 expires.
 - b. The Contract is terminated.
 - c. Applicant fails to pay dues for the person as specified in the Contract.
 - d. The person with continued coverage becomes eligible as an employee under another dental benefit plan.
 - e. The person becomes eligible for Medicare benefits.
 - f. The person with continued coverage by virtue of having been the spouse of an Eligible Employee remarries and becomes eligible under another dental benefit plan.

Bonneville County

GENERAL BENEFIT PLAN SUMMARY Selected Benefits and Percentages

Contract Effective Date: 11/01/2018

Group Number: 1224

Deductible: PPO Premier

Per Person NA \$50

Per Family NA \$150

Excluding Diagnostic and Preventive services per benefit year.

Deductible applicable None Class II + III

Maximum Benefit: \$1,250 \$1,000

Per eligible person per benefit year.

Preventive & Diagnostic Services: PPO Premier
70-100% 70-100%

Examinations, x-rays, teeth cleaning

Basic Services: 70-100% 70-100%
Fillings, root canals, extractions, minor oral surgery

Major Services: 50% 40%
Crowns, onlays, bridges, dentures

Implants: 50% 40%

Value-Added Orthodontic Discount Program

Delta Dental of Idaho subscribers and their eligible dependents can receive a discounted fee for adult and child orthodontia treatment if they obtain services from a Delta Dental Discount Program orthodontist in Idaho. Please see your employer for additional information. This value-added service is not insurance.

Additional Benefits / Limitations

Class I Preventive and Diagnostic Services

Examinations once every 6 months; Cleanings once every 6 months (restricts against periodontal maintenance within the same time period); Fluoride once every 12 months for dependent children under age 19; Sealants once per tooth every 3 years for dependent children under 20; Full mouth series or panoramic x-rays once every 5 years; Bitewing x-rays once every 12 months; Space maintainers under age 14 once a lifetime per permanent tooth.

Class II Basic Services

Periodontal maintenance once every 6 months (restricts against basic cleaning within the same time period); Full mouth debridement (4355) is a benefit if no cleanings within 12 months of the service date (an additional cleaning is allowed within 60 days of the full mouth debridement); Scaling and root planing (4341, 4342) covered once every 24 months per quadrant; Root Canals, Extractions, Periodontics; Fillings restricted to same tooth/surface once every 24 months; Posterior fillings are paid as composites; Composite fillings are not downgraded to amalgam; Nitrous oxide is not covered.

Dependents

Eligible children must be under age 26.

Class III Major Restorative Services

*Crowns, Build-ups, stainless steel crowns, onlays, or bridges on same tooth once every 7 years; For dependent children under age 16, benefits are limited to plastic or stainless steel crowns on same tooth; Prosthetic services pay on the prep date; Occlusal guards are covered for bruxism only once in 24 months; Missing tooth clause does not apply; TMJ is not a covered benefit; Partials, or dentures 1 time per arch every 7 years, eligible for partials at age 16. **Late enrollee waiting period is 24 months.***

Implants

Implants are a covered benefit per tooth with a maximum lifetime benefit of \$900 (including crown) applied to the annual individual maximum benefit.

Value-Added Orthodontic Discount Program

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DELTA DENTAL OF IDAHO
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Toll-free: 800-356-7586

Group Number

Subscriber

Subscriber ID

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DDI IDCARD 106



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Please present this card to your dental provider. To order a laminated copy of you benefit identification card, please call (208) 489-3582.