



Delta Dental of Pennsylvania

## THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM

*Combined Evidence of Coverage and Disclosure Form*



[deltadentalins.com](http://deltadentalins.com)

**Group No. 06951**

**Effective Date: 1/1/2017**

**Delta Dental of Pennsylvania**

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**INTRODUCTION**

Delta Dental is pleased to welcome you to the group dental plan for The Howard County Public School System. Our goal is to provide you with the highest quality dental care and to help you maintain good dental health. We encourage you not to wait until you have a problem to see the dentist, but to see him/her on a regular basis.

**Using This Evidence of Coverage**

This Evidence of Coverage discloses the terms and conditions of your coverage and is designed to help you make the most of your dental plan. It will help you understand how the plan works and how to obtain dental care. Please read this booklet completely and carefully. Keep in mind that YOU and YOUR mean the individuals who are covered. WE, US and OUR always refer to Delta Dental. In addition, please read the **Definition of Terms** section, which will explain any words that have special or technical meanings under the plan.

The benefit explanations contained in this booklet are subject to all provisions of the Group Dental Service Contract on file with your employer, trust fund, or other entity (“Plan Administrator”) and do not modify the terms and conditions of that contract in any way, nor shall you accrue any rights because of any statement in or omission from this booklet.

**Contact Us**

If you have any questions about your coverage that are not answered here, please visit our web site at [www.deltadentalins.com](http://www.deltadentalins.com) or call our Customer Service Center. A Customer Service Center representative can answer questions you may have about obtaining dental care, help you locate a participating dentist, explain benefits, check the status of a claim, and assist you in filing a claim.

Representatives are available by telephone Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time at (717) 766-8500 or toll-free at (800) 932-0783. If you are hearing impaired, you may call our toll-free TTY/TDD number at (888) 373-3582. You can also access Delta Dental’s automated information line at (800) 932-0783 to obtain information about enrollee eligibility and benefits, group benefits, or claim status.

If you prefer to write Delta Dental with your question(s), please mail your inquiry to the following address:

**Delta Dental  
One Delta Drive  
Mechanicsburg, PA 17055**

## **SELECTING YOUR DENTIST**

### **Free Choice of Dentist**

Delta Dental recognizes that many factors affect the choice of dentist and therefore supports your right to freedom of choice regarding your dentist. This assures that you have full access to the dental treatment you need from the dental office of your choice. You may see any licensed dentist for your covered treatment

- Delta Dental PPO Participating Dentist (“PPO”)
- Delta Dental Premier Participating Dentist (“Premier”)
- Non-Participating Dentist

In addition, you may choose your own specialist, and you and your family members can see different dentists.

**Remember, you enjoy the greatest savings when you choose a PPO dentist.** To take full advantage of your benefits, we highly recommend you verify a dentist’s participation status within a Delta Dental network with your dental office before each appointment. Review the section titled “How Claims Are Paid” for an explanation of Delta Dental payment procedures to understand the method of payments applicable to your dentist selection and how that may impact your out-of-pocket costs.

### **Referrals to Specialists**

Your dentist may refer you to another dentist for a consultation or specialized treatment or you may elect to see a specialist on your own. If this is done, be sure that the dentist you are referred to is a participating dentist. You can do this by simply asking the specialist when you make your appointment. Visiting a dentist who has agreed to participate in the Delta Dental network can save you money, time, and the hassle of paperwork. Remember, if the dentist is not a participating dentist, you may be required to pay all of the treatment cost at the time of service and submit a claim to Delta Dental for reimbursement.

If you are diagnosed with a condition or disease that requires a specialist and no specialist who is a participating dentist has the specialized dental training and expertise to treat your condition or disease or Delta Dental can not provide reasonable access to a specialist who is a participating dentist without unreasonable delay or travel, you may be referred or consult a specialist who is not a participating dentist on your own. For purposes of calculating any deductible, co-payment amount or co-insurance payable by you, he will be considered a Premier Participating Dentist for your treatment. Remember, if the dentist is not a Premier dentist, you may be required to pay all of the treatment cost at the time of service and submit a claim to Delta Dental for reimbursement.

**Locating a Delta Dental Participating Dentist**

There are several ways in which you can locate a participating dentist near you:

- You may access information about the plan through our web site at [www.deltadentalins.com](http://www.deltadentalins.com). This web site includes a dentist search function allowing you to locate Delta Dental participating dentists by location, specialty and network type; or
- You may also call Delta Dental and one of our representatives will assist you. He/she can provide you with information regarding a dentist’s membership status, specialty and office location.

**PLAN INFORMATION**

**Benefit Summary Chart**

The services provided through the plan include all the benefits described in the Benefit Summary Chart on the following page, with the exception of those items presented in the **Limitations and Exclusions** section. The plan covers several categories of benefits when a licensed dentist provides the services and when they are within the standards of generally accepted dental practice. To help you understand the types of procedures that are included in each of the categories of services, examples and descriptions are provided in the chart. The enrollee’s share may be higher than the percentages listed in the chart, depending on the applicability of deductibles, maximums, the difference between a non-participating dentist’s fee and the Premier maximum plan allowance or charges for non-covered services

The information in the following chart applies to services provided by Delta Dental PPO dentists and Delta Dental Premier dentists:

**Benefit Summary Chart**

Category of Service	Paid by Delta Dental	Paid By Enrollee
<b>Diagnostic (deductible waived)</b> Periodic exams (twice per calendar year) Bitewing x-rays (twice per calendar year) Full-mouth x-ray (once per 3-year period) See note on additional benefits during pregnancy	100%*	0%
<b>Preventive (deductible waived)</b> Prophylaxis (cleaning) (twice per calendar year) Fluoride treatments (twice per calendar year to age 19) Sealants (to age 14) Space maintainers (to age 14) See note on additional benefits during pregnancy	100%*	0%
<b>Basic Restorative (deductible waived)</b> Fillings (amalgam “silver” and composite “white”)	90%*	10%
<b>Major Restorative</b> Single crowns, inlays, onlays	50%*	50%
<b>Oral Surgery</b> Extraction and other oral surgery procedures, incl. pre- and post-operative care	80%*	20%
<b>Endodontics</b> Root canal, pulpal therapy	80%*	20%
<b>Surgical Periodontics</b> Surgical treatment of the gums and supporting structures of the teeth	80%*	20%
<b>Non-Surgical Periodontics</b> Non-surgical treatment of the gums and supporting structures of the teeth See note on additional benefits during pregnancy	80%*	20%
<b>Prosthodontics</b> Procedures for replacement of missing teeth by construction or repair of bridges and partial or complete dentures; implant surgical placement and removal; implant supported prosthetics, including repair and recementation.	50%*	50%
<b>Orthodontics (deductible waived)</b> For eligible dependents to age 19 (to the end of the Calendar Year)	50%*	50%
<b>General Anesthesia</b> Covered when used in conjunction with covered oral surgical procedures	80%*	20%
<b>Crowns</b>	60%*	40%
<b>Denture Repair</b>	80%*	20%
	<b>Deductibles</b>	<b>Maximums</b>
Individual (Calendar year)	\$25.00	\$2,000.00
Family (Calendar year)	\$75.00	\$n/a
Orthodontics (Lifetime)	\$n/a	\$1,200.00

\* Percentages are based on the PPO Allowed Amount, which is the lesser of the dentist’s submitted fee or the PPO Maximum Plan Allowance.

The information in the following chart applies to services provided by Non-Participating dentists:

**Benefit Summary Chart**

Category of Service	Paid by Delta Dental	Paid By Enrollee
<b>Diagnostic (deductible waived)</b> Periodic exams (twice per calendar year) Bitewing x-rays (twice per calendar year) Full-mouth x-ray (once per 3-year period) See note on additional benefits during pregnancy	100%*	0%
<b>Preventive (deductible waived)</b> Prophylaxis (cleaning) (twice per calendar year) Fluoride treatments (twice per calendar year to age 19) Sealants (to age 14) Space maintainers (to age 14) See note on additional benefits during pregnancy	100%*	0%
<b>Basic Restorative (deductible waived)</b> Fillings (amalgam “silver” and composite “white”)	90%*	10%
<b>Major Restorative</b> Single crowns, inlays, onlays	50%*	50%
<b>Oral Surgery</b> Extraction and other oral surgery procedures, incl. pre- and post-operative care	80%*	20%
<b>Endodontics</b> Root canal, pulpal therapy	80%*	20%
<b>Surgical Periodontics</b> Surgical treatment of the gums and supporting structures of the teeth	80%*	20%
<b>Non-Surgical Periodontics</b> Non-surgical treatment of the gums and supporting structures of the teeth See note on additional benefits during pregnancy	80%*	20%
<b>Prosthodontics</b> Procedures for replacement of missing teeth by construction or repair of bridges and partial or complete dentures; implant surgical placement and removal; implant supported prosthetics, including repair and recementation.	50%*	50%
<b>Orthodontics (deductible waived)</b> For eligible dependents to age 19 (to the end of the Calendar Year)	50%*	50%
<b>General Anesthesia</b> Covered when used in conjunction with covered oral surgical procedures	80%*	20%
<b>Crowns</b>	60%*	40%
<b>Denture Repair</b>	80%*	20%
	<b>Deductibles</b>	<b>Maximums</b>
Individual (Calendar year)	\$25.00	\$1,500.00
Family (Calendar year)	\$75.00	\$n/a
Orthodontics (Lifetime)	\$n/a	\$1,200.00

\* Percentages are based on the PPO Allowed Amount, which is the lesser of the dentist’s submitted fee or the PPO Maximum Plan Allowance.

