



# GROUP DENTAL PLAN

WARTBURG COLLEGE  
*BUY DOWN PLAN*

DELTA DENTAL PREMIER®  
SUMMARY PLAN DESCRIPTION

CLAIMS ADMINISTERED BY  
DELTA DENTAL OF IOWA



# INTRODUCTION

Wartburg College maintains the Wartburg College Group Dental Plan (“the Dental Plan”) for the exclusive benefit of and to provide dental benefits to its eligible, full-time employees, their spouses, and eligible dependents. These benefits, including information about who is eligible to receive benefits, are summarized in this document, which constitutes the summary plan description required by Section 102 of the Employee Retirement Income Security Act (“ERISA”). In addition, certain portions of this Summary Plan Description, together with any written plan document(s) of Wartburg College, constitute the written plan document for the Dental Plan as required by Section 402 of ERISA.

Claims for reimbursement of dental benefits under the Dental Plan are administered by Delta Dental of Iowa (hereafter “Delta Dental”) pursuant to a contract between Wartburg College and Delta Dental.



# INTERPRETING THIS SUMMARY PLAN DESCRIPTION

It is important that you understand all parts of this Summary Plan Description to get the most out of your benefits. To help make the information easier to understand, we use the words *you* and *your* to refer to you and your eligible family members who have enrolled for coverage under this Dental Plan. In other places, we use the word *participant* to refer to the employee enrolled under the Dental Plan and the words *beneficiary* or *beneficiaries* to refer to the participant's eligible family members who are enrolled under the Dental Plan. The words, *we*, *us*, and *our* refer to Wartburg College, the Plan Administrator for your Dental Plan. Finally, the term *Plan Sponsor* refers to your employer or other sponsor of this Dental Plan.

We will interpret the provisions of this Summary Plan Description and determine the answers to all questions that arise under it. Pursuant to a contract with Delta Dental, we have delegated our administrative discretion to initially determine whether you meet the Dental Plan's written eligibility requirements, or to interpret any other term of this Dental Plan. In addition, if any benefit in this Summary Plan Description is subject to a determination of dental necessity and dental appropriateness, Delta Dental will make that factual determination. Our interpretations and determinations and those of Delta Dental are final and conclusive.

To administer your benefits properly, there are certain rules you must follow. Different rules appear in different sections of this Summary Plan Description. We urge you to become familiar with the entire Summary Plan Description.



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# GENERAL INFORMATION ABOUT THE DENTAL PLAN

For your convenience, and as required by Section 102 of ERISA, we have listed below certain, basic, plan-identifying information.

|  |   |
|--|---|
| Plan Name:                                     | Wartburg College<br>Group Dental Plan   |
| Type of Plan:                                  | A group health plan (a type of welfare benefits plan that is subject to the provisions of ERISA).               |
| Plan Year:                                     | January 1 – December 31   |
| Plan Number:                                   | 577   |
| Original Effective Date:                       | June 1, 2000. The Dental Plan has been amended several times since its original effective date.                 |
| Plan Sponsor:                                  | Wartburg College<br>100 Wartburg Blvd<br>Waverly, IA 50677<br>319-352-8521                                      |
| Plan Sponsor's Employer Identification Number: | 42-0680351  |
| Plan Administrator:                            | Wartburg College<br>100 Wartburg Blvd<br>Waverly, IA 50677<br>319-352-8521<br>Attention: Human Resource Manager |

Claims Administrator:

Delta Dental of Iowa  
P.O. Box 919  
Ankeny, IA 50021-0919  
1-800-544-0718

Named Fiduciary:

Wartburg College  
100 Wartburg Blvd  
Waverly, IA 50677  
319-352-8521

Funding Medium and Type of Plan Administration:

Benefits under the Dental Plan are self-funded by Wartburg College and are paid directly out of the company's general assets. There is no insurance policy, trust, or other fund from which benefits are paid. The Dental Plan is self-administered by Wartburg College. Pursuant to a contract between Delta Dental and Wartburg College, Delta Dental acts as the Claims Administrator for the Dental Plan on behalf of the Plan Administrator. Although claims for reimbursement under the Dental Plan are submitted to Delta Dental for a determination of eligibility, processing, and initial payment, Wartburg College, and not Delta Dental, is at all times responsible for payment of all claims under the Plan.

Source of Contributions:

Contributions for the Dental Plan are made in part by Wartburg College and in part by employees' pre-tax payroll deductions. However, former employees who elect to continue their benefits under the Dental Plan pursuant to COBRA, must pay for those benefits.

Agent for Service of Legal Process:

President  
Wartburg College  
100 Wartburg Blvd  
Waverly, IA 50677  
319-352-8521

Legal Plan Document & Disclaimer: This Summary Plan Description summarizes the principal features of the Dental Plan in a general manner. The complete terms and conditions of the Dental Plan are contained in the Group Dental Plan legal document adopted by Wartburg College and in portions of this Summary Plan Description. You can obtain a copy of the Group Dental Plan legal document from the Plan Administrator.

# SUMMARY OF BENEFITS AND PAYMENT

The information on this page summarizes your benefits and payment obligations. For a detailed description of specific benefits and benefit limitations, see the IMPORTANT INFORMATION and BENEFITS sections of this Summary Plan Description.

