

DELTA DENTAL OF DELAWARE
UNIVERSITY OF DELAWARE FUNDED
GRADUATE AND POST-DOCTORATE STUDENT PLAN
DENTAL INFORMATION SHEET

DeltaPreferred Option with a Point-of-Service Variation

As a benefit, University of Delaware is happy to provide a DeltaPreferred Option dental care program with a Point of Service variation underwritten by Delta Dental of Delaware to the University of Delaware Funded Graduate and Post-Doctorate Students.

HOW TO USE YOUR DENTAL PLAN

Obtain a claim form from www.universityhealthplans.com, or www.midatlanticdeltadental.com and fill in sections 1 through 15. Sections 1 through 8 are self-explanatory; section 9 may be skipped. Section 10 should be "#1234". Sections 11 through 15 are to be completed since they are used to assist Delta in determining whether you are entitled to dual coverage and/or coordination of benefits with another carrier. The form should then be given to the dentist of your choice at your next appointment.

YOUR DENTAL CARE BENEFIT

Your dental care program is an excellent benefit. All covered dental procedures, except diagnostic and preventive services, are subject to a contract year per person deductible of \$50 for DeltaPreferred Option dentists, and a contract year per person deductible of \$75 for DeltaPremier and Non-Participating dentists. DeltaPreferred Option and DeltaPremier participating dentists can be found at www.midatlanticdeltadental.com. The deductible is waived for diagnostic and preventive services. There is a \$1,000 annual maximum per person for services provided by DeltaPreferred Option, DeltaPremier and Non-Participating dentists. The following payment schedule will illustrate the co-payment percentages involved with each covered procedure, in accordance with Delta's payout level.

		DeltaPreferred Option Participating		DeltaPremier Participating		Non-Participating	
		<u>Paid by Delta*</u>	<u>Paid by Patient*</u>	<u>Paid by Delta**</u>	<u>Paid by Patient**</u>	<u>Paid by Delta***</u>	<u>Paid by Patient***</u>
DIAGNOSTIC -	(exam & x-rays)	100%	0%	80%	20%	80%	20%
PREVENTIVE -	(fluoride treatments to age 19, teeth cleaning – children and adults & sealants to age 14)	100%	0%	80%	20%	80%	20%
BASIC RESTORATIVE -	(fillings)	50%	50%	50%	50%	50%	50%
ORAL SURGERY -	(extractions)	50%	50%	50%	50%	50%	50%
ENDODONTICS -	(root canal therapy)	50%	50%	50%	50%	50%	50%
PERIODONTICS -	(treatment of gum disorders)	50%	50%	50%	50%	50%	50%
MAJOR RESTORATIVE -	(crowns)	50%	50%	40%	60%	40%	60%
PROSTHODONTICS -	(dentures, bridgework)	50%	50%	40%	60%	40%	60%

* DeltaPreferred Option participating dentists are paid at the DeltaPreferred Option Maximum Plan Allowance.

** DeltaPremier participating dentists are paid at the DeltaPremier Maximum Plan Allowance.

*** For eligible services provided by a non-participating dentist, Delta reimburses the enrollee up to the DeltaPremier Maximum Plan Allowance. The non-participating dentist then can bill the enrollee for the difference between Delta's reimbursement and the actual charge.

Eligible for coverage are:

Students

Spouses

Dependent children to age 19 unless a full-time student in which case to age 23.

The contract year for your group dental program is from September 1 of a given year to August 31 of the following year.

DENTISTS

DeltaPreferred Option participating dentists are paid at the DeltaPreferred Option Maximum Plan Allowance. DeltaPremier participating dentists are paid at the DeltaPremier Maximum Plan Allowance. Participating dentists accept Delta's allowances as payment in full for covered services. Participating dentists are paid directly by Delta Dental, and by agreement cannot bill the patient more than the applicable copayments or deductibles for the services provided.

Non-Participating dentists are paid at the DeltaPremier Maximum Plan Allowance. The benefit payment is sent directly to the enrollee. It is the enrollee's responsibility to pay the provider. The enrollee is responsible for paying the Non-Participating dentist's actual charge, which may include amounts in addition to any applicable copayments and deductibles.

LIMITATIONS AND EXCLUSIONS

There are certain limitations and exclusions which apply to your dental plan. For example, dentistry that is performed for appearance only, preventive plaque control programs, periodontal splinting, and services provided or devices started prior to the effective date of the program are not covered. Also, the following service is not covered:

- orthodontics (straightening of teeth)

The contract on file at University Health Plans will give a full listing of the limitations and exclusions of your dental plan.

PREDETERMINATION

If the amount of care to be provided to any one patient will exceed \$300, the dentist should submit the claim form to Delta Dental for predetermination before completing the treatment. Delta's dental consultants will examine the treatment plan and x-rays which may accompany the form and future benefits will be detailed. This is generally a very simple procedure that takes only a few days, but it is very important because it assures you and the dentist that you are eligible for dental benefits, and it tells both you and the dentist if certain proposed services are not covered by the contract.

BENEFIT SERVICES

If you or your dentist have any questions about claim filing procedures or the status of your claim, please feel free to contact Delta's Benefit Service Department at:

Delta Dental of Delaware
One Delta Drive
Mechanicsburg, Pennsylvania 17055

Phone Number:	717-766-8500
Toll-Free WATS Number:	800-932-0783
TTY/TDD:	888-373-3582
Web Site:	www.MidAtlanticDeltaDental.com

NOTE – This information sheet pertains to proposed benefits and is subject to acceptance of the application for the dental service contract. This information sheet will not modify such contract in any way, nor shall the subscriber accrue any additional rights because of any statement in or omission from this information sheet.