

SERVICES NOT COVERED

Prescription drugs, premedications, relative analgesia
General anesthesia, except with oral surgery
Changes for hospitalization, including hospital visits
Plaque control programs, including oral hygiene and dietary instruction
Procedures to correct congenital or developmental malformations except for children eligible at birth
Procedures, appliances or restorations primarily for cosmetic purposes
Increasing vertical dimension
Replacing tooth structure lost by attrition
Periodontal splinting
Gnathological recordings
Equilibration
Treatment of dysfunctions of the temporomandibular joint
Implants
Orthodontic services, including tooth guidance appliances
Experimental procedures

SPECIAL NOTE

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

ELIGIBLE MEMBERS

Member/subscriber
Member's spouse
Unmarried children up to age nineteen (19*)
Unmarried children who become mentally or physically disabled and incapable of self-support before age nineteen (19) while covered by this Contract or another contract
Children who are full-time students up to age twenty-three (23*)
Children who are subject to a Qualified Domestic Relations Order
Newborn children of any covered person for thirty-one (31) days after birth

*To the end of the month.



Subscriber I.D. Card
Group Number 3017

Member Name _____

Member S.S.# _____

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

COVERED BENEFITS

Subject to a calendar year deductible of \$25 per person (not to exceed \$75 per family per year).*

Diagnostic - Procedures to assist dentists to evaluate existing conditions and dental care required - to include visits, exams, diagnoses and x-rays (exams and bitewing x-rays twice in any 12-month period)

Preventive - Prophylaxis (cleaning twice in any 12-month period), fluoride treatments (to age 19), space maintainers (to age 14), sealants (to age 14, once in any 36-month period on unfilled permanent first and second molars)

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

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

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

Endodontics - Procedures for pulpal therapy and root canal filling

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

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

Denture Repair - Repair of existing dentures

Note: Orthodontic (straightening of teeth) services are not covered under this contract. Maximum benefit \$1,000 per person based on a calendar year. ***Diagnostic, Preventive and Orthodontic services are exempt from the deductible.**

PAYMENT SCHEDULE

BENEFIT	Delta Preferred Option		Delta Premier & Non-Participating	
	Paid by Delta	Paid by Patient	Paid by Delta	Paid by Patient
DIAGNOSTIC	100%	0%	100%	0%
PREVENTIVE	100%	0%	100%	0%
BASIC RESTORATIVE	80%	20%	80%	20%
MAJOR RESTORATIVE	50%	50%	50%	50%
ORAL SURGERY	80%	20%	80%	20%
ENDODONTICS	80%	20%	80%	20%
PERIODONTICS	80%	20%	80%	20%
PROSTHODONTICS	50%	50%	50%	50%
DENTURE REPAIR	80%	20%	80%	20%

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



DESCRIPTION OF BENEFITS

GROUP DENTAL PROGRAM FOR MEMBERS

OF

GCC/IBT LOCAL #14-M HEALTH & WELFARE

FUND

Delta Group Number 3017

Administered by

Delta Dental of Pennsylvania
One Delta Drive
Mechanicsburg, PA 17055

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

TTY/TDD 888-373-3582

www.MidAtlanticDeltaDental.com

IMPORTANT

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

HOW TO USE YOUR DENTAL PROGRAM

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

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

FREE CHOICE OF DENTIST

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

PARTICIPATING DENTISTS

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

PREDETERMINATION OF BENEFITS

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

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

PAYMENT FOR SERVICES

Services performed by Delta Preferred Option ("DPO") dentists for a subscriber are paid by Delta on the basis of a reduced Maximum Plan Allowance or fee charged, whichever is less ("DPO Allowed Amount"). DPO dentists have agreed to accept the DPO Allowed Amount as full payment for services covered by the Contract. Delta calculates its share of the DPO Allowed Amount ("Delta Payment") and sends its share to the participating dentist. Delta advises you of any charges not payable by Delta for which you are responsible ("Patient Payment"). This is generally your share of the DPO Allowed Amount - i.e., copayments, deductibles, charges where maximums have been exceeded - and services not covered.

Services performed by Delta Premier dentists only for a subscriber are paid by Delta on the basis of a Delta Premier Maximum Plan Allowance or the fee charged, whichever is less ("Delta Premier Allowed Amount"). Delta Premier dentists have agreed to accept the Delta Premier Allowed Amount as full payment for services covered by the Contract. Delta calculates its share of the Delta Premier Allowed Amount and sends its share to the participating dentist. Delta advises you of any charges not payable by Delta for which you are responsible. This is generally your share of the Delta Premier Allowed Amount - i.e., copayments, deductibles, charges where maximums have been exceeded - and services not covered.

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

The total out-of-pocket payment is least if the subscriber goes to a Delta Preferred Option dentist, is more if the subscriber goes to a Delta Premier dentist, and likely will be highest if the subscriber goes to a non-participating dentist.

COORDINATION OF BENEFITS

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

CLAIMS AND APPEAL PROCEDURES

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

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

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

NOTE

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

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

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