If a dollar amount for a deductible, benefit period maximum or lifetime maximum is shown at the top of the chart and applies to a benefit category, “Yes” will be indicated across from that category. If the information does not apply it will indicate “Waived” or be left blank. If there is unique information for a specific benefit it will appear across from that benefit.

| <b>Delta Dental Premier<sup>®</sup></b>  | <b>DEDUCTIBLE</b> | <b>COINSURANCE</b> | <b>BENEFIT PERIOD MAX</b> |
|--|-------------------|--------------------|---------------------------|
| <b>Benefit Categories</b>  | \$50/\$150        |                    | \$1,000                   |
| <b>Check-Ups and Teeth Cleaning</b><br>(Diagnostic and Preventive Services) <ol style="list-style-type: none"> <li>1. Dental Cleaning</li> <li>2. Oral Evaluation</li> <li>3. Fluoride Applications</li> <li>4. X-rays</li> <li>5. Sealant Applications</li> <li>6. Space Maintainers</li> </ol>                                 | Waived            | 00%                | Yes                       |
| <b>Cavity Repair and Tooth Extractions</b><br>(Routine and Restorative Services) <ol style="list-style-type: none"> <li>1. Emergency Treatment</li> <li>2. General Anesthesia/Sedation</li> <li>3. Restoration of Decayed or Fractured Teeth</li> <li>4. Limited Occlusal Adjustment</li> <li>5. Routine Oral Surgery</li> </ol> | Yes               | 50%                | Yes                       |

|  | <b>DEDUCTIBLE</b> | <b>COINSURANCE</b> | <b>BENEFIT PERIOD MAX</b> |
|--|-------------------|--------------------|---------------------------|
| <b>Root Canals</b><br>(Endodontic Services) <ol style="list-style-type: none"> <li>1. Apicoectomy</li> <li>2. Direct Pulp Cap</li> <li>3. Pulpotomy</li> <li>4. Retrograde Fillings</li> <li>5. Root Canal Therapy</li> </ol>  | Yes               | 50%                | Yes                       |
| <b>Gum and Bone Diseases</b><br>(Periodontal Services) <ol style="list-style-type: none"> <li>1. Conservative Procedures</li> <li>2. Complex Procedures</li> <li>3. Maintenance Therapy</li> </ol>   | Yes               | 50%                | Yes                       |
| <b>High Cost Restorations</b><br>(Cast Restorations) <ol style="list-style-type: none"> <li>1. Cast Restorations               <ol style="list-style-type: none"> <li>a. Crowns</li> <li>b. Inlays</li> <li>c. Onlays</li> <li>d. Posts and Cores</li> </ol> </li> </ol> | Yes               | 50%                | Yes                       |
| <b>Dentures and Bridges</b><br>(Prosthetics) <ol style="list-style-type: none"> <li>1. Bridges</li> <li>2. Dentures</li> </ol>   | Yes               | 50%                | Yes                       |

# DENTAL PLAN ADMINISTRATION

The administration of the Dental Plan is under the supervision of the Plan Administrator, Wartburg College. The Human Resources Manager of Wartburg College is the person who acts on behalf of the Plan Administrator. The principal duty of the Plan Administrator is to see that the terms of the Dental Plan are carried out in accordance with its terms, for the exclusive benefit of persons entitled to participate in the Plan. The Company bears all costs of administering the Plan and for paying all claims.

Under a contract with Delta Dental, the Plan Administrator has delegated its authority to Delta Dental to act as the Claims Administrator for the Dental Plan and to determine the initial eligibility for and the amount of any benefits payable under the Dental Plan and for prescribing the procedures to be followed and the forms to be used by you pursuant to the Dental Plan. We have further delegated to Delta Dental, as the Claims Administrator, the authority to require you to furnish it with such information as it determines is necessary for the proper administration of the Dental Plan. If you have general questions regarding the Dental Plan, please contact the Plan Administrator. However, if you have specific questions concerning eligibility for and/or the amount of any benefits payable under the Dental Plan, please contact Delta Dental.

# 7 IMPORTANT INFORMATION

Delta Dental of Iowa is the Claims Administrator of your Delta Dental Premier Dental Plan. By encouraging preventive care, this dental program is designed to help contain dental costs. The key component of Delta Dental Premier program is its panel of *participating dentists*, hereafter referred to as Delta Dental dentists. You may seek care from almost any dentist you wish. However, there are advantages when you receive services from Delta Dental dentists.

Your payment responsibilities are also outlined in this section of your Summary Plan Description. How much you pay for covered services depends on the benefit category of the service you receive and the dentist you receive services from. It is most often to your financial advantage to receive services from a Delta Dental dentist.

## **WHAT YOU SHOULD KNOW ABOUT DELTA DENTAL DENTISTS**

Delta Dental has contract relationships with Delta Dental dentists throughout the state. Delta Dental's contracts with dentists include payment arrangements that are made possible by its broad base of customers. Delta Dental uses different methods to determine payment arrangements. These payment arrangements usually result in savings. When you receive services from dentists who participate with Delta Dental of Iowa or any other Delta Dental Plan, all of the following statements are true:

- Delta Dental dentists agree to accept their local Delta Dental's payment arrangements, which may result in savings.
- Delta Dental dentists agree to file claims for you.
- Delta Dental settles claims directly with Delta Dental dentists. You are responsible for any deductible and coinsurance amounts you may owe. See UNDERSTANDING AMOUNTS YOU PAY TO SHARE COSTS later in this section.
- Delta Dental dentists agree to handle the notification program for you, see THE NOTIFICATION PROGRAM section.

## **WHAT YOU SHOULD KNOW ABOUT DENTISTS WHO DO NOT PARTICIPATE WITH DELTA DENTAL**

When you receive services from nonparticipating dentists, you will not receive any of the advantages of Delta Dental contracts with Delta Dental dentists. As a result, when you receive services from nonparticipating dentists, all of the following statements are true:

- Delta Dental does not have contract relationships with nonparticipating dentists and they do not agree to accept their local Delta Dental's payment arrangements. This means you are responsible for any difference between your nonparticipating dentist's covered charge and the Maximum Plan Allowance (Delta Allowance). See UNDERSTANDING PAYMENT VOCABULARY later in this section.
- Nonparticipating dentists are not responsible for filing your claims.
- Delta Dental settles claims with you, not nonparticipating dentists. You are responsible for paying your dentist in full, including any deductible, coinsurance and non-approved charges you may owe. See UNDERSTANDING PAYMENT VOCABULARY later in this section.
- Nonparticipating dentists do not agree to handle the notification program for you. See THE NOTIFICATION PROGRAM.
- Nonparticipating dentists may charge for "infection control," which includes the costs for services and supplies associated with sterilization procedures. You are responsible for any extra charges billed by a nonparticipating dentist for "infection control." (All dentists are legally required to follow certain guidelines to protect their patients and staff from exposure to infection. However, Delta Dental dentists incorporate these costs into their normal fees and do not charge an additional fee for "infection control.")