**Copayments**

The plan will pay, for each covered service up to the maximum amount subject to certain limitations, and you are responsible for paying the balance. What you pay is called the copayment and is part of your out-of-pocket cost. You pay this even after a deductible has been met.

The amount of your copayment will depend on the type of service provided and the dentist providing the service (see section titled "Selecting Your Dentist"). Dentists are required to collect your copayment for covered services.

It is to your advantage to select PPO dentists because they have agreed to accept the PPO allowed amount as payment, which typically results in lower copayments charged to you. Please read the sections titled "Selecting Your Dentist" and "How Claims Are Paid" for more information.

**Deductible**

Most dental plans have a specific dollar deductible. The Benefit Summary Chart shows the deductibles that apply. Deductibles apply to all benefits unless otherwise noted. Each enrolled family member must pay the individual deductible amount each calendar year to satisfy the plan deductible. You pay this directly to your dentist for completed services. The total deductible amount paid will not exceed the family deductible for all family members.

**Maximum Benefit**

Most dental programs have a maximum benefit. This is the maximum dollar amount a dental plan will pay toward the cost of dental care. The enrollee is personally responsible for paying costs above the maximum benefit. The Benefit Summary Chart shows the maximum benefit amount that applies. This is the maximum benefit amount that Delta Dental will pay for covered services per enrollee in a calendar year.

**Note on Additional Benefits During Pregnancy**

When an Enrollee is pregnant, Delta Dental will pay for additional services to help improve the oral health of the Enrollee during the pregnancy. The additional services while the Enrollee is covered under the Contract include: one (1) additional oral exam and either one (1) additional routine cleaning, one (1) additional periodontal maintenance procedure or one (1) additional periodontal scaling and root planing per quadrant. Written confirmation of the pregnancy must be provided by the Enrollee or her dentist when the claim is submitted.

**Limitations and Exclusions**

Dental plans are designed to help with part of your dental expenses and may not always cover every dental need. The typical program includes limitations and exclusions, meaning the program does not cover every aspect of dental care. This can relate to the type of procedures or the number of visits. These limitations and exclusions are carefully detailed in this booklet and you should make yourself familiar with them. Please read the **Limitations and Exclusions** section to help you understand the limitations and exclusions of this dental plan.

**HOW CLAIMS ARE PAID**

Payment by Delta Dental for any single procedure that is a covered service will be made upon completion of the procedure. Payment for care is applied to the calendar year deductible and maximum benefit based on the date of service. After you have satisfied your deductible requirement, Delta Dental will provide payment for covered services at the percentage indicated in the Benefit Summary Chart up to a maximum for each enrollee in a calendar year.

**Payment for Services — Delta Dental PPO Dentist**

Payment for covered services performed for you by a PPO dentist is based on the PPO maximum plan allowance. PPO dentists have agreed to accept a PPO maximum plan allowance as the full charge for covered services.

Delta Dental calculates its share of the maximum plan allowance or the dentist's submitted fee, whichever is less, ("Delta Dental Payment") using the applicable percentage from the Benefit Summary Chart and sends it directly to the PPO dentist who has submitted the claim. Delta Dental advises you of any charges not payable by Delta Dental for which you are responsible ("Patient Payment"). These charges are generally your share of the maximum plan allowance or submitted fee (copayment), the deductible, charges where the maximum benefit has been exceeded, and/or charges for non-covered services.

**Payment for Services — Delta Dental Premier Dentist**

A Delta Dental Premier dentist is a participating dentist, but is not a Delta Dental PPO dentist. Premier dentists have not agreed to accept a PPO maximum plan allowance as full payment for services, but instead have agreed to accept a Premier maximum plan allowance. Payment for covered services performed for you by a Premier dentist is calculated based on the PPO allowed amount, which is the lesser of the dentist's submitted fee or the PPO maximum plan allowance.

The portion of the allowed amount payable by Delta Dental ("Delta Dental's Payment") is limited to the applicable percentage shown in the Benefit Summary Chart. Delta Dental's Payment is sent directly to the Premier dentist who submitted the claim. Delta Dental advises you of any charges not payable by Delta Dental for which you are responsible ("Enrollee's Payment"). These charges are generally your share of the allowed amount, as well as any deductibles, charges where the maximum benefit has been exceeded, the difference between the Premier maximum plan allowance and the PPO maximum plan allowance, and/or charges for non-covered services.

**Payment for Services — Non-Participating Dentist**

Payment for services performed for you by a Non-Participating Dentist is also calculated by Delta Dental based on the PPO allowed amount which is the lesser of the dentist's submitted fee or the PPO maximum plan allowance. The portion of the allowed amount payable by Delta Dental ("Delta Dental's Payment") is limited to the applicable percentage shown in the Benefit Summary Chart.

When dental services are received from a non-participating dentist, Delta Dental's Payment is sent directly to the primary enrollee. You are responsible for payment of the non-participating dentist's total fee. Non-participating dentists will bill you for their normal charges, which may be higher than the allowed amount for the service. You may be required to pay the dentist yourself and then submit a claim to Delta Dental for reimbursement. Since the Delta Dental Payment for services you receive may be less than the non-participating dentist's actual charges, your out-of-pocket cost may be significantly higher.

**Orthodontic Payments**

Unless otherwise specified in the contract, Delta Dental will pay half of its orthodontic payment up front, at the time of banding. (Delta Dental's orthodontic payment is calculated in the same manner as the "Delta Dental Payment" in the above examples.) The remaining half will be paid one year later. If the treatment time is 12 months or less, Delta Dental's orthodontic payment will be paid as a lump sum at the beginning of the orthodontic treatment, unless the group has requested monthly or quarterly payment arrangements.

**How to Submit a Claim**

Delta Dental does not require any special claim forms. Most dental offices have standard claim forms available. Participating dentists will fill out and submit your claims paperwork for you. Some non-participating dentists may also provide this service upon your request. If you receive services from a non-participating dentist who does not provide this service, you can submit your own claim directly to Delta Dental. For your convenience, you can print a claim form from our web site: [www.deltadentalins.com](http://www.deltadentalins.com).

Your dental office should be able to assist you in filling out the claim form. Fill out the claim form completely and mail it to:

<p style="text-align: center;"><b>Delta Dental</b> <b>P.O. Box 2105</b> <b>Mechanicsburg, PA 17055-6999</b></p>
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**Payment Guidelines**

Delta Dental does not pay participating dentists any incentive as an inducement to deny, reduce, limit or delay any appropriate service.

If you or your dentist files a claim for services more than twelve (12) months after the date you received the services, payment may be denied. If the services were received from a non-participating dentist, you are still responsible for the full cost. If the payment is denied because your participating dentist failed to submit the claim on time, you may not be responsible for that payment. However, if you did not tell your participating dentist that you were an enrollee of the plan at the time you received the service, you may be responsible for the cost of that service.

We explain to all participating dentists how we determine or deny payment for services. We describe in detail the dental procedures covered as benefits, the conditions under which coverage is provided and the program's limitations and exclusions. If any claims are not covered, or if limitations or exclusions apply to services you have received, you may be responsible for the full payment.

If you have any questions about any dental charges, processing policies and/or how your claim is paid, contact Delta Dental.

### **Optional Treatment and Non-Covered Services**

You must pay for any non-covered or optional dental benefits that you choose to have done. Refer to the **Limitations and Exclusions** section for information about excluded services and limitations.

