



Dental Benefits Booklet

GENERAL BENEFIT PLAN SUMMARY

Lewiston School District #1

Group Number: 3013

Contract Effective Date: 09/01/2020

Delta Dental of Idaho

deltadentalid.com



Benefit Summary

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Benefit Overview	PPO	Premier	Non-Participating
Per Person Deductible Excluding Diagnostic and Preventive services per benefit year	\$25	\$25	\$25
Family Deductible Excluding Diagnostic and Preventive services per benefit year	\$75	\$75	\$75
Maximum Benefit Per eligible person per benefit year	\$1,250	\$1,000	\$1,000

Services	You pay the % below		
Preventive & Diagnostic Services Examinations, X-rays, teeth cleaning	0%	20%	20%
Basic Services Fillings, root canals, extractions, oral surgery	20%	30%	30%
Major Services Crowns, implants, onlays, bridges, dentures	40%	60%	60%

PARTICIPATING AND NON-PARTICIPATING DENTISTS

If the dentist is a PPO or Premier participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee. Delta Dental will send payment to the participating dentist and the subscriber will be responsible for any co-payment and/or any non-covered services.

If the dentist is a non-participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or Delta Dental's non-participating dentist Fee. It is the subscriber's responsibility to make full payment to the non-participating Dentist. For dental services rendered by an out-of-state dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee in that area, if the out-of-state dentist is a participating dentist with a Delta Dental plan in the state in which the service is rendered.

Benefits and Limitations

Class I Preventive and Diagnostic Services
Examinations once every 6 months.
Cleanings once every 6 months (restricts against periodontal maintenance within the same time period).
Fluoride once every 12 months for dependent children under age 19.
Full mouth series or panoramic X-rays once every 5 years.
Bitewing X-rays once every 12 months.
Class II Basic Services
Periodontal maintenance once every 6 months (restricts against basic cleaning within the same time period).
Scaling and root planing covered once per quadrant every 24 months. Periodontal surgery is payable once per quadrant in any 3 year period.
Fillings restricted to same tooth/surface once every 24 months.
Class III Major Restorative Services
Crowns, build-ups, stainless steel crowns, onlays, or bridges on same tooth once every 7 years.
Porcelain, porcelain substrate, and cast restorations are not payable for children less than 16 years.
Partials, or dentures 1 time per arch every 7 years, eligible for partials at age 16.
Implants
Implants are a covered benefit per tooth with a maximum lifetime benefit of \$900.
Dependents
Eligible children must be under age 26.

GENERAL PLAN INFORMATION

1. Optional treatment: If the subscriber or eligible dependent selects a more expensive service than is customarily provided. For example, if teeth can be restored satisfactorily with amalgam or composite material, the cost of inlays, onlays and crowns are not covered and the cost difference between the covered and the non-covered procedure is to be borne by the patient.
2. Payment provisions: The following guidelines will be used to determine the date on which a service shall be paid:
 - a. Full dentures or partial dentures: On the date the final impression is taken.
 - b. Fixed bridges, crowns, and onlays: On the date the tooth or teeth are prepared.
 - c. Root canal therapy: On the date the root canal is initiated.
3. Processing Policies may limit benefits. Processing Policies applied to a claim are noted on the Explanation of

Benefits (EOB).

4. Predeterminations: If your dental treatment involves services of \$300 or greater, it is advisable to ask your dentist to submit a predetermination of benefits. A statement will be sent to you and your dentist estimating the amount of Delta Dental payment obligation and the amount that you will owe. These estimates will be subject to your continuing eligibility in the plan and the group contract remaining in effect. If claims for other completed dental services are received and processed prior to the completion date of the proposed treatment, this may reduce Delta Dental's estimated payment for the proposed treatment and increase your obligation to the dentist. Predeterminations are valid for ninety (90) days from the date issued by Delta Dental.

WHAT SERVICES ARE NOT COVERED?