## **QUESTIONS DELTA DENTAL ASKS WHEN YOU RECEIVE DENTAL CARE**

Even though a procedure may appear in a given section such as BENEFITS, you should note that before you are eligible to receive benefits, Delta Dental first answers all of the following questions:

### **Is the Procedure Dentally Necessary?**

All of the following must be true for a procedure to be considered dentally necessary:

- The diagnosis is proper.
- The treatment is necessary to preserve or restore the form and the function of the tooth or teeth and the health of the gums, bone, and other tissues supporting the teeth.

### **Is the Procedure Dentally Appropriate?**

All of the following must be true for a procedure to be considered dentally appropriate:

- The treatment is the most appropriate procedure for your individual circumstances.
- The treatment is consistent with and meets professionally recognized standards of dental care and complies with criteria adopted by Delta Dental.
- The treatment is not more costly than alternative procedures that would be equally effective for the treatment or maintenance of your teeth and their supporting structures. **If you receive alternative services other than the least costly, you are responsible for paying the difference.**

### **Is the Procedure Subject to Benefit Limitations?**

Benefit limitations refer to amounts that are your liability based on the terms of the Dental Plan. Examples of benefit limitations include all of the following:

- Amounts for procedures that are not dentally necessary or dentally appropriate.
- Amounts for procedures that are not covered by this Summary Plan Description. See SERVICES NOT COVERED.
- Amounts for procedures that have limitations associated with them. For example, teeth cleaning is covered twice per benefit period. More frequent teeth cleaning is not a benefit even if your dentist verifies that it is dentally necessary and dentally appropriate. See BENEFITS for a description of covered procedures and limitations associated with certain procedures.
- Amounts for procedures that have reached contract benefit maximums. See the SUMMARY OF BENEFITS AND PAYMENT chart at the beginning of this Summary Plan Description.
- Any difference between the covered charge and the Maximum Plan Allowance (Delta Allowance). **Please note:** This only applies if you receive services from a nonparticipating dentist.

## **DELTA DENTAL'S PAYMENT POLICY**

Delta Dental's policy is to send payment for treatment after it is completed—not before.

For example, Delta Dental will send payment for:

- a crown when it is seated.
- a fixed or removable prosthesis when it is inserted.
- a root canal when it is filled.

## **UNDERSTANDING PAYMENT VOCABULARY**

### **Benefit Period**

A benefit period is the same as a calendar year. It begins on the day your coverage goes into effect and starts over each January 1. This is true for as long as you have coverage.

The benefit period is important for calculating your deductible and benefit period maximum, if applicable.

### **Billed Charge**

The billed charge is the amount a dentist bills for a specific dental procedure.

### **Covered Charge**

The covered charge is the amount a dentist bills for a dental procedure *that is a benefit of your Dental Plan*.

### **Maximum Plan Allowance (Delta Allowance)**

Maximum Plan Allowance is the amount which equals the lesser of the covered charge for a service, supply, or any dental procedure covered under the Dental Plan or an amount which Delta Dental establishes annually as its maximum allowable fee for the same service or supply.

For all dental procedures covered under the plan, the maximum allowable fee is established by Delta Dental of Iowa for a covered dental procedure that is dentally necessary and dentally appropriate. It is developed from various sources, such as contracts with dentists, input from Delta Dental dental consultants, the simplicity or complexity of the procedure, and the billed charge for the same procedures by dentists in Iowa.

For services billed by dentists outside of Iowa, the maximum allowable fee is based on information from that state's Delta Dental Plan.

## **UNDERSTANDING AMOUNTS YOU PAY TO SHARE COSTS**

### **Deductible**

A deductible is the fixed dollar amount you pay for covered services in a benefit period before benefits are available under this Dental Plan. This amount is shown on the SUMMARY OF BENEFITS AND PAYMENT chart at the beginning of this Summary Plan Description. *Please note:* The family deductible is reached from deductible amounts paid on behalf of any combination of members.

### **Coinsurance**

Coinsurance is the amount, calculated using a fixed percentage, you pay each time you receive certain covered services. These amounts are shown on the SUMMARY OF BENEFITS AND PAYMENT chart at the beginning of this Summary Plan Description.

Coinsurance payments begin once you meet any applicable deductible amounts. Coinsurance is calculated off the Maximum Plan Allowance (Delta Allowance). In general, the percentage of coinsurance you pay depends on the benefit category of the service you receive.

### **Benefit Period Maximum**

The benefit period maximum is the maximum benefit each member is eligible to receive for certain covered services in a benefit period. The benefit period maximum is reached from claims settled under this Summary Plan Description in a benefit period. This amount is shown on the SUMMARY OF BENEFITS AND PAYMENT chart at the beginning of this Summary Plan Description.

## **HELPING WHEN YOU HAVE QUESTIONS**

If you have any questions after reading this Summary Plan Description, please call Delta Dental. For your convenience, Delta Dental has listed their toll-free number on the back cover of this Summary Plan Description.

# BENEFITS

## **CHECK-UPS AND TEETH CLEANING DIAGNOSTIC AND PREVENTIVE SERVICES**

### **Dental Cleaning (Prophylaxis)**

Removing plaque, tartar (calculus), and stain from teeth.

*Limitation:* Dental cleaning is a benefit only twice per benefit period.

### **Oral Evaluations**

*Limitation:* This evaluation is a benefit only twice per benefit period.