Often there are several approaches or different methods that a dentist may use to treat dental needs. This program is designed to cover dental treatment using standards of care consistent with the delivery of quality, affordable dental treatment to the enrollee. If you request a treatment that is more costly than standard practice, you must pay for the charges in excess of the covered dental benefit.

**Example:** If a metal filling would fix the tooth and you choose to have the tooth crowned, you are responsible for paying the difference between the cost of the crown and the cost of the filling. You must pay this money directly to your dentist.

### **Pre-Treatment Estimates**

If you and your dentist are unsure of your benefits for a specific course of treatment, or if treatment costs are expected to exceed \$300, Delta Dental recommends that you ask for a pre-treatment estimate. You should ask your dentist to submit the claim form in advance of performing the proposed services. Pre-treatment estimate requests are not required but may be submitted for more complicated and expensive procedures such as crowns, wisdom tooth extractions, bridges, dentures, or periodontal surgery. You'll receive an estimate of your share of the cost and how much Delta Dental will pay before treatment begins. Delta Dental will act promptly in returning a pre-treatment estimate to you and the attending dentist with non-binding verification of your current availability of benefits and applicable maximums. The pre-treatment estimate is non-binding as the availability of benefits may change subsequent to the date of the estimate due to a change in eligibility status, exhaustion of applicable maximum benefit or application of frequency of procedure limitations.

### **Other Health Insurance**

Be sure to advise your dentist of all programs under which you have dental coverage and have him or her complete the dual coverage portion of the claim form, so that you will receive all benefits to which you are entitled. When you have coverage under more than one benefit program, the primary and secondary carriers coordinate the two programs, so that the primary carrier pays its portion first and then the secondary carrier pays its portion, not to exceed the dentist's fees for the covered services.

The following rules will be followed to establish the order of determining the liability of this or any other programs:

1. The program covering the enrollee as an employee will determine its benefits before the program covering the enrollee as a dependent.

2. The program covering the enrollee as a dependent of an employee whose birthday falls earlier in the calendar year will determine its benefits before the program covering the enrollee as a dependent of an employee whose birthday falls later in the calendar year. If both employees have the same birthday, the program covering the employee for the longest period will be primary over the program covering the employee for the shorter period.
3. The program covering the enrollee having custody of the dependent will determine its benefits first; then the program of the spouse of the parent with custody of the dependent; and finally, the program of the parent not having custody of the dependent. However, if the specific terms of a court order state that one of the parents is responsible for the health care expenses of the dependent, the benefits of that program are considered first. The prior sentence will not apply with respect to any period during which any benefits are actually paid or provided before a program has actual knowledge of the court order.
4. The program covering the enrollee as an employee or as a dependent of an employee will determine its benefits before one that covers the enrollee as a laid-off or retired employee or as the dependent of such person. If the other plan does not have a rule concerning laid-off or retired employees, and as a result each plan determines its benefits after the other, then this paragraph will not apply.
5. If the other program does not have a rule establishing the same order of determining liability for benefits or is one which is "excess" or always "secondary," Delta Dental will determine its benefits first. If such determination indicates that Delta Dental should not have been the first program to determine its benefits, Delta Dental will be considered as not the first to determine its benefits.
6. In situations not described in items 1 through 5, the program under which the enrollee has been enrolled for the longest period of time will determine its benefits first.

When Delta Dental is the first to determine its benefits, benefits will be paid without regard to coverage under any other program. When Delta Dental is not the first to determine its benefits, and there are remaining expenses of the type allowable under this program, Delta Dental will pay only the amount by which its benefits under this plan exceed the amount of benefits payable under the other program or the amount of such remaining expenses, whichever is less.

## **ELIGIBILITY AND ENROLLMENT**

### **Eligibility Requirement**

You will become eligible to receive benefits on the date stated in the contract after completing any eligibility periods required by the group. Under this dental plan, the eligibility requirement for new hires is the 1<sup>st</sup> of the month following date of hire for regular full-time employees and the 1<sup>st</sup> of the month following 30 days of employment for food service employees. You may enroll for individual and family coverage.

If your dependents are covered, they will be eligible when you are or as soon as they become dependents. Dependents are your:

- Spouse.

- Married or unmarried children and/or dependent grandchildren until the end of the month of their 26th birthday. Such children include: (a) your biological child, (b) your legally adopted child (including a child living with the adopting parents and/or grandparents during the period of probation), (c) a child for whom you have legal guardianship or temporary guardianship of more than 12 months duration and for a shorter period if the guardianship is of a dependent minor and granted by testamentary, (d) a stepchild, or child or grandchild who is the subject of a Court Order of support directed to you, without regard to the amount of support contributed by you, the amount of time the child spends in your home, or the custodial arrangement for the child. Documentation of the above must be furnished upon request by Delta Dental.
- Married or unmarried children and/or dependent grandchildren of any age who were covered prior to the disqualifying age as set forth in the above paragraph and who are incapable of self-support by reason of mental or physical incapacity that occurred prior to the disqualifying age as set forth in the above paragraph. The dependent child must also be chiefly dependent on you for support and maintenance, but is not required to reside with a parent or legal guardian who is a primary enrollee. Eligibility of these dependent children and/or grandchildren will not be terminated while the contract remains in force and the dependent child and/or grandchild remains in such condition. Proof of physical or mental disability must be furnished as required by Delta Dental.
- Newborn children and/or dependent grandchildren of any primary enrollee for 31 days from: (a) the moment of birth, (b) the date of placement for adoption or upon placement in the foster home, or (c) the date of appointment for a minor for whom guardianship has been granted by court or testamentary appointment. Proof of birth or adoption or foster home placement must be furnished upon request by Delta Dental. In order for the coverage to continue beyond the 31-day period, you must notify the Plan administrator of the birth, adoption, placement in the foster home, or appointment of guardianship.]
- A Domestic Partner. (same gender only)
- Children of a Domestic Partner.

**Changes in Eligibility Status**

Changes in eligibility status (i.e. marriage, divorce, birth, etc.) must be reported to the Plan Administrator within 31 days following the event causing the change. If you do not change coverage when first eligible, you may change later during a subsequent open enrollment period. \_ Changes received from the 1<sup>st</sup> of the month through the 15<sup>th</sup> of the month become effective on the 1<sup>st</sup> of the month in which the notice is received. Changes received from the 15<sup>th</sup> of the month through the last day of the month become effective on the 1<sup>st</sup> of the following month.

**Loss of Eligibility**

Your coverage and coverage of your dependents ends on the last day of the month in which termination of employment occurs or immediately when this program ends.

**Extension of Benefits**

- In the event that your coverage is terminated, Delta Dental will extend benefits for at least 90 days beyond the date on which your coverage terminates or until the services are complete if the treatment: (1) begins before the date coverage terminates; and (2) requires two or more visits on separate days to a dentist's office.
- In the case of orthodontic procedures, notwithstanding any other limitation on orthodontic benefits, Delta Dental will extend benefits until half of the orthodontic treatment is complete if the orthodontist has received the first 50% of the Delta Dental benefit; or for 90 days or until the end of the quarter in progress, whichever is longer, if the orthodontist has agreed to or is receiving quarterly payments when coverage terminates.

**COMPLAINTS, GRIEVANCES AND APPEALS**

Our commitment to you is to ensure quality throughout the entire treatment process: from the courtesy extended to you by our customer service representatives to the dental services provided by our participating dentists. If you have questions about any services received, we recommend that you first discuss the matter with your dentist. However, if you continue to have concerns, please call Delta Dental's Customer Service Center.

Delta Dental attempts to process all claims within 30 days. If a claim will be delayed more than 30 days, Delta Dental will notify the enrollee in writing within 30 days stating the reason for delay.

Questions or complaints regarding eligibility, the denial of dental services or claims, the policies, procedures, or operations of Delta Dental, or the quality of dental services performed by the dentist may be directed in writing to Delta Dental or by calling Delta Dental 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 Dental's web site at [www.deltadentalins.com](http://www.deltadentalins.com).

A grievance is a written expression of dissatisfaction with the provision of services or claims practices of Delta Dental. When you write, please include the name of the enrollee, the primary enrollee's name and enrollee ID, and your telephone number on all correspondence. You should also include a copy of the claim form, Benefits Statement, Invoice or other relevant information.

**Appeals**

Any dissatisfaction with adjustments made or denials of payment should be brought to Delta Dental'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.

Appeals on claims denied must be submitted in writing. For an explanation as to your rights of appeal, please refer to the Claims Denial Review Procedure that is furnished automatically without charge as a separate document that accompanies this booklet.

