

**SERVICES NOT COVERED**

Prescription drugs, premedications, pain medication  
 General anesthesia, except with oral surgery procedures  
 Charges for hospitalization, including hospital visits  
 Plaque control programs, including oral hygiene and dietary instruction  
 Procedures to correct congenital or developmental malformations except for 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 (measurements of the occlusion)  
 Equilibration  
 Adult Orthodontic services, including tooth guidance appliances

**BENEFIT LIMITATIONS**

Prophylaxis and exams are a benefit once in any 6-month period (including periodontal prophylaxis).  
 Bitewing x-rays are a benefit once in any 6-month period.  
 Full mouth x-rays are a benefit once in any three year period.  
 Replacement of restorative crowns, inlays, and onlays is a benefit once only in any five year period regardless of who provided previous restoration or paid benefits.  
 Replacement of prosthodontic 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 every 48 months.

Employee I.D. Card  
 Group Number **1591**

Employee Name \_\_\_\_\_  
 Employee S.S.# \_\_\_\_\_

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

**BENEFITS**

The Research Foundation pays for dental benefits which are described below, according to the payment Schedule which follows.

The benefits described on this brochure are subject to all provisions of the Group Dental Contract between Delta Dental and the Research Foundation and do not modify that contract in any way.

**Diagnostic** - Procedures to assist dentists to evaluate existing conditions and dental care required - to include visits, exams, diagnosis and x-rays

**Preventive** - Prophylaxis (cleaning), fluoride treatments (limited to age 19), space maintainers, sealants (to age 14)

**Basic Restorative** - Amalgam and composite fillings

**Major Restorative** - Crowns, inlays, onlays are benefited where Basic Restorative materials are not adequate, after twelve (12) months of eligible service

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

**Endodontic** - Procedures for pulpal therapy and root canal filling

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

**Prosthodontic** - Procedures for construction or repair of fixed bridges and construction of partial or complete dentures, after twelve (12) months of eligible service

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

**Denture Repair & Relining** - Repair and relining to existing dentures

**TMJ** - Reversible procedures for treatment of temporomandibular joint dysfunctions

**Crown & Bridge Repair** - Repair to an existing bridge or crown

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

**Periodontal Prophylaxis** - Periodontal cleanings

**Implants** - Appliances placed into bone serving as prosthodontic abutments

**PAYMENT SCHEDULE**

BENEFIT	Paid by	
	Delta	Patient
DIAGNOSTIC	100%	0%
PREVENTIVE	100%	0%
BASIC RESTORATIVE	75%	25%
MAJOR RESTORATIVE	50%	50%
ORAL SURGERY	75%	25%
ENDODONTICS	75%	25%
PERIODONTICS	75%	25%
PROSTHODONTICS	50%	50%
ORTHODONTICS	50%	50%
DENTURE REPAIR & RELINING	75%	25%
CROWN & BRIDGE REPAIR	75%	25%
INLAY/ONLAY, CROWN & BRIDGE RECENTMENTATION	75%	25%
TMJ	50%	50%
PERIODONTAL PROPHYLAXIS	100%	0%
IMPLANTS	50%	50%

The percentages listed above 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 to the Payment for Services criteria explained elsewhere on this brochure.

- Maximum benefit is \$1,200 per person based on a calendar year.

- 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.

**DENTAL PLAN  
 BENEFITS  
 FOR EMPLOYEES OF  
 THE RESEARCH FOUNDATION  
 OF STATE UNIVERSITY  
 OF NEW YORK**

Delta Group Number **1591**

Administered 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](http://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 booklet.

### HOW TO FILE A CLAIM

Obtain a claim form from the benefits office, and present it to your dentist when making a first visit. The dentist can submit claims to Delta on your behalf. If predetermination is recommended, the dentist will submit the claim for planned treatment in advance directly to Delta. Otherwise, he/she will perform the service and then submit the claim. When the predetermination process is completed, the form will be returned to the dentist. He or she should discuss this with you. On completion of the covered predetermined course of treatment, the dentist will resubmit the claim. In both situations, Delta will pay the dentist if he/she is a participating dentist, or will pay you if he/she is not, that amount of the payments for which it is obligated under the group contract. Delta will notify you in writing of the amount of benefits which are paid on your behalf and the amount which you must pay. Timely submission of claims is important. Claims submitted six 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.

### PLEASE REMEMBER...

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

### 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 DeltaPremier participating dentists can be obtained, upon request, by calling Delta, accessing its website at [www.MidAtlanticDeltaDental.com](http://www.MidAtlanticDeltaDental.com), or from directory listings furnished to your employer.

### PREDETERMINATION OF BENEFITS

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

DeltaPremier participating dentists are paid the DeltaPremier Usual, Customary, and Reasonable ("UCR") fee or the fee charged, whichever is less, (as determined by Delta). The DeltaPremier participating dentist has agreed to accept this as full payment for services covered by the Group Dental Contract. Delta calculates the DeltaPremier UCR and sends its share to the DeltaPremier participating dentist. Delta advises you of any charges not payable by Delta for which you are responsible. These are generally your share of the DeltaPremier UCR co-insurance, deductibles, charges where maximums have been exceeded, or charges for services not covered by the Group Dental Contract.

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

### 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 will process all claims according to the standards established by the U.S. Department of Labor as applicable to dental insurance. 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 can be handled by writing to Delta or by calling Delta at (717) 766-8500 or toll free at (800) 932-0783.

If your claim is denied in whole or in part, Delta will notify you of the denial in writing. The notice will explain why benefits were denied in whole or in part and will explain the claim review procedure. If you want to appeal the denial of benefits, you must write to Delta Dental of New York (to the person who signed the letter denying benefits) within 60 days of the date on the denial letter. In your letter, please state why you think your claim should not have been denied. Also include any other documents, data, information or comments which you think have bearing on your claim.

Delta will review your appeal and will notify you in writing of the decision within 60 days of the date your appeal is received. In unusual cases, such as those which require review by dental specialists of technical records, the review may take longer than 60 days.

### EXTENDED DENTAL BENEFITS

Charges for dental work begun before coverage ends will be paid for the following, if treatment is completed within 90 days of termination of eligibility or employment:

- fixed bridgework, crowns, inlays, onlays, and gold restorations (treatment begins the date the tooth or teeth are first prepared)
- full or partial removable dentures (treatment begins the date the impression is taken)
- root canal work (treatment begins the date the tooth is opened)

Note: Orthodontic payments do not fall within the 90-day extended dental insurance provision. However, you may continue dental coverage by paying for an extension of benefits under COBRA. Refer to Your Research Foundation Benefits Handbook.

### SPECIAL NOTES

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

Orthodontic benefits may be pro-rated for treatment begun before the patient is eligible.

For information on eligibility rules, termination of benefits, continuation of benefits, and ERISA documentation, please refer to Your Research Foundation Benefits Handbook.

Complete definition of benefits, limitations and exclusions is contained in the Group Dental Service Contract on file with your employer. Benefits are subject to all terms and conditions of that contract. This brochure is informational only.

*Be sure to provide your dentist with your group number and participant social security number.*

**Delta Dental of New York**  
**One Delta Drive**  
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