

SERVICES NOT COVERED

- Prescription drugs, premedications, relative analgesia
- General anesthesia, except with covered oral surgery procedures of one or more simple extractions and/or with surgical extractions for patients under age 19; and except with three or more simple extractions and/or surgical extractions for patients age 19 and over
- Charges for hospitalization, including hospital visits
- Plaque control programs, including oral hygiene and dietary instruction
- Procedures to correct congenital or developmental malformations except for covered dependent children or newborn children eligible at birth
- Procedures, appliances or restorations primarily for cosmetic purposes
- Increasing vertical dimension
- Replacing tooth structure lost by attrition
- Periodontal splinting
- Gnathological recordings
- Equilibration
- Implants
- Orthodontic services, including tooth guidance appliances
- Experimental procedures

SPECIAL NOTE

Dental benefits may be based on the least costly treatment that conforms to generally accepted dental practice.

ELIGIBLE MEMBERS

- Employee/subscriber
- Employee's spouse
- Unmarried children up to age nineteen (19)
- Unmarried children who become mentally or physically disabled and incapable of self-support before age nineteen (19) while covered by this Contract or another contract
- Children who are full-time students up to age twenty-six (26)
- Children who are subject to a Qualified Domestic Relations Order
- Newborn children of any covered person for thirty-one (31) days after birth

COVERED BENEFITS

Subject to a calendar year deductible of \$50 per person (not to exceed \$150 per family per year).*

Diagnostic - Procedures to assist dentists to evaluate existing conditions and dental care required - to include visits, exams, diagnoses and x-rays (exams and bitewing x-rays twice in any calendar year)

Preventive - Prophylaxis (cleaning twice in any calendar year), fluoride treatments (to age 19), space maintainers (to age 14), sealants (to age 14, once in any 36-month period or unfilled permanent first and second molars)

Basic Restorative - Amalgam ("silver") and composite ("white" non-molar) fillings

Major Restorative - Crowns, inlays, onlays are benefited where above materials are not adequate

Oral Surgery - Extraction and oral surgery procedures including pre- and post-operative care

Endodontics - Procedures for pulpal therapy and root canal filling

Periodontics - Surgical and non-surgical procedures for treatment of gums and supporting structures of teeth

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

TMJ - Reversible procedures for treatment of temporomandibular joint dysfunctions

Note: Orthodontic (straightening of teeth) services are not covered under this contract. Maximum benefit \$2,000 per person based on a calendar year. ***Diagnostic and Preventative services are exempt from the deductible.**

BENEFIT	Delta Preferred Option		Delta Premier and Non-Participating	
	Paid by Delta	Paid by Patient	Paid by Delta	Paid by Patient
DIAGNOSTIC	100%	0%	80%	20%
PREVENTIVE	100%	0%	80%	20%
BASIC RESTORATIVE	100%	0%	80%	20%
MAJOR RESTORATIVE	80%	20%	60%	40%
ORAL SURGERY	100%	0%	80%	20%
ENDODONTICS	100%	0%	80%	20%
PERIODONTICS	100%	0%	80%	20%
PROSTHODONTICS	80%	20%	60%	40%
TMJ	50%	50%	50%	50%

The above covered percentages are payable to participating dentists or subscribers and subject to limitations and exclusions as specified in the Group Dental Service Contract. This schedule is applied according to the payment for services criteria explained elsewhere on this brochure.



DESCRIPTION
OF
BENEFITS
GROUP DENTAL
PROGRAM
FOR
EMPLOYEES
OF

ONONDAGA COUNTY

Delta Group Number **2249**

Underwritten by

Delta Dental of New York
One Delta Drive
Mechanicsburg, PA 17055

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

TTY/TDD 888-373-3582
www.MidAtlanticDeltaDental.com



Subscriber I.D. Card
Group Number **2249**

Employee Name _____

Employee I.D.# _____

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

IMPORTANT

The benefit explanations contained herein are subject to all provisions of the Group Dental Contract on file with your Employer, Trust Fund, or other entity ("Plan Administrator"), and do not modify the terms and conditions of such contact in any way, nor shall the subscriber accrue and rights because of any statement in or omission from this booklet.

HOW TO USE YOUR DENTAL PROGRAM

Attending Dentist's Statements (claim forms) are available from the Plan Administrator, usually at your human resource office or at dental offices. Items 1-15 on claim forms are patient and/or subscriber information. Employee identification and group numbers are very important. Your group number is on the cover of this brochure. Your dentist will complete an examination and recommend needed treatment. If treatment is to be extensive, your dentist may send the claim form to Delta in advance (see Predetermination). When services are completed, you will be asked to sign the form and your dentist will submit it to Delta.