**Send your grievance, appeal, or claims review request to Delta Dental at the address shown below:**

**Delta Dental  
One Delta Drive  
Mechanicsburg, PA 17055**

**GENERAL PROGRAM INFORMATION**

**Proof of Claim**

Before approving a claim, Delta Dental will be entitled to receive, to such extent as may be lawful, from any attending or examining dentist, or from hospitals in which a dentist's care is provided, such information and records relating to attendance to or examination of, or treatment provided to, an enrollee as may be required to administer the claim, or that an enrollee be examined by a dental consultant retained by Delta Dental, in or near the community or residence. Delta Dental will in every case hold such information and records confidential.

**Physical Access**

Delta Dental has made efforts to ensure that our offices and the offices and facilities of participating dentists are accessible to the disabled. If you are not able to locate an accessible dentist, please call our Customer Service Center and a representative will help you find an alternate dentist.

**Access for the Hearing Impaired**

The hearing impaired may contact the Customer Service Center through our toll-free TTY/TDD number at (888) 373-3582.

**Privacy**

Delta Dental values its relationship with you. Protecting your personal information is of great importance to us. Delta Dental will obtain from the enrollee only nonpublic information that relates to Delta Dental's administration of the dental benefits we provide. Information may include, but not be limited to name, address, social security number, enrollee ID, and date of birth. We do not disclose any nonpublic personal information about you to any affiliated or nonaffiliated third parties except as is necessary in order to provide our service to you or as we are required or permitted by law. Delta Dental maintains physical, electronic, and procedural security measures to safeguard your nonpublic personal information in our possession.

**Web Site Security**

Delta Dental employs security measures to control access to the eligibility and dental benefit information under our control. Delta Dental uses industry standards, such as firewalls and Secure Socket Layers, to safeguard the confidentiality of personal enrollee information.

There are areas of our web site that require a specific user ID and password for web site access. In order to receive a user ID and password, Delta Dental requires enrollees to contractually agree to not provide information they may access to other individuals. The user identification and password required for site access is internally validated to ensure this information cannot be viewed without proper authority and security authentication.

**ENROLLEE RIGHTS AND RESPONSIBILITIES**

We believe that you, as a Delta Dental enrollee, have the right to expect quality, affordable care that protects not only your dental health, but also your privacy and ability to make informed choices. We also believe that you have certain responsibilities to help protect these rights.

**The Right to Choose**

The Delta Dental system maintains some of the largest dentist networks in the industry — each with a full range of specialists — to give you the widest possible choice of dentists. Dentists are never penalized for referring you to a specialist. You can visit any dentist at any time, without prior notification or authorization from Delta Dental.

**The Right to Quality Assurance**

While we support the right of enrollees to choose their dentist, we recognize our responsibility to provide some assurances of quality care.

Therefore, each dentist who has contracted with Delta Dental agrees to provide care that meets the standards of the dental profession. Dentist contracts allow Delta Dental to audit dental offices in person — at random and for cause — to help ensure that these standards are met. If you should ever receive substandard care from a Delta Dental dentist, Delta Dental will fully investigate the matter and can arrange for you to be reimbursed and/or retreated as needed.

**The Right to Affordability**

Delta Dental contracts with dentists to provide fair and reasonable compensation. Those contracts also prohibit dentists from billing you for excess charges, “add-on” procedures that should already be included, or for any amount that is Delta Dental’s responsibility.

Delta Dental benefit plans are designed to promote preventive care, avoiding dental disease before more costly treatment becomes necessary.

**The Right to Full Disclosure**

You have the right to clear and complete information about your dental benefits, including treatment that is subject to limitations or not covered. You are entitled to know what your share of costs will be before you receive treatment (“pre-treatment estimate”), and how your dentist is compensated by Delta Dental. Delta Dental provides materials to explain these features to you.

Delta Dental dentists are not subject to policies sometimes called “gag clauses.” You are entitled to hear about all treatment options your dentist may recommend, whether covered or not, and to obtain a second opinion if you choose.

**The Right to Fair Review and Appeal**

Delta Dental supports your right, as well as your dentist’s, to a fair and prompt review of any of Delta Dental’s coverage decisions. We maintain effective complaint resolution systems in the event of disagreement over coverage or concern about the quality of care.

**The Responsibility to Protect These Rights**

Protection of the rights described above is possible only with your cooperation. In order to ensure the continued enjoyment of these rights, you share:

- The responsibility to participate in your own dental health — practicing personal dental hygiene and receiving regular professional care. You should avoid substances and behaviors that could jeopardize your oral health, and should cooperate with your dentist on his or her recommended treatment plans.
- The responsibility to become familiar with your coverage. This includes meeting any financial obligation incurred as a result of treatment (including the appropriate copayments or deductibles required by the program). It means cooperation with Delta Dental policies designed to protect against health care fraud schemes by fellow enrollees or dentists. It also means taking advantage of the information available on dental health and your dental program so that you can become a more informed consumer.

**LIMITATIONS AND EXCLUSIONS****Excluded Benefits**

The plan covers a wide variety of dental care expenses, but there are some services for which we do not provide benefits. It is important for you to know what these services are before you visit your dentist.

The plan does not provide benefits for:

1. Treatment or materials that are benefits to an enrollee under Medicare or Medicaid unless this exclusion is prohibited by law.

2. Treatment or materials to correct congenital or developmental malformations (including treatment of enamel hypoplasia) except for newborn children eligible at birth, so long as such eligible children continue to be enrolled. When services are not excluded under this provision, congenital defects or anomalies specifically includes individuals born with cleft lip or cleft palate, and other limitations and exclusions of this section shall specifically apply.
3. Treatment that increases the vertical dimension of an occlusion, replaces tooth structure lost by attrition or erosion, or otherwise unless it is part of a treatment dentally necessary due to accident or injury.
4. Treatment or materials primarily for cosmetic purposes including but not limited to treatment of fluorosis (a type of discoloration of the teeth) and porcelain or other veneers not for restorative purposes, except as part of a treatment dentally necessary due to accident or injury. If services are not excluded as to particular teeth under this provision, cosmetic treatment of teeth adjacent or near the affected teeth are excluded.
5. Treatment or materials for which the enrollee would have no legal obligation to pay.
6. Services provided or materials furnished prior to the effective eligibility date of an enrollee under this plan, unless the treatment was a year in duration and completed after the enrollee became eligible if no other limitations shall apply.
7. Periodontal splinting, equilibration, gnathological recordings and associated treatment and extra-oral grafts.
8. Preventive plaque control programs, including oral hygiene instruction programs.
9. Myofunctional therapy, unless covered by the exception in Item 2, above.
10. Temporomandibular joint dysfunction, unless covered by the exception in Item 2, above.
11. Prescription drugs including topically applied medication for treatment of periodontal disease, pre-medication, analgesias, separate charges for local anesthetics, general anesthesia except as a covered benefit in conjunction with a covered oral surgery procedure.
12. Experimental procedures that have not been accepted by the American Dental Association.
13. Services provided or material furnished after the termination date of coverage for which premium has been paid, as applicable to individual enrollees, except this shall not apply to services commenced while the plan was in effect or the enrollee was eligible.
14. Charges for hospitalization or any other surgical treatment facility, including hospital visits.
15. Dental practice administrative services including but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks, or relaxation techniques such as music.
16. Replacement of existing restorations for any purpose other than restoring active carious lesions or demonstrable breakdown of the restoration.

17. Payment of any claim, bill or other demand or request for payment for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral.
18. Any tax imposed (or incurred) by a government, state or other entity, in connection with any fees charged for benefits provided under the Contract, will be the responsibility of the Enrollee and not a covered benefit.

**Limitations**

Benefits to enrollees are limited as follows:

**Limitation on Optional Treatment Plan.** In all cases in which there are optional plans of treatment carrying different treatment costs, payment will be made only for the applicable percentage of the least costly course of treatment, so long as such treatment will restore the oral condition in a professionally accepted manner, with the balance of the treatment cost remaining the responsibility of the enrollee. Such optional treatment includes, but is not limited to, specialized techniques involving gold, precision partial attachments, overlays, implants, bridge attachments, precision dentures, personalization or characterization such as jewels or lettering, shoulders on crowns or other means of unbundling procedures into individual components not customarily performed alone in generally accepted dental practice.

**Limitation on Major Restorative Benefits.** If a tooth can be restored with amalgam, synthetic porcelain or plastic, but the enrollee and the dentist select another type of restoration, the obligation of Delta Dental shall be only to pay the fee appropriate to the least costly restorative procedure. The balance of the treatment shall be considered a dental treatment excluded from coverage under this plan.