No payment will be made by Delta Dental and all charges for the following services will be the responsibility of the subscriber:

1. Services for injuries or conditions payable under Workers' Compensation or Employer's Liability laws. Benefits or services that are available from any government agency, political subdivision, community agency, foundation, or similar entity. This provision does not apply to any programs provided under Title XIX Social Security Act, i.e., Medicaid.
2. Services for cosmetic surgery, or dentistry for aesthetic reasons.
3. Services or appliances started before an individual became eligible under the contract.
4. Prescription drugs, pre-medications and/or relative analgesia. General anesthesia and/or intravenous sedation other than for covered oral surgery. Charges for hospitalization, laboratory tests, and examinations and any additional fees charged by the dentist for hospital treatment.
5. Preventive control programs, including home care items.
6. Charges for failure to keep a scheduled visit with the dentist.
7. Repair, relines, or adjustments of occlusal guards.
8. Charges for completion of forms. A participating dentist may not make these charges to a subscriber or eligible dependent.
9. Prosthodontic services (Class III benefits), unless specified as a covered service in the Benefit Summary.
10. Orthodontic services (Class IV benefits), unless specified as a covered service in the Benefit Summary.
11. Lost, missing, or stolen appliances of any type and replacement or repair of orthodontic appliances.
12. Services for which no valid dental need can be demonstrated, that are specialized techniques, or that are experimental in nature as determined by the standards of generally accepted dental practice.
13. Appliances, surgical procedures, and restorations for increasing vertical dimension; for restoring occlusion; for replacing tooth structure loss resulting from attrition, abrasion, or erosion. If orthodontic benefits have been selected under this contract, this exclusion will not apply to the orthodontic services.
14. Treatment by other than a dentist, except for services performed by a licensed dental hygienist or denturist within the scope of his or her license.
15. Processing Policies may limit benefits. Processing Policies applied to a claim are noted on the Explanation of Benefits (EOB).
16. Services or supplies for which no charge is made, or for which the patient is not legally obligated to pay. This includes services or supplies furnished by a dentist who is related to the patient by blood or who is related to the patient by blood or marriage and who ordinarily dwells in the patient's household, the dentist providing service to him/her self, or services which would not have a charge in the absence of Delta Dental coverage.
17. Services or supplies received as a result of defect, or injury due to an act of war, declared or undeclared.
18. Services that are covered under a hospital, surgical/medical, or prescription drug program.
19. Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint (TMJ).
20. Myofunctional therapy.
21. Delta Dental is not obligated to pay claims received more than 12 months after the date of service.

22. Nutritional counseling, tobacco counseling and oral hygiene instruction are not covered benefits except for participants in Delta Dental's Health through Oral Wellness® (HOW®) program.

This is only a general summary of benefits. It provides a brief description about the important features of this policy and does not constitute a contract or guarantee of payment. Full terms and conditions are set forth in the policy provisions. If you have any questions about your plan's benefits or would like to submit a predetermination before services are performed, please call Delta Dental of Idaho customer service advisors at (208) 489-3580 or toll-free at (800) 356-7586. You may also log onto our website, www.deltadentalid.com, for benefit and eligibility information or up-to-date claim status.

USING YOUR DENTAL BENEFITS

This Dental Benefits Booklet provides dental benefit information only. Your benefit plan details are located on the Benefit Summary page.

Finding a network dentist

You can find a listing of more than 1,000 Delta Dental PPO and Premier dentist locations in Idaho and hundreds of thousands of Delta Dental network dentists nationwide at www.deltadentalid.com.

Filing claims

To file a claim with Delta Dental, you or your dentist should file your claim with us within 90 days after your dental care. We'll tell you what we paid via an Explanation of Benefits (EOB) within 30 days after we receive your claim, unless special circumstances require more time. If we deny a claim because we need more information, the Explanation of Benefits shows what additional information we need.

Coordination of Benefits

The dental benefits of the program are subject to the Coordination of Benefits provision in the group contract. The Coordination of Benefits provision says that if a covered employee or their insured dependents have any other insurance type coverage that will pay for all or part of any dental services, payments may be coordinated with Delta Dental benefits so that the total amount paid will not be more than the allowed amount. In no case will the Delta Dental payment exceed the amount, which would have been paid if there were no other insurance involved.

Claim review

Delta Dental has a procedure for resolving all questions in regard to claims for dental benefits allowed or rejected under the terms of the group contract. This procedure will be used both for the initial determination of those questions and for the resolution of appeals made on the basis of those initial determinations. All determinations made according to this procedure will be final and binding on the dentist, the subscriber, and the eligible dependent.