### **Topical Fluoride Applications**

*Limitation:* Topical fluoride is a benefit only for unmarried beneficiaries who are dependent children under age 19 once every 12 consecutive months.

### **X-Rays:**

#### **Bitewing X-Rays**

*Limitation:* These x-rays are a benefit only once every 12 consecutive months.

#### **Full-Mouth X-Rays**

Full-mouth x-rays include a combination of individual x-rays such as periapical, bitewing or occlusal taken by a dentist on the same service date.

A panoramic x-ray is a benefit if full-mouth x-rays have not been performed within 5 consecutive years of the panoramic x-ray.

*Limitation:* Full-mouth x-rays are a benefit only once every 5 consecutive years.

#### **Occlusal and Extraoral X-Rays**

*Limitation:* These x-rays are a benefit only once every 12 consecutive months.

#### **Periapical X-Rays**

#### **Sealant Applications**

Filling decay-prone areas of the chewing surface of molars.

*Limitation:* Sealant applications are a benefit:

once per permanent first and second molars for eligible beneficiaries who are dependent children under age 15.

*Sealants for primary teeth, wisdom teeth, or teeth that have already been treated with a restoration are not a benefit.*

### **Space Maintainers for Missing Back Teeth**

*Limitation:* Space maintainers are a benefit only for eligible beneficiaries who are dependent children under age 15.

## **CAVITY REPAIR AND TOOTH EXTRACTIONS ROUTINE AND RESTORATIVE SERVICES**

### **Emergency Treatment (Palliative Treatment)**

Treatment to relieve pain or infection of dental origin.

### **General Anesthesia/Sedation**

*Limitation:* General anesthesia and intravenous sedation are benefits only when provided in conjunction with covered oral surgery and when billed by the operating dentist.

### **Restoration of Decayed or Fractured Teeth**

Pre-formed or stainless steel restorations and restorations such as silver (amalgam) fillings, and tooth-colored (composite) fillings.

***Limitation:* If you choose a tooth-colored filling to restore back (posterior) teeth, benefits are limited to the amount paid for a silver filling. You are responsible for paying the difference.**

### **Limited Occlusal Adjustment**

Reshaping the biting surfaces of one or more teeth.

*Limitation:* Limited Occlusal Adjustment is a benefit only twice every 12 consecutive months.

*Limitation:* You are not covered for Complete Occlusal Adjustment, a more complex procedure which requires several appointments and is intended to revise or alter the functional relationships between upper and lower teeth.

### **Routine Oral Surgery**

Including removal of teeth, and other surgical services to the teeth or immediate surrounding hard and soft tissues that are being performed due to disease, pathology, or dysfunction of dental origin.

## **ROOT CANALS ENDODONTIC SERVICES**

### **Apicoectomy/Periradicular Surgery**

Surgery to repair a damaged root as part of root canal therapy or to correct a previous root canal.

### **Direct Pulp Cap**

Covering exposed pulp with a dressing or cement to protect it and promote healing and repair. *Treatment of pulp that is not exposed (indirect pulp cap) is not a benefit.*

### **Pulpotomy**

Removing the coronal portion of the pulp as part of root canal therapy. When performed on a baby (primary) tooth, pulpotomy is the only procedure required for root canal therapy.

### **Retrograde Fillings**

Sealing the root canal by preparing and filling it from the root end of the tooth.

### **Root Canal Therapy**

Treating an infected or injured pulp to retain tooth function. This procedure generally involves removal of the pulp and replacement with an inert filling material.

## **GUM AND BONE DISEASES PERIODONTAL SERVICES**

*Please note:* Procedures in this category should receive Delta Dental's review *before* they are performed. See THE NOTIFICATION PROGRAM.

### **Full Mouth Debridement**

*Limitation:* Full mouth debridement is a benefit once in a lifetime.

### **Conservative Periodontal Procedures (Root Planing and Scaling)**

Removing contaminants such as bacterial plaque and tartar (calculus) from a tooth root to prevent or treat disease of the gum tissues and bone which support it.

*Limitation:* Conservative periodontal procedures are a benefit only once every 24 consecutive months for each quadrant of the mouth.

## **Complex Periodontal Procedures**

Various surgical interventions designed to repair and regenerate gum and bone tissues that support the teeth.

*Limitation:* Complex periodontal procedures are a benefit only once per benefit period for each quadrant of the mouth for natural teeth only.

**Note:** A quadrant is one of the four equal sections of the mouth into which the jaws can be divided and represents four or more contiguous teeth or bounded teeth spaces.

## **Periodontal Maintenance Therapy**

Includes various maintenance services such as pocket depth measurements, dental cleaning (oral prophylaxis), removal of stain, and root planing and scaling.

*Limitation:* This procedure must follow conservative or complex periodontal therapy. When this procedure immediately follows complex or conservative periodontal therapy, benefits are available up to four times in the first benefit period and twice per benefit period thereafter. *This procedure replaces the dental cleaning benefit (prophylaxis) described under Check-Ups and Teeth Cleaning earlier in this section.*

## **HIGH COST RESTORATIONS CAST RESTORATIONS**

Procedures in this category are available once every 5 consecutive years beginning from the date the cast restoration is cemented in place.

### **Cast Restorations for Complicated Tooth Decay or Fracture**

Restoring a tooth with a cast filling (including local anesthesia) when the tooth cannot be restored with a silver (amalgam) or tooth-colored (composite) filling.

### **Crowns**

Restoring form and function by covering and replacing the visible part of the tooth with a precious metal, porcelain-fused-to-metal, or porcelain crown. *Crowns placed for the primary purpose of periodontal splinting, cosmetics, altering vertical dimension, restoring your bite (occlusion), or restoring a tooth due to attrition and abrasion are not a benefit.* *Limitation:* Crowns are a benefit only if the tooth cannot be restored with a routine filling.