- Replacement of crowns, jackets, inlays and onlays shall be provided no more often than once in any five-year period and then only in the event that the existing crown, jacket, inlay or onlay is not satisfactory and cannot be made satisfactory. The five-year period shall be measured from the date on which the restoration was last supplied, whether paid for under the provisions of this plan, under any prior dental care contract, or by the enrollee.

**Limitation on Prosthodontic Benefits.** Replacement of an existing denture will be made only if it is unsatisfactory and cannot be made satisfactory. Services, including denture repair and relining, which are necessary to make such appliances fit will be provided as outlined in the section "Covered Benefits." Prosthodontic appliances and abutment crowns will be replaced only after five years has elapsed following any prior provision of such appliances and abutment crowns under any plan procedure.

Implants provided under any Delta Dental plan will be replaced only after five years have passed. Replacement of an implant supported prosthesis not provided under a Delta Dental program will be covered if it is unsatisfactory and cannot be made satisfactory. Implant removal is limited to once for each tooth during the Enrollee's lifetime.

**Limitation on Orthodontic Benefits.** Orthodontic benefits are limited to devices and procedures for the correction of malposed teeth of dependents up to age 19 (to the end of the Calendar Year), through the completion of the procedures; or to the date coverage terminates, whichever occurs first. Upon termination of coverage, Delta will extend benefits until half of the orthodontic treatment is complete if the orthodontist has received the first 50% of the Delta benefit; or for 90 days or until the end of the quarter in progress, whichever is longer, if the orthodontist has agreed to or is receiving quarterly payments when coverage terminates. Delta Dental will not make any payment for repair or replacement of orthodontic appliances.

**Limitation on Oral Surgery Benefits.** Benefits for specific oral surgery procedures, including but not limited to reduction of fractures, removal of tumors, and removal of impacted teeth payable under a medical insurance contract or a medical or hospital service contract by which the enrollee is covered shall be determined first under this plan. Delta Dental's obligation for these oral surgery services shall be limited to the difference between benefits paid under such other contracts up to the PPO allowed amount for the procedure less the applicable deductible and enrollee copayment. When there is no medical or hospital coverage, Delta Dental's obligation for oral surgery services shall be limited to the PPO allowed amount for those services provided under the contract less the applicable deductible and enrollee copayment.

**Limitation on Periodontal Surgery.** Benefits for periodontal surgery in the same quadrant are limited to once in any five-year period. The five-year period shall be measured from the date on which the last periodontal surgery was performed in that quadrant, whether paid for under the provisions of this plan, under any prior dental contract, or by the enrollee.

**Limitation on Sealants.** Treatment with sealants as a covered Service is limited to applications to eight posterior teeth. Applications to deciduous teeth or teeth with caries are not covered Services. Sealants will be replaced only after three (3) years have elapsed following any prior provision of such materials.

**Limitation on Occlusal Restorations.** Single-surface occlusal restorations of a tooth to which a sealant has been applied within twelve months, and two or three surface restorations within six months, which include occlusal surfaces on which sealants have been placed are not covered Services. If a single-surface occlusal restoration is performed on a tooth from twelve to thirty-six months after a sealant has been applied to that tooth, the obligation of Delta Dental shall be only to pay the fee appropriate to the restoration in excess of the fee paid for the application of the sealant.

## **DEFINITION OF TERMS**

The following are definitions of words that have special or technical meanings under the plan.

**Attending Dentist Statement:** The written report of a series of procedures recommended for the treatment of a specific dental disease, defect or injury, prepared for an enrollee by a dentist as a result of an examination made by such dentist.

**Benefits Statement:** The statement you receive after a claim is processed, detailing how your claim payment was calculated including the procedures and fees submitted and the amount for which you are responsible.

**Calendar Year:** The time period beginning on January 1<sup>st</sup> and ending on December 31<sup>st</sup>.

**Claim Form:** A written or electronically submitted document to request payment for completed dental treatment or to request a pre-treatment estimate for proposed dental treatment. The claim form is also sometimes called an Attending Dentist's Statement.

**Company:** The organization or group contracting to obtain benefits.

**Contract:** The written agreement between Delta Dental and The Howard County Public School System to provide dental benefits. The contract, together with this Evidence of Coverage, forms the terms and conditions of benefits available to you under the dental plan.

**Contract Year:** The 12-month period beginning on the effective date and each yearly period thereafter.

**Copayment:** Your share of the cost of a covered service, usually expressed as a percentage of the PPO allowed amount.

**Deductible:** The dollar amount enrollees must pay toward completed treatment before Delta Dental's payment is applied to those services in a given period.

**Delta Dental PPO:** A dental care program under which all fees paid by Delta Dental for covered services shall be based on the PPO allowed amount, subject to any applicable copayments, deductibles and maximums.

**Delta Dental PPO ("PPO") Dentist:** A participating dentist who is a member of the Delta Dental PPO dentist network.

**Delta Dental Premier ("Premier") Dentist:** A participating dentist who is a member of the Delta Dental Premier dentist network.

**Delta Dental PPO ("PPO") Maximum Plan Allowance:** The maximum amount payable by Delta Dental for a covered dental service in a PPO program. Delta Dental establishes the maximum plan allowance for each procedure through a review of proprietary filed fee data and actual submitted claims. Maximum plan allowances are typically set annually to reflect charges based on actual submitted claims from dentists in the same geographical area with similar professional standing. The enrollee's financial obligation beyond the maximum plan allowance is determined by any maximums, deductible and co-payment amounts.

**Delta Dental Premier ("Premier") Maximum Plan Allowance:** The maximum amount payable by Delta Dental for a covered dental service in a Premier program. Delta Dental establishes the maximum plan allowance for each procedure through a review of proprietary filed fee data and actual submitted claims. Maximum plan allowances are typically set annually to reflect charges based on actual submitted claims from dentists in the same geographical area with similar professional standing. The enrollee's financial obligation beyond the maximum plan allowance is determined by any maximums, deductible and copayment amounts.

**Dependent:** Eligible family members as defined in the Eligibility and Enrollment section of this Evidence of Coverage.

**Effective Date:** The date the dental program begins. This date is given on the front cover of this Evidence of Coverage.

**Employee:** An employee of the Company who meets the eligibility requirements, accepted by Delta Dental, for enrollment under the contract, and who is so specified for enrollment.

**Enrollee:** Collectively, the primary enrollee and all enrolled dependents.

**Exclusions:** Services that are not covered under this dental plan.

**Family:** The primary enrollee and all enrolled dependents of the primary enrollee.

**Limitations:** The number of services allowed, frequency of services allowed, and the most affordable dentally appropriate service.

**Maximum Benefit:** The total maximum dollar amount Delta Dental will pay toward the cost of covered dental care incurred by an individual enrollee in a given period.

**Network:** A collective expression for all participating dentists who have contracted with Delta Dental to offer services to enrollees and who have agreed to abide by certain administrative guidelines.

**Non-Participating Dentist:** A dentist who has not contracted with Delta Dental and who is not contractually bound to abide by Delta Dental's administrative guidelines.

**Out-of-Pocket Costs:** The portion of dental fees that you pay. Out-of-pocket costs include your deductible, copayment, any amount exceeding the maximum benefit amount, and services not covered by the dental plan.

**Participating Dentist:** A dentist who contracts with Delta Dental and agrees to abide by certain administrative guidelines.

**PPO Allowed Amount:** For covered services, the PPO allowed amount under this plan is the lesser of the dentist's submitted fee or the PPO maximum plan allowance. For non-covered services, the PPO allowed amount is zero.

**Pre-Treatment Estimate:** A pre-treatment estimate gives a non-binding estimate of how much of a proposed treatment plan will be covered under an enrollee's dental program and what the enrollee's out-of-pocket cost will be.

**Primary Enrollee:** An employee who is enrolled in this dental plan.

**Services:** Treatment performed by a dentist or under his/her supervision and direction and when necessary, customary and reasonable, as determined by Delta Dental, using standards of generally accepted dental practice.

**Single Procedure:** A dental procedure to which a separate procedure number is assigned by Delta Dental.

**Submitted Amount:** The amount the dental office actually submits on the claim form. This is the fee normally charged by the dentist for services provided to all enrollees, regardless of insurance coverage.