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

Questions about your benefits

If you have questions, please contact Delta Dental of Idaho's customer service team. Most questions about benefits can be answered informally, so please contact us.

Customer Service Information:

Phone: (208) 489-3580 or (800) 356-7586
deltadentalid.com

Appealing a claim denial

In the event that Delta Dental of Idaho denies a claim in whole or in part, you have a right to a full and fair review. Your request to review a claim must be in writing stating the reason for the appeal and submitted within 180 days from your receipt of the claim denial.

To file a claim appeal, mail to:

Delta Dental of Idaho
Claim Appeals
555 E. Parkcenter Blvd
Boise ID 83706

State of Idaho Consumer Affair Information
Idaho Department of Insurance, Consumer Affairs
700 W State Street, 3rd Floor, PO Box 83720, Boise ID 83720-0043
1-800-721-3272 or 208-334-4250 or www.DOI.Idaho.gov

Delta Dental's liability

Delta Dental is not responsible for the actual care you receive from anyone including any Delta Dental Premier or PPO Participating Dentist. The group contract does not give you or anyone else any claim, right, or cause of action against Delta Dental based on what a provider of dental care, services or supplies does or doesn't do.

Rights of recovery (Subrogation)

If Delta Dental pays benefits, and you are paid by someone else for the same procedures we pay for, we have the right to recover what we paid. You will be required to sign and deliver any legal papers relating to the recovery.

DEPENDENT ELIGIBILITY

Your employer has the option of covering dependents under Delta Dental plans. Check with your employer to see if they have chosen to provide dependent coverage.

1. Children will include natural offspring, stepchildren, adopted children and foster children.
2. The dependent requirement and the age limitation for child dependents are stated on the Benefit Summary.
3. An unmarried dependent child age 26, unless otherwise specified on the Benefit Summary page, may continue to be eligible as a dependent if the dependent is medically certified as disabled and financially dependent upon the parent. A physician's certificate must be submitted to Delta Dental within six (6) months following your dependent attaining this age.
4. Newly acquired dependents must be enrolled on the first day of the calendar month following the date they become eligible dependents.
5. Coverage for newborn/adopted children
 - a. A newborn child is covered at birth and must be added within 60 days.
 - b. Legal adoptions or guardianships: Covered on date of placement when the legal petition for adoption or guardianship becomes legally final. Placement means physical placement in the care of the adopting health plan Subscriber. An adopted newborn, or newborn child placed with the adoptive subscriber more than 60 days after the birth of the adopted child shall be covered from and after the date the child is placed. An adopted newborn child placed with the adopting subscriber within 60 days of birth may be added to the adopting subscriber's plan as a newborn dependent. If physical placement is prevented due to the medical needs of the child, "placed" means the date the adopting health plan subscriber signs an agreement for adoption of the child and assumes financial responsibility for the child.
 - c. Coverage shall be provided for newborn children with congenital anomalies. "Congenital anomaly" means a condition existing at or from birth that is a significant deviation from the common form or function of the body, whether caused by a hereditary or developmental defect or disease. The term significant deviation is defined to be a deviation which impairs the function of the body and includes but is not limited to the conditions of cleft lip, cleft palate, webbed fingers or toes, sixth toes or fingers, or defects of metabolism and other conditions that are medically diagnosed to be congenital anomalies.

WHEN DO MY BENEFITS END?

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

1. The date the plan is discontinued or the date on which contributions are no longer made by your employer. Idaho State law requires that if someone is disabled due to a dental condition, coverage would be extended to any person disabled, for the disabling condition, only for a period of twelve (12) months or less, whichever occurs first.
2. The end of the calendar month during which termination of full-time employment occurs.
3. The end of the calendar month during which the family member no longer meets the requirement of eligible family member.

IS COVERAGE AVAILABLE AFTER TERMINATION OF COVERAGE?

Title X of the Consolidated Omnibus Budget Reconciliation Act (COBRA), provides an extended coverage option to qualifying persons losing eligibility under their group health plans under certain conditions. Employers with 20 or more employees are usually required to offer COBRA coverage and to notify their employees of the availability of such coverage. COBRA applies to plans maintained by private-sector employers and sponsored by most state and local governments. Delta Dental shall not make benefits available to any person for whom election information and dues are not received by Delta Dental within 60 days of the date such person is required by law to notify the covered group.