**Inlays**

Restoring a tooth with a cast metallic or porcelain filling.

*Limitation:* **Inlay benefits are limited to the amount paid for a silver (amalgam) filling.** See *Restoration of Decayed or Fractured Teeth*, described under Cavity Repair and Tooth Extractions earlier in this section.

**Onlays**

Replacing one or more missing or damaged biting cusps of a tooth with a cast restoration.

**Posts and Cores**

Preparing a tooth for a cast restoration after a root canal when there is insufficient strength and retention.

**Recementation of Cast Restorations**

*Limitation:* Benefits are limited to once every 12 consecutive months after 6 months have elapsed since initial placement.

## **DENTURES AND BRIDGES PROSTHETICS**

*Please note:* Dentures and bridges (prosthetics) are a benefit once every 5 consecutive years.

### **Bridges**

Replacing missing permanent teeth with a dental prosthesis that is cemented in place and can only be removed by a dentist. Also covered are bridge repairs.

*Limitation:* Bridges which are supported by dental implants are limited to the amount paid for a bridge supported by natural teeth. **Dental implants are not a benefit.**

### **Dentures (Complete and Partial)**

Replacing missing permanent teeth with a dental prosthesis that is removable. Denture repair and relining are also covered.

*Limitation:* Relining is available only if performed one year(s) or more after the initial placement of the denture and then once every 2 years thereafter.

*Limitation:* Dentures which are supported by surgically placed dental implants will be limited to the amount paid for a conventional, natural-teeth-supported prosthesis. **Dental implants are not a benefit.**

### **Denture Adjustments**

*Limitations:* Denture Adjustments will be limited to two per denture per benefit period after 6 months has elapsed since initial placement.

### **Tissue Conditioning**

*Limitation:* Tissue conditioning will be limited to two per denture every 36 consecutive months.

# SERVICES NOT COVERED

This *Dental Plan* does not provide benefits for dental treatment listed in this section. **Please note:** Even if the treatment is not specifically listed as an exclusion, it may not be covered under this Dental Plan. Call Delta Dental if you are unsure if a certain service is covered. For your convenience, Delta Dental has listed its toll-free number on the back cover of this Summary Plan Description.

## **EXCLUSIONS**

### **Anesthesia or Analgesia**

You are not covered for local anesthesia or nitrous oxide (relative analgesia) when billed separately from the related procedure. This exclusion does not apply to general anesthesia or intravenous sedation administered in connection with covered oral surgery as described in BENEFITS.

### **Broken Appointments**

You are not covered for any fees charged by your dental office because of broken appointments.

### **Complete Occlusal Adjustment**

You are not covered for services or supplies used for revision or alteration of the functional relationships between upper and lower teeth. However, you are covered for limited occlusal adjustment, a less complex procedure to reshape the biting surfaces of one or more teeth.

### **Complications of a Non-Covered Procedure**

You are not covered for complications of a non-covered procedure.

### **Congenital Deformities**

You are not covered for services or supplies to correct congenital deformities, such as a cleft palate.

### **Controlled Release Device**

You are not covered for services or supplies used for the controlled release of therapeutic agents into diseased crevices around your teeth.

**Cosmetic in Nature**

You are not covered for services or supplies which have the primary purpose of improving the appearance of your teeth, rather than restoring or improving dental form or function.

**Crowns Not Meant to Restore Form and Function**

You are not covered for crowns that are not meant to restore form and function of a tooth, including crowns placed for the primary purpose of periodontal splinting, cosmetics, altering vertical dimension, restoring your bite (occlusion), or restoring a tooth due to attrition, abrasion, erosion and abfraction.

**Desensitization Material**

You are not covered for desensitization materials or their application.

**Drugs**

You are not covered for prescription, non-prescription drugs, medicines or therapeutic drug injections.

**Effective Date**

You are not covered for services or supplies received before the effective date of your coverage under this Dental Plan.

**Experimental or Investigative**

You are not covered for services or supplies that are considered experimental, investigative or have a poor prognosis. Peer reviewed outcomes data from clinical trials, Food and Drug Administration regulatory status, and established governmental and professional guidelines will be used in this determination.

**Government Programs**

You are not covered for services or supplies when you are entitled to claim benefits from governmental programs (except Medicaid).

**Guided Tissue Regeneration**

You are not covered for services or supplies to encourage regeneration of lost periodontal structures.

**Implants**

You are not covered for any dental implants which are surgically placed in the jawbone. You are also not covered for the attachment of any device to a surgically placed implant in the jawbone.

**Incomplete Services**

You are not covered for dental services that have not been completed.

**Indirect Pulp Caps**

You are not covered for indirect pulp caps.

**Infection Control**

You are not covered for *separate* charges for “*infection control*,” which includes the costs for services and supplies associated with sterilization procedures. *Delta Dental* dentists incorporate these costs into their normal fees and will not charge an additional fee for “*infection control*.”

**Lost or Stolen Appliances**

You are not covered for services or supplies required to replace lost or stolen dental appliances.

**Medical Services or Supplies**

You are not covered for services or supplies which are medical in nature, including dental services performed in a hospital, treatment of fractures and dislocations, treatment of cysts and malignancies, and accidental injuries.

**Military Service**

You are not covered for services or supplies which are required to treat an illness or injury received while you are on active status in the military services.

**Orthodontics**

You are not covered for orthodontics.

**Payment Responsibility**

You are not covered for services or supplies when someone else has the legal obligation to pay for your care, and when, in the absence of this Dental Plan, you would not be charged.

**Periodontal Appliances**

You are not covered for services or supplies for periodontal appliances (bite guards) to reduce bite (occlusal) trauma due to tooth grinding or jaw clenching.

**Periodontal Splinting**

You are not covered for services or supplies used for the primary purpose of reducing tooth mobility, including crown-type restorations.