**Treatment:** A caring for or dealing with an oral condition.

## DELTA DENTAL OF PENNSYLVANIA'S INTERNAL GRIEVANCE PROCEDURE

(1) *Denial of payment based upon lack of coverage of benefit under the Contract or Enrollee's eligibility status i.e. coverage decisions made pursuant to Title 15, Subtitle 10D of the Maryland Insurance Article, that are **not** considered Adverse Decisions under Title 15, Subtitle 10A of the Maryland Insurance Article.*

If a post-service claim<sup>1</sup> is denied in whole or in part, Delta Dental shall notify the Enrollee, the Enrollee's Representative, and the attending dentist of the denial in writing within thirty (30) days after the claim is filed, unless special circumstances require an extension of time, not exceeding, fifteen (15) days for processing. If there is an extension, the Enrollee, the Enrollee's Representative, and the attending dentist shall be notified of the extension and the reason for the extension within the original thirty (30) day period. If an extension is necessary because either the Enrollee, the Enrollee's Representative, or the attending dentist did not submit the information necessary to decide the claim, the notice of extension shall specifically describe the required information. The Enrollee, the Enrollee's Representative, or the attending dentist shall be afforded at least forty-five (45) days from receipt of the notice within which to provide the specific information. The extension period (fifteen (15) days) – within which a decision must be made by Delta Dental – will begin to run from the date on which the Enrollee's response is received by Delta Dental (without regard to whether all of the requested information is provided) or, if earlier, the due date established by Delta Dental for furnishing the requested information (at least forty-five (45) days).

The notice of denial shall explain the specific reason or reasons why the claim was denied in whole or in part, including a specific reference to the pertinent Contract provisions on which the denial is based, a description of any additional material or information necessary for the Enrollee to perfect the claim and an explanation as to why such information is necessary. The notice of denial shall also contain an explanation of Delta Dental's claim review and appeal process and the time limits applicable to such process, including a statement of the Enrollee's right to bring a civil action under ERISA upon completion of Delta Dental's second level of review. The notice shall refer to any internal rule, guideline, and protocol that were relied upon (and that a copy will be provided free of charge upon request). The notice shall also include the following statement:

**ATTN. FULLY INSURED MARYLAND ENROLLEES: THERE IS HELP AVAILABLE TO YOU IF YOU WISH TO DISPUTE THE DECISION OF THE PLAN ABOUT PAYMENT FOR HEALTH CARE SERVICES.** You, your Representative, or your Health Care Provider may contact the Health Advocacy Unit of Maryland's Consumer Protection Division at: Office of the Attorney General, 200 Saint Paul Place, 16<sup>th</sup> Floor, Baltimore, Maryland 21202. The phone number is 877-261-8807 (toll free) or 410-528-1840 and TTY is 1-800-576-6372. The fax number is 410-576-6571 and the email address is [consumer@oag.state.md.us](mailto:consumer@oag.state.md.us). The Health Advocacy Unit can help you, your Representative or your Health Care Provider prepare a Grievance to file under the carrier's internal Grievance procedure. That unit can also attempt to mediate a resolution to your dispute and file a Complaint with the Commissioner. The Health Advocacy Unit is not available to represent or accompany you during any proceeding of the internal Grievance process. Additionally, you, your Representative, or your Health Care Provider may file a Complaint with the Maryland Insurance Administration at: Attn: Consumer Complaint Investigation, Life and Health/Appeals and Grievance, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202, Phone: 1-800-492-6116 or 410-468-2000, TTY: 1-800-735-2258, Fax: 410-468-2270 or 410-468-2260. The Complaint may be filed without having to first file a Grievance with Delta Dental, if: (1) Delta Dental has waived the requirement that its internal Grievance process be exhausted; (2) Delta Dental failed to comply with any of the requirements of the internal Grievance process; or (3) You, your Representative or your Health Care Provider can show a compelling reason to file a Complaint, including that a delay in receiving the Health Care Service could result in loss of life, serious impairment to a bodily function, or serious dysfunction of a bodily organ or part, or the Enrollee remaining seriously mentally ill with symptoms that cause the Enrollee to be in danger to self or others. **INFORMATION DESCRIBED IN THIS NOTICE MAY ALSO BE FOUND IN THE GROUP CONTRACT.**

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<sup>1</sup> Delta Dental does not condition receipt of a benefit, in whole or in part, upon approval of the benefit in advance of obtaining dental care. Additionally, Delta Dental does not conduct concurrent review relating to continued or extended health care services, or additional services for an insured undergoing a course of continued treatment.

If the Enrollee, the Enrollee's Representative, or the attending dentist wants the denial of benefits reviewed, the Enrollee, the Enrollee's Representative, or the attending dentist must write to Delta Dental within one hundred eighty (180) days of the date on the denial letter. In the letter, the Enrollee, the Enrollee's Representative, or attending dentist should state why the claim should not have been denied. Also any other documents, data, information or comments which are thought to have bearing on the claim including the denial notice, should accompany the request for review. The Enrollee, the Enrollee's Representative, or the attending dentist is entitled to receive upon request and free of charge reasonable access to and copies of all documents, records, and other information relevant to the denied claim. The review will take into account all comments, documents, records, or other information, regardless of whether such information was submitted or considered in the initial benefit determination.

The review shall be conducted on behalf of Delta Dental by a person who is neither the individual who made the claim denial that is the subject of the review, nor the subordinate of such individual. If the review is of a claim denial based in whole or in part on a clinical judgment in applying the terms of the Contract, Delta Dental shall consult with a dentist who has appropriate training and experience in the pertinent field of dentistry and who is neither the Delta Dental dental consultant who made the claim denial nor the subordinate of such consultant. The identity of the Delta Dental dental consultant whose advice was obtained in connection with the denial of the claim whether or not the advice was relied upon in making the benefit determination is also available to the Enrollee, the Enrollee's Representative, or the attending dentist on request. In making the review, Delta Dental will not afford deference to the initial adverse benefit determination.

If after review, Delta Dental continues to deny the claim, Delta Dental shall notify the Enrollee, the Enrollee's Representative, or the attending dentist in writing of the decision on the request for review within thirty (30) days of the date the request is received. Delta Dental shall send to the Enrollee, the Enrollee's Representative, or attending dentist a notice, which contains the specific reason or reasons for the adverse determination and reference to the specific Contract provisions on which the benefit determination is based. The notice shall state that the Enrollee, the Enrollee's Representative, or attending dentist is entitled to receive, upon request and free of charge, reasonable access to, and copies of all documents, records and other information relevant to the Enrollee's claim for benefits. The notice shall refer to any internal rule, guideline and protocol that were relied upon (and that a copy will be provided free of charge upon request). The notice shall state that if the claim denial is based on dental necessity, experimental treatment or a clinical judgment in applying the terms of the contract, an explanation is available free of charge upon request by either the Enrollee, the Enrollee's Representative, or the attending dentist. The notice shall also state that the Enrollee has a right to bring an action under ERISA upon completion of Delta Dental's second level of review, and shall state: "You and your plan may have other voluntary dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance agency."

If in the opinion of the Enrollee, the Enrollee's Representative, or attending dentist, the matter warrants further consideration, the Enrollee, the Enrollee's Representative, or the attending dentist should advise Delta Dental in writing as soon as possible. The matter shall then be immediately referred to Delta Dental's Dental Affairs Committee. This stage can include a clinical examination, if not done previously, and a hearing before Delta Dental's Dental Affairs Committee if requested by the Enrollee, the Enrollee's Representative, or the attending dentist. The Dental Affairs Committee will render a decision within thirty (30) days of the request for further consideration, or within sixty (60) working days of the initial request for review described above, whichever is sooner. The notice of decision will state the specific factual bases for the decision. It will also include: the Maryland Insurance Commissioner's address, telephone number, and facsimile number; a statement that the Enrollee, the Enrollee's Representative, or his or her dentist, has a right to file a Complaint with the Maryland Insurance Commissioner within four (4) months after receipt of Delta Dental's appeal decision; a statement that the Health Advocacy Unit is available to assist the Enrollee, the Enrollee's Representative, or the attending dentist in filing a Complaint with the Commissioner; and the address, telephone number, facsimile number and email address of the Health Advocacy Unit. The decision of the Dental Affairs Committee shall be final insofar as Delta Dental is concerned. Recourse thereafter would be to the Maryland Insurance Commissioner, or to the courts with an ERISA or other civil action.