Timely submission of claims is important. Claims submitted 12 months or more beyond the date of service will not be eligible for payment.

FREE CHOICE OF DENTIST

Delta Plans recognize that many factors affect the choice of dentist and therefore support your right to freedom of choice regarding your dentist. Note the explanation of Delta payment procedures to understand the method of payments applicable to your dentist selection.

PARTICIPATING DENTISTS

These are licensed dentists who have entered into an agreement with Delta to abide by Delta's policies regarding services, your portion of the charged fees and other matters pertinent to Delta's obligations to its subscribers. Names of DeltaPreferred Option participating dentists can be obtained by calling Delta, accessing its web site at www.MidAtlanticDeltaDental.com, or from directory listings furnished to your employer.

PREDETERMINATION OF BENEFITS

Please remember: If you and your dentist are unsure of your contract benefits for a specific course of treatment, make sure with predetermination.

If total charges for a treatment plan exceed an amount which Delta establishes (\$300), predetermination is recommended for approval of the charges for payment. You should ask the attending dentist to submit the claim form in advance of performing services. Delta will act promptly in returning a predetermination voucher to you and the attending dentist with verification of the patient's current eligibility and current availability of benefits with applicable maximums. The availability of benefits may change subsequent to the date of the voucher due to a change in eligibility status, exhaustion of applicable benefit maximums or application of frequency of procedure limitations.

PAYMENT FOR SERVICES

Payment for services performed for you by DeltaPreferred Option (DPO) dentists are calculated on the basis of the lesser of one of the following: 1) a DPO Maximum Plan Allowance, which is usually less than the Maximum Plan Allowance for DeltaPremier programs or 2) the dentist's actual fee. This amount is known as the DPO Allowed Amount. DPO dentists have agreed to accept the DPO Allowed Amount as full payment for services covered by the Contract.

If you visit a DPO dentist, Delta calculates its share of the DPO Allowed Amount ("Delta Payment") and sends it to the DPO dentist. Delta advises you of any charges not payable by Delta for which you are responsible ("Patient Payment"). The Patient Payment is generally the difference between the Delta Payment and the DPO Allowed Amount — i.e., copayments, deductibles, charges where maximums have been exceeded — and charges for services not covered by the Contract.

Payment for services performed for you by a DeltaPremier dentist is calculated by Delta on the basis of the DPO Allowed Amount.

If you visit a DeltaPremier dentist, Delta calculates its share of the DPO Allowed Amount and sends it to the DeltaPremier dentist. DeltaPremier dentists have agreed to accept the DeltaPremier Allowed Amount as full payment for services covered by the contract. Delta advises you of any charges not payable by Delta for which you are responsible ("Patient Payment"). The Patient Payment is generally the difference between the Delta Payment and the DeltaPremier Allowed Amount. This also includes copayments, deductibles, charges where maximums have been exceeded and services not covered by the Contract.

Payment for services performed for you by a non-participating dentist is also calculated by Delta on a DPO Allowed Amount basis, but Delta pays its Delta Payment to you. You are responsible for payment of the non-participating dentist's total fee, which may include amounts in addition to the DPO Allowed Amount and services not covered by the Contract.

Your total out-of-pocket payment is least if you go to a DeltaPreferred Option dentist, is more if you go to a DeltaPremier dentist, and likely will be the highest if you go to a non-participating dentist.

COORDINATION OF BENEFITS

If separate dental benefits are available to the employee, spouse, or dependents under other programs, there are specific conditions applicable to determination of payment. The ratio of each carrier's liability to total cost incurred is reviewed. Payment is made according to the "birthday" rule adopted by most insurance carriers, but in no case does Delta pay in excess of its total contractual obligation, if it were the only carrier involved. If the other carrier determines its benefits first, Delta will pay any difference between the amount paid by the other carrier and the charged for the covered service, to the extent of Delta's benefit for the given procedure.

CLAIMS AND APPEAL PROCEDURES

Delta Plans attempts to process all claims within a reasonable processing time. If a claim will be delayed more than 30 days, Delta will notify the subscriber in writing stating the reason for delay.

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

Any dissatisfaction with adjustments made or denials of payment should be brought to Delta's attention, and if unresolved to your satisfaction, to the Plan Administrator. The Plan Administrator will advise you of your rights of appeal or other recourse.

NOTE

Complete descriptions of benefits, limitations and exclusions are contained in the Group Dental Service Contract on file with the Plan Administrator. This brochure is a summary only.

Be sure to provide your dentist with your group number and subscriber identification number.

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