**Provisional Crowns, Bridges or Dentures**

You are not covered for services or supplies for provisional crowns, bridges or dentures.

**Repair, Replacement or Duplication of Orthodontic Appliances**

You are not covered for services or supplies required to repair, replace or duplicate any orthodontic appliance.

**Sealants for Primary Teeth, Wisdom Teeth, or Restored Teeth**

You are not covered for sealants for primary teeth, wisdom teeth, or teeth that have already been treated with a restoration.

**Services Provided in Other Than Office Setting**

You are not covered for services provided in other than a dental office setting.

**Specialized Services**

You are not covered for specialized, personalized, elective materials and techniques or technology which are not reasonably necessary for the diagnosis or treatment of dental disease or dysfunction. Specialized services represent enhancements to other services and are considered optional.

**Temporary or Interim Procedures**

You are not covered for temporary or interim procedures.

**Temporomandibular Joint Dysfunction (TMD)**

You are not covered for expenses incurred for diagnostic x-rays, appliances, restorations or surgery in connection with Temporomandibular Joint Dysfunction (TMD) or myofunctional therapy.

**Termination**

Whether or not Delta Dental has approved a treatment plan, you are not covered for treatment received after the date your coverage terminates.

**Treatment By Other Than A Licensed Dentist**

You are not covered for services or treatment performed by other than a licensed dentist or his or her employees.

**Unerupted Teeth**

You are not covered for the prophylactic removal of unerupted teeth (asymptomatic and nonpathological). This means we will not pay for the removal of any tooth that is not visible and not causing harm.

**Workers' Compensation**

You are not covered for services or supplies that are or could have been compensated under Workers' Compensation laws, including services or supplies applied toward satisfaction of any deductible under your employer's Workers' Compensation coverage.

# THE NOTIFICATION PROGRAM

This section explains the notification program you or your Delta Dental dentist should follow before you receive certain benefits available under this Dental Plan.

This program is the checks and balances of your dental coverage. It helps:

- determine that services are dentally necessary and dentally appropriate;
- confirm the benefits of your Dental Plan.

## THE APPROVAL

The purpose of the notification program is to help control the cost of your benefits — not to keep you from receiving dentally necessary and dentally appropriate treatment.

You should notify Delta Dental before you receive the following benefits:

### **Gum and Bone Diseases**

Delta Dental's review is based on the treatment plan submitted by your dentist.

## THE TREATMENT PLAN

A treatment plan describes the treatment your dentist has recommended for you and helps Delta Dental determine if the procedure is a benefit of your Dental Plan as well as dentally necessary and dentally appropriate.

### **When to Submit a Treatment Plan**

You will need to file a treatment plan only if your dentist is nonparticipating — Delta Dental dentists agree to file for you.

A complete treatment plan includes the plan of treatment and x-rays. Please send the x-rays within 15 working days of receipt of the proposed treatment plan.

## Where to Send a Treatment Plan

Submit the proposed treatment plan, along with x-rays and supporting information to:

*Delta Dental of Iowa  
P.O. Box 919  
Ankeny, IA 50021-0919*

## THE TREATMENT PLAN REVIEW

Once Delta Dental receives the treatment plan and proper documentation, Delta Dental will let you and your dentist know if the treatment plan is approved within 15 working days. Delta Dental will take one of the following three actions when they receive your treatment plan:

- *accept* it as submitted.
- *recommend an alternative benefit*. If Delta Dental asks you to receive an independent diagnosis from a dentist of Delta Dental's choice, Delta Dental will pay for the exam.
- *deny the treatment plan* because:
  - the procedure is not a benefit of this Dental Plan;
  - you did not receive an independent exam after Delta Dental asked you to; or
  - the procedure is not dentally necessary and dentally appropriate.

## Appeal

If Delta Dental denies a treatment plan, you can resubmit it with additional documentation and ask Delta Dental, in writing, to reconsider. If necessary, Delta Dental will ask you to receive an independent diagnosis from an independent dentist of Delta Dental's choice—Delta Dental will pay for the exam.

***Please note:*** Although Delta Dental may approve a treatment plan, neither Delta Dental nor this Dental Plan are necessarily liable for the actual treatment you receive from your dentist.

# FILING CLAIMS

Once you receive dental services, Delta Dental needs to receive a claim to determine the amount of your benefits. The claim lets Delta Dental know the services you received, when you received them, and from which dentist. You will need to file a claim only when you use a nonparticipating dentist who does not agree to file a claim for you —Delta Dental dentists file for you.

## **WHEN TO FILE YOUR CLAIM**

After you receive services, you should file a claim only if your dentist has not filed one for you. Delta Dental may disallow payment of a claim submitted more than 365 days after the date services were rendered.

You should file a claim only *after* the procedure is completely finished. Do not file for payment before a procedure is completed.

If you need a claim form or have any questions after reading this section, please call Delta Dental of Iowa or visit our website [www.deltadentalia.com](http://www.deltadentalia.com). For your convenience, we have listed our toll-free number on the back cover of this certificate. If you must file your own claim, send it to the following address:

*Delta Dental of Iowa  
P.O. Box 919  
Ankeny, IA 50021-0919*

## **FILING WHEN YOU HAVE OTHER COVERAGE COORDINATION OF BENEFITS**

You may have other insurance or coverage that provides the same or similar benefit(s) as this Dental Plan. If so, Delta Dental will work with your other insurance company or carrier or health plan. The benefits payable under this Dental Plan when combined with the benefits paid under your other coverage will not be more than 100 percent of either Delta Dental's payment arrangement amount or the other carrier's or health plan's payment arrangement amount.