(2) *Denial of a covered benefit where the service is not dentally necessary, appropriate or efficient, i.e. claim benefit determinations that are considered Adverse Decisions - under Title 15, Subtitle 10A of the Maryland Insurance Article.*

I. Definitions

- A. Adverse Decision shall mean a utilization review determination by a Private Review Agent, a carrier, or a Health Care Provider acting on behalf of a carrier that: (1) a proposed or delivered Health Care Service covered under the Enrollee's contract is or was not medically necessary, appropriate, or efficient; and (2) may result in non-coverage of Health Care Service. An Adverse Decision does not include a decision concerning an Enrollee's status.
- B. Complaint shall mean a protest filed with the Commissioner involving an Adverse Decision or Grievance Decision concerning an Enrollee.
- C. Enrollee shall mean a person entitled to health care benefits under a policy, plan, or certificate issued or delivered in Maryland by Delta Dental. Unless preempted by federal law, Enrollee includes a Medicare recipient. Enrollee does not include a Medicaid recipient.
- D. Enrollee's Representative shall mean a person who has been authorized by the Enrollee to file a Grievance on behalf of the Enrollee.
- E. Filing Date shall mean the earlier of five (5) days after the date of mailing or the date of receipt.
- F. Grievance shall mean a protest filed by an Enrollee, an Enrollee's Representative, or a Health Care Provider on behalf of an Enrollee with Delta Dental through Delta Dental's internal Grievance process regarding an Adverse Decision concerning the Enrollee.
- G. Grievance Decision shall mean a final determination by Delta Dental that arises from a Grievance filed with Delta Dental under its internal Grievance process regarding an Adverse Decision concerning an Enrollee.
- H. Health Advocacy Unit shall mean the Health Education and Advocacy Unit in the Division of Consumer Protection of the Office of Attorney General established under Commercial Law Article, Title 13, Subtitle 4A, Annotated Code of Maryland.
- I. Health Care Provider shall mean: (1) an individual who is licensed under the Health Occupations Article to provide Health Care Services in the ordinary course of business or practice of a profession and is a treating provider of the Enrollee; or (2) a hospital, as defined in section 19301 of the Health-General Article.
- J. Health Care Service shall mean a health or medical care procedure or service rendered by a Health Care Provider including: (1) testing, diagnosis, or treatment of a human disease or dysfunction; (2) dispensing drugs, medical devices, medical appliances, or medical goods for the treatment of a human disease or dysfunction; and (3) any other care, service, or treatment of disease or injury, the correction of defects, or the maintenance of the physical and mental well-being of an individual.
- K. Private Review Agent shall mean: (1) a non-hospital affiliated person or entity performing utilization review that is either affiliated with, under contract with, or acting on behalf of a Maryland business entity or a third party that provides or administers hospital benefits to citizens of Maryland including a health maintenance organization, a health insurer, nonprofit health service plan, health insurance service organization, or preferred provider organization authorized to offer health insurance policies or contracts in Maryland; or (2) any person or entity including a hospital-affiliated person performing utilization review for the purpose of making claims or payment decisions on behalf of the employer's or labor union's health insurance plan under an employee assistance program for employees other than the employees employed by the hospital; or employed by a business wholly owned by the hospital.

II. Standard Claims Procedure

- A. Processing of Claims: Delta Dental shall process all claims as expediently as possible. Within 30 days after receipt of a claim, Delta Dental shall either:

1. Pay the entire claim or any undisputed portion of the claim;
2. Send a notice of receipt and status of the claim in accordance with sections II(B) and II(C) below that states that Delta Dental denies all or part of the claim and the reason for the denial; or
3. If within three (3) calendar days after receipt of the initial request for Health Care Services, Delta Dental does not have sufficient information to make a determination, Delta Dental shall inform the attending dentist of the information necessary to make the determination.
4. Send a notice of receipt and status of the claim that states that Delta Dental will require an additional fifteen (15) days<sup>2</sup> to process the claim due to the failure of the Enrollee to submit the information necessary to decide the claim. The notice will state either that:
  - a. The legitimacy of the claim or the appropriate amount of reimbursement is in dispute and additional information is necessary to determine if all or part of the claim will be reimbursed and what specific additional information is necessary; or
  - b. That the claim is not clean and the specific additional information necessary for the claim to be considered a clean claim.

The Enrollee, the Enrollee's Representative, or the attending dentist shall be afforded at least forty-five (45) days from receipt of the notice within which to provide the specific information.

B. Rendering of an Adverse Decision: When Delta Dental renders an Adverse Decision<sup>3</sup> on all or part of a post-service claim<sup>4</sup>, Delta Dental shall:

1. Provide oral communication of the decision to the Enrollee, the Enrollee's Representative, or the attending dentist;
2. Document the Adverse Decision in writing after Delta Dental has provided oral communication of the decision to the Enrollee, the Enrollee's Representative, or the attending dentist.

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<sup>2</sup>The extension period (fifteen (15) days) – within which a decision must be made by Delta Dental – will begin to run from the date on which the Enrollee's response is received by the plan (without regard to whether all of the requested information is provided) or, if earlier, the due date established by the plan for furnishing the requested information (at least forty-five (45) days).

<sup>3</sup>All Adverse Decisions i.e., decisions which are based upon whether a service was medically necessary, appropriate, or efficient, shall be made by a licensed dentist, or a panel of other appropriate Health Care Service reviewers with at least one licensed dentist on the panel.

<sup>4</sup>Delta Dental does not condition receipt of a benefit, in whole or in part, on approval of the benefit in advance of obtaining dental care. Additionally, Delta Dental does not conduct concurrent review relating to continued or extended Health Care Services, or additional services for an insured undergoing a course of continued treatment.

C. Notice of Adverse Decision: Within 5 working days after the Adverse Decision has been made, Delta Dental shall send a written notice to the Enrollee, the Enrollee's Representative, and the attending dentist that:

1. States in detail in clear, understandable language the specific factual bases for the carrier's decision;
2. References the specific criteria and standards, including interpretive guidelines on which the decision was based;
3. States the name, business address, and business telephone number of the designated Delta Dental employee or representative who is responsible for Delta Dental's internal Grievance process as follows:

[Alice Strobel  
Manager, Professional Services  
Delta Dental  
11155 International Drive  
Rancho Cordova, CA 95670  
Phone: 916-861-2612  
Fax: 916-631-6374  
Email: astrobel@delta.org]

4. Gives written details of Delta Dental's internal Grievance process and procedures as follows:

If you, your Representative, or your attending dentist want the Adverse Decision reviewed, you, your Representative, or your attending dentist must contact Delta Dental, either in writing or by calling Delta Dental's toll-free number, 1-800-932-0783, ***within one hundred eighty (180) days of the date on this notice.*** You, your Representative, or your attending dentist should state why the claim should not have been denied. Also, any other documents, data, information or comments which are thought to have bearing on the claim including the denial notice, should accompany the request for review. You, your Representative, or your attending dentist are entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the denied claim. The review will take into account all comments, documents, records, or other information, regardless of whether such information was submitted or considered initially.

The review shall be conducted for Delta Dental by a licensed dentist who is neither the licensed dentist who made the claim denial that is the subject of the review, nor the subordinate of such individual. The review shall be conducted by a licensed dentist, or a panel of appropriate Health Care Service reviewers with at least one dentist on the panel who is a licensed dentist. Delta Dental shall consult with a dentist who has appropriate training and experience in the pertinent field of dentistry who is neither the Delta Dental dental consultant who made the claim denial nor the subordinate of such dental consultant. The identity of such dental consultant is available upon request whether or not the advice was relied upon. In making the review, Delta Dental will not afford deference to the initial Adverse Decision.

If after review, Delta Dental continues to deny the claim, Delta Dental shall notify you, your Representative, or your attending dentist in writing of the Grievance Decision within forty-five (45) days of the date the request is received. Delta Dental shall send you, your Representative, or your attending dentist a notice, similar to this notice. If in the opinion of you, your Representative, or your attending dentist, the matter warrants *further* consideration, you may file an action in the courts pursuant to section 502(a) of ERISA. If you are a fully insured Enrollee, you, your Representative, or your attending dentist also have the option to file a Complaint with the Maryland Insurance Administration within four (4) months after receipt of Delta Dental's Grievance Decision. A Complaint may be filed

without first filing a Grievance if: (1) Delta Dental has waived the requirement that its internal Grievance process be exhausted; (2) Delta Dental failed to comply with any of the requirements of the internal Grievance process; or (3) You, your Representative, or your attending dentist can demonstrate a compelling reason to do so as determined by the Maryland Insurance Administration.

