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 booklet.

**HOW TO USE YOUR DENTAL PROGRAM**

Attending Dentist’s Statements (claim forms) are available from the Plan Administrator, usually at your personnel 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**

Employees may choose a participating dentist from the DeltaPremier or DeltaPreferred Option programs. The DeltaPremier program has Delta’s largest dentist network, paying the higher amount per procedure of the two programs. The DeltaPreferred Option network is smaller and the dentists agree to accept less per dental service. Both networks consist of licensed dentists who have entered into an agreement with Delta to abide by Delta’s policies regarding services, limitations on charged fees and other matters pertinent to Delta’s obligations to its subscribers. Names of participating dentists can be obtained, upon request, by calling Delta or by accessing our web site at www.MidAtlanticDeltaDental.com.

**COORDINATION OF BENEFITS**

If separate dental benefits are available to the participant, 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 charge for the covered service, to the extent of Delta’s benefit for the given procedure. For more information, refer to the Research Foundation Benefits Handbook.

**CLAIMS AND APPEAL PROCEDURES**

Delta Dental attempts to process all claims within a reasonable processing time. If a claim will be delayed more than 120 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.

**ELIGIBLE MEMBERS**

Employee/subscriber

Employee’s spouse or domestic partner*

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-five (25)

Children who are subject to a Qualified Domestic Relations Order

Newborn children of any covered person for thirty-one (31) days after birth

*Contact your campus benefits office for domestic partner eligibility criteria.

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

Delta Dental of New York

2000 One Delta Drive

Mechanicsburg, PA 17055

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

TTY/TDD (888) 373-3582

www.MidAtlanticDeltaDental.com
SERVICES NOT COVERED
Prescription drugs, premedications, relative analgesia 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 splitting Gnotobiotic recordings Equilibration Adult Orthodontic services Experimental procedures

BENEFIT LIMITATIONS
Prophylaxis and exams are a benefit twice in any twelve-month period (including periodontal prophylaxis).
Bitewing x-rays are a benefit twice in any twelve-month period.
Full mouth x-rays are a benefit once in any three-year period.
Replacement of restorative crowns, inlays, onlays and bridges is a benefit once only in any five-year period regardless of who provided previous restoration or paid benefits.
Replacement of prosthetic devices is a benefit only once in any five-year period regardless of who provided previous devices or paid benefits.
Fluoride is a benefit once in any calendar year.
Sealants are limited to one treatment per each permanent tooth, including bicuspids, every 48 months.

Covered Benefits

**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 12-month period)

**Procedures** - Prophylaxis (cleaning, twice in any 12-month period), fluoride treatments (to age 19, once in any calendar year), space maintainers (to age 14), sealants (to age 14, one treatment per permanent tooth, including bicuspids, every 48 months)

**Basic Restorative** - Amalgam ("silver") and composite ("white" non-molar) fillings. Consultation by dentists other than the treating dentist are covered. Repair and recementation of crowns, inlays, onlays and bridges are covered.

**Major Restorative** - Crowns, inlays, onlays, and bridges are covered where above materials are not adequate.

**Oral Surgery** - Extraction and oral surgery procedures including pre- and post-operative care. Intravenous sedation is a benefit.

**Endodontics** - Procedures for pulp therapy and root canal filling.

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

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

**Orthodontics** - Procedures for straightening teeth (Orthodontics is a benefit for eligible dependent children to age 19)

**TMJ** - Reversible procedures for treatment of temporomanbular joint dysfunctions.

**Denture Repair and Relining** - Repair and relining of existing dentures.

**Implants** - Appliances placed into bone serving as prosthodontics abutments.

**Injectable Antibiotics** - Antibiotic drugs that are administered by injection.

**Occlusal Adjustment** - Modification of the occlusal surfaces of opposing teeth to adjust the relationship of the teeth and supporting structures.

**Inlay/Onlay, Crown & Bridge Repair & Recementation** - Repair and recementation of existing inlays, onlays, crowns and bridgework.

**Periodontal Prophylaxis** - Periodontal cleanings.

**Additional General Anesthesia** - Benefit of a General Anesthetic for any covered procedure.

Payment Schedule

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Paid by Delta</th>
<th>Paid by Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Preventive</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Basic Restorative</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Major Restorative</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>75%</td>
<td>25%</td>
</tr>
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<td>Endodontics</td>
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<td>25%</td>
</tr>
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<td>75%</td>
<td>25%</td>
</tr>
</tbody>
</table>

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 in accordance with the payment for services criteria explained elsewhere on this brochure.

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- Maximum benefit is $1,500 per person based on a calendar year for in-network services (DeltaPreferred Option) and $1,200 per person based on a calendar year for out-of-network services (DeltaPremier or Non-Participating).
- The Orthodontic maximum is $1,500 lifetime per patient (offset by any benefits paid under previous Research Foundation coverage.)
- All services are subject to a calendar year deductible of $50 per person (not to exceed $150 per family) with the exception of Diagnostic, Preventive Periodontal Prophylaxis and Orthodontic services which are exempt from the deductible.
- There is a six-month waiting period from the eligibility date for major restorative and prosthodontic benefits for new hires.

Delta Group Number 1591

Administered by
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