## What You Should Do

When you receive services, you need to let Delta Dental know that you have other coverage. Other coverage includes: group insurance, other group benefit plans (such as HMOs, PPOs, and self-insured programs); Medicare or other governmental benefits; and the medical benefits coverage in your automobile insurance (whether issued on a fault or no-fault basis). To help Delta Dental coordinate your benefits, you should:

- inform your dentist by giving him or her information about your other coverage at the time you receive services. Your dentist will pass the information on to Delta Dental when the claim is filed.
- indicate that you have other coverage when you fill out a claim form by completing the appropriate boxes on the form. Delta Dental will contact you if it needs any additional information.

You must cooperate with Delta Dental and provide requested information about your other coverage. If you do not give Delta Dental necessary information, your claims will be denied.

## What Delta Dental Will Do

There are certain rules Delta Dental follows to help determine which coverage pays first when you have other insurance or coverage that provides the same or similar benefits as this Dental Plan. Here are some of the rules:

- The coverage *without coordination of benefits* pays first when both coverages are through a group sponsor such as an employer, but one coverage has coordination of benefits and one does not.
- The dental benefits of your *auto coverage* will pay before this coverage if the auto coverage does not have a coordination of benefits provision.
- The coverage which you have as *an employee or plan member* participant pays before the coverage which you have as a plan beneficiary spouse or dependent child.
- The coverage you have as *the result of your active employment* pays before coverage you hold as a retiree or under which you are not actively employed.
- The coverage with the *earliest continuous effective date* pays first when none of the above rules apply.

(If none of the guidelines just mentioned apply to your situation, Delta Dental will use the Coordination of Benefits (COB) guidelines adopted by the Iowa Insurance Division to determine our payment to you.)

## **What You Should Know About Beneficiaries Who Are Dependent Children**

To coordinate benefits for a dependent child the following rules apply. For a child who is:

- *covered by both parents* who are not separated or divorced or if they are, neither parent has primary physical custody, the coverage of the parent whose birthday occurs first in a calendar year pays first. If another carrier does not use this rule, then the other plan will determine which coverage pays first.
- *covered by separated or divorced parents* and a court decree says which parent has financial or dental insurance responsibility, that parent's coverage pays first.
- *covered by separated or divorced parents* and a court decree does not stipulate which parent has financial or dental insurance responsibility, then the coverage of the parent with custody pays first. The payment order for this dependent child is as follows: custodial parent, spouse of custodial parent, other parent, and spouse of other parent.

If none of these rules apply, the parent's coverage with the earliest continuous effective date pays first.

## **DENIED CLAIMS AND APPEALS PROCEDURES**

### **CLAIM DENIALS**

Pursuant to our contract with Delta Dental, we have delegated the responsibility for evaluating all claims for reimbursement to Delta Dental as the Claims Administrator. Delta Dental will decide your claim within a reasonable time not longer than 30 days after it is received. This time period may be extended, however, where a claim is incomplete or there are other circumstances beyond Delta Dental's control. In such a case, Delta Dental will provide you with written notice of any required extension in the time for them to respond, including the reasons for such an extension and information on the date on which a decision is expected to be made. If an extension is necessary because a claim is incomplete, the written notice to you will also request that you provide Delta Dental with certain additional information within 45 days. The time period for Delta Dental to respond to your claim can be extended for an additional 15 days from the date on which Delta Dental receives the requested additional information.

Delta Dental may obtain the advice of independent dentists or require such other evidence as it deems necessary to decide your claim.

If Delta Dental denies your claim, in whole or in part, you will be furnished with a written notice setting forth the following information:

1. the specific reasons for the denial;
2. reference to the specific provisions of the Dental Plan on which the denial is based;
3. a description of any additional material or information necessary for you to complete your claim and an explanation of why such material or information is necessary; and
4. appropriate information as to the steps to be taken if you wish to appeal the decision of Delta Dental, including your right to submit written comments and have them considered, your right to review (on request and at no charge) relevant documents and other information, and your right to file suit under ERISA with respect to any adverse determination after appeal of your claim.

## **APPEALING DENIED CLAIMS**

If you disagree with Delta Dental's reasons for not paying all or part of your claim and think that the service should be covered under this Dental Plan, you or your representative can appeal by asking for a full and fair review of the claim. To file for a review, you must submit a request in writing within 180 days of receiving Delta Dental's notice that it is denying your claim. If you do not submit a request for review within this time period, you will lose your right to review and you will also lose your right to file suit in court, as you will have failed to exhaust your internal administrative review rights, which is generally a prerequisite to bringing suit.

Your request for a review should state the reasons why you feel your claim should not have been denied. It should include any additional facts and/or documents that you feel support your claim. You may also ask additional questions and make written comments, and you may review (on request and at no charge) all documents, records, and other information relevant to your claim and its review. Delta Dental will review all written comments that you submit with your request. Upon request, you can review the records of Delta Dental that are relevant to your claim from 8 a.m. to 4:30 p.m., Central Time, Monday through Friday, at Delta Dental's Ankeny, Iowa location.

Since Delta Dental maintains many of these records in electronic form, please call or write Delta Dental in advance so they can have paper copies of these records available for your review.

**Send your request to:**

*Delta Dental of Iowa  
P.O.Box 919  
Ankeny, IA 50021-0919  
or call 1-800-544-0718*

Delta Dental will review your request and decide your appeal within a reasonable time not longer than 60 days after it is submitted and will notify you of its decision in writing. The individual who decides your appeal will not be the same individual who decided your initial claim denial and will not be that person's subordinate. Delta Dental may secure the advice of independent dentists or others and require such evidence as it deems necessary to decide your appeal, except that any dental or other expert consulted in connection with your appeal will be different from any expert consulted in connection with your initial claim. The identity of any dental or other expert consulted in connection with your appeal will be provided. If the decision on review affirms the initial denial of your claim, you will be given a notice of denial on review that provides the following information:

1. the specific reason(s) for the denial;
2. the specific provisions of the Dental Plan on which the decision is based;
3. a statement of your right to review (on request and at no charge) relevant documents and other information;
4. if Delta Dental relied on an "internal rule, guideline, protocol, or other similar criterion" in making the decision, a description of the specific rule, guideline, protocol, or other similar criterion or a statement that such a rule, guideline, protocol, or other similar criterion was relied on and that a copy of such rule, guideline, protocol, or other similar criterion will be provided free of charge to you upon request; and
5. a statement of your right to bring suit under ERISA § 502(a).