5. Includes the following information:
  - a. That, if the Enrollee is fully insured, the Enrollee, the Enrollee's Representative, or attending dentist has a right to file a Complaint with the Commissioner within four (4) months after receipt of Delta Dental's Grievance Decision;
  - b. The following disclosure in at least 12-point typeface, with the first sentence in bold capital typeface:

**ATTN. FULLY INSURED MARYLAND ENROLLEES: THERE IS HELP AVAILABLE TO YOU IF YOU WISH TO DISPUTE THE DECISION OF THE PLAN ABOUT PAYMENT FOR HEALTH CARE SERVICES.** You, your Representative, or your Health Care Provider may contact the Health Advocacy Unit of Maryland's Consumer Protection Division at: Office of the Attorney General, 200 St. Paul Place, 16<sup>th</sup> Floor, Baltimore, Maryland 21202. The phone number is 877-261-8807 (toll-free) or 410-528-1840 and TTY is 1-800-576-6372. The fax number is 410-576-6571 and the email address is consumer@oag.state.md.us. The Health Advocacy Unit can help you, your Representative, or your Health Care Provider prepare a Grievance to file under Delta Dental's internal Grievance procedure. That unit can also attempt to mediate a resolution to your dispute and file a Complaint with the Commissioner. The Health Advocacy Unit is not available to represent or accompany you during any proceeding of the internal Grievance process. Additionally, you, your Representative, or your Health Care Provider may file a Complaint with the Maryland Insurance Administration at: Attn: Consumer Complaint Investigation, Life and Health/Appeals and Grievance, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202, Phone: 1-800-492-6116 or 410-468-2000, TTY: 1-800-735-2258, Fax: 410-468-2270 or 410-468-2260. The Complaint may be filed without having to first file a Grievance with Delta Dental, if: (1) Delta Dental has waived the requirement that its internal Grievance process be exhausted; (2) Delta Dental failed to comply with any of the requirements of the internal Grievance process; or (3) You, your Representative, or your Health Care Provider can show a compelling reason to file a Complaint, including that a delay in receiving the Health Care Service could result in loss of life, serious impairment to a bodily function, or serious dysfunction of a bodily organ or part, or the Enrollee remaining seriously mentally ill with symptoms that cause the Enrollee to be in danger to self or others. **INFORMATION DESCRIBED IN THIS NOTICE MAY ALSO BE FOUND IN YOUR GROUP CONTRACT.**

### III. Internal Grievance Procedure

- A. Informal Inquiry Option: If a claim is denied in whole or in part, an Enrollee, an Enrollee's Representative, or his or her attending dentist may make an informal inquiry regarding general program, eligibility questions and Adverse Decisions by contacting Delta Dental via its toll-free number at 1-800-932-0783. Every caller has access to a supervisor if dissatisfied with the response.
- B. Non-emergency Appeals of Adverse Decisions: In lieu of making an informal inquiry, an Enrollee, an Enrollee's Representative, or his or her attending dentist may choose to appeal the Adverse Decision. The Enrollee, Enrollee's Representative or Health Care Provider may do so within one hundred eighty (180) days, either by writing to Delta Dental or by calling Delta Dental at its toll-free number. Written acknowledgement of the filing of the appeal to the appealing party will be provided to the Enrollee, the Enrollee's Representative, or the attending dentist within five (5) days of the filing of the appeal. The letter or oral request for appeal should state why the claim should not have been denied. Also any

other documents, data, information or comments which are thought to have bearing on the claim including the denial notice, should accompany the request for review. The Enrollee, the Enrollee's Representative, or the attending dentist are entitled to receive upon request and free of charge reasonable access to and copies of all documents, records, and other information relevant to the denied claim.

- C. Notification of Information Necessary to Conduct the Internal Grievance Process: If Delta Dental requires information necessary to conduct the internal Grievance process, Delta Dental shall notify the Enrollee, the Enrollee's Representative, or the attending dentist, in writing within five (5) working days of receipt of the appeal, to identify and request the necessary information. In the event that only a portion of such necessary information is received, Delta Dental shall request the missing information, in writing, within five (5) working days of receipt of the partial information. Delta Dental will assist the Enrollee, the Enrollee's Representative, or the Health Care Provider in gathering the necessary information without further delay.
- D. The Review: The review shall be conducted for Delta Dental by a dental consultant who is neither the dental consultant who made the claim denial that is the subject of the review, nor the subordinate of such individual. The review will take into account all comments, documents, records, or other information, regardless of whether such information was submitted or considered in the initial benefit determination. The review shall be conducted by a licensed dentist, or a panel of appropriate Health Care Service reviewers with at least one dentist on the panel who is a licensed dentist. Delta Dental shall consult with a dentist who has appropriate training and experience in the pertinent field of dentistry and who is neither the Delta Dental dental consultant who made the claim denial nor the subordinate of such consultant. The identity of the Delta Dental dental consultant whose advice was obtained in connection with the denial of the claim whether or not the advice was relied upon in making the benefit determination is also available on request. In making the review, Delta Dental will not afford deference to the initial Adverse Decision. A clinical examination at Delta Dental's cost may be implemented, along with discussion among dentist consultants. At this point, the Enrollee may also request a hearing.
- E. Grievance Decision: Delta Dental shall make a Grievance Decision within forty-five (45) days of the date the Grievance is filed. However, Delta Dental may extend this 45-day period with the written consent of the Enrollee, the Enrollee's Representative, or the attending dentist who filed the Grievance on behalf of the Enrollee, for a period of no longer than thirty (30) working days. Delta Dental shall document the Grievance Decision in writing after Delta Dental has provided oral communication of the decision to the Enrollee, the Enrollee's Representative, or the attending dentist. Within five (5) days after the Grievance Decision has been made, Delta Dental shall send a written notice to the Enrollee, the Enrollee's Representative, or the attending dentist in accordance with Section IV below. The Grievance Decision shall be final insofar as Delta Dental is concerned. Recourse thereafter would be to the courts with an ERISA or other civil action, or to the Maryland Insurance Administration.
- F. Complaints: An Enrollee, an Enrollee's Representative, or the attending dentist has a right to file a Complaint with the Commissioner within four (4) months after receipt of Delta Dental's Grievance Decision. When filing a Complaint with the Commissioner, the Enrollee or the Enrollee's Representative will be required to authorize the release of any medical records of the Enrollee that may be required to be reviewed for the purpose of reaching a decision on the Complaint.

IV. Distribution of Information to Enrollees/Enrollees' Representatives/Attending Dentists Upon Entry of Grievance Decision. The paragraphs below outline the contents of the Notification of Grievance Decision.

- A. Content and Notification of Grievance Decision. If after the claim is reviewed, Delta Dental continues to deny the claim, Delta Dental shall send the Enrollee, the Enrollee's Representative, or the attending dentist a notice, which contains:
  - 1. A clear statement in understandable language containing the specific factual basis for Delta Dental's decision;

2. A clear statement that the notice constitutes Delta Dental's final Grievance Decision;
3. Reference to the specific criteria and standards, including interpretive guidelines, on which the decision was based (without using only generalized terms such as "experimental procedure not covered", "cosmetic procedure not covered", "service included under another procedure", or "not medically necessary");
4. The name, business address, and business telephone number of the designated employee or Delta Dental representative who has responsibility for Delta Dental's internal Grievance process as follows:

[Alice Strobel  
Manager, Professional Services  
Delta Dental  
11155 International Drive  
Rancho Cordova, CA 95670  
Phone: 916-861-2612  
Fax: 916-631-6374  
Email: astrobel@delta.org]

5. A statement that a fully insured Enrollee, Enrollee's Representative, or Health Care Provider who has filed the Grievance on behalf of a fully insured Enrollee, has a right to file a Complaint with the Commissioner within four (4) months after receipt of Delta Dental's Grievance Decision;
6. The Commissioner's address, telephone number and facsimile number as follows:

Maryland Insurance Administration  
Attn: Consumer Complaint Investigation  
Life and Health/Appeals and Grievance  
200 St. Paul Place, Suite 2700  
Baltimore, MD 21202  
Phone: 1-800-492-6116 or 410-468-2000  
TTY: 1-800-735-2258  
Fax: 410-468-2270 or 410-468-2260

7. A statement that the Health Advocacy Unit is available to assist the Enrollee or the Enrollee's representative in both mediating and filing a Grievance under Delta Dental's internal Grievance process and filing a Complaint with the Commissioner.
8. The address, telephone number, facsimile number, and email address of the Health Advocacy Unit of Maryland's Consumer Protection Division as follows:

Office of the Attorney General  
200 St. Paul Place, 16th Floor  
Baltimore, MD 21202  
Phone: 410-528-1840  
Toll Free: 877-261-8807  
TTY: 1-800-576-6372  
Fax: 410-576-6571  
Email: consumer@oag.state.md.us