# ELIGIBILITY

## COVERAGE ELIGIBILITY

You are eligible to be a participant in the Dental Plan if you are an employee who has met your employer's eligibility requirements or if you are either the spouse or an eligible dependent child of an employee who has met the employer's eligibility requirements.

Spouse means your husband or wife as the result of a marriage that is legally recognized in Iowa. An eligible dependent child can be your natural child, a child placed with you for adoption or a legally adopted child, a child for whom you have legal guardianship, a stepchild, or a foster child. To be a beneficiary, a dependent child must meet the following requirements:

- The child is *not married* and either under 25 years of age or a full-time student. A full-time student is a dependent claiming status as a full-time student. The dependent must be enrolled in an accredited institution of higher learning, such as a college, university, nursing school, or trade school, and carry 12 or more hours per semester. Full-time student status continues during regularly scheduled school vacation periods; and during absence from class in which enrolled for up to four months due to a physical or mental disability. The disability must be substantiated by a written statement from a physician.
- The child is totally and permanently disabled, either physically or mentally. If the dependent child is permanently disabled, the disability must have existed before the child was age 25 or while the child was a full-time student, and the dependent must have had continuous qualifying dental coverage without a break of 63 days or more since the child turned age 25 or while the child was a full-time student.

A dependent child who has been placed in your home for the purpose of adoption or who you have adopted shall be eligible for coverage as of the date of placement for adoption or as of the date of actual adoption, whichever occurs first.

## TYPES OF COVERAGE

There are different categories of coverage you may hold under this Dental Plan:

- With *single coverage*, the participant is the only one covered.
- With *employee and spouse coverage*, the participant and his or her spouse, are covered.
- With *employee and child(ren) coverage*, the participant and his or her eligible dependent child(ren) are covered.
- With *family coverage*, the participant, his or her spouse, and each of his or her eligible dependent children have coverage and are considered beneficiaries. Each covered family member beneficiary must be listed on the participant's dental application for coverage or added later as a new eligible beneficiary.

## QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)

If you have a dependent child and we receive a Medical Child Support Order recognizing the child's right to enroll in this Dental Plan and /or any other benefit plan, we will promptly notify both you and the dependent child that the order has been received. We also will inform you and the dependent child of our procedures for determining whether the order is a Qualified Medical Child Support Order.

To be a Qualified Medical Child Support Order, the Medical Child Support Order must clearly specify the following:

- the participant's name and last known mailing address, if any;
- the name and mailing address of the dependent child specified in the court order;
- a reasonable description of the type of coverage to be provided to the dependent child or the manner in which the type of coverage will be determined;
- the period to which the order applies; and
- the name of each benefit plan to which the order applies.

Also, a Qualified Medical Child Support Order cannot require that a benefit plan provide any type or form of benefit or option not otherwise provided under the plan, except as necessary to meet the requirements of Iowa Code Chapter 252E (1995) or Social Security Act Section 1908 with respect to group plans.

Within a reasonable time after receiving the order, we will decide whether the court order is a Qualified Medical Child Support Order and will notify you and the dependent child of that determination.

Once we decide that a court order is a Qualified Medical Child Support Order, the order is binding on both us and this Dental Plan, meaning that the dependent child is eligible to enroll under the applicable terms and conditions of this Dental Plan as well as our standard enrollment guidelines. We must allow enrollment of the dependent child regardless of any enrollment season restrictions that normally apply. Also, we must forward a copy of the order to Delta Dental and ask that they enroll the dependent child in this Dental Plan.

Within 60 days of our receipt of either the order or the application, whichever comes first, we will decide whether the dependent child is eligible for enrollment in this Dental Plan and will notify Delta Dental of the dependent child's eligibility status. If we offer more than one Dental Plan, we will enroll the dependent child in the same plan in which you are enrolled or a selected plan that is accessible to the dependent.

The dependent child's eligibility for and enrollment in this Dental Plan will be governed by all applicable terms and conditions, including, but not limited to, eligibility standards. If eligible, the dependent child will receive the same coverage that you do and will be allowed to enroll immediately regardless of normal enrollment procedures. We will withhold your share, if any, of the dependent child's contributions from your compensation and forward this amount to Delta Dental.

Within 30 days of receiving the order, we must tell both you and the dependent child that:

- the dependent child has been enrolled in a benefit plan; or
- the dependent child is ineligible for enrollment and why; or
- the order has been forwarded to Delta Dental without a determination of the dependent child's eligibility.

If the dependent child enrolls in this Dental Plan and /or any other benefit plan, we will provide all the following information to you and the dependent child:

- The name of the claims administrator(s) for the respective benefit plan(s).
- The dependent child's effective date(s) of coverage.
- The name of the benefit plan(a) and any other relevant identifying information (e.g. an account number.)
- The type of benefit plan(s) under which the dependent child has been enrolled, including whether dental, vision, office visits, and prescription drugs are covered services; and

- A brief description of the applicable deductibles, coinsurance, waiting periods for preexisting conditions, and other significant terms or conditions materially affecting the benefits or coverage.

The dependent child may designate another person, such as a custodial parent or legal guardian, to receive copies of explanations of benefits, checks, and other materials.

If we decide that the order is *not* a Qualified Medical Child Support Order, each dependent child specified in the order is entitled to enroll in this Dental Plan and/or any other benefit plan may submit a written appeal to us. Within 30 days of receiving the appeal, we will respond in writing.

We may not revoke enrollment or eliminate coverage for a dependent child unless we have received satisfactory written evidence of any of the following conditions:

- The court or administrative order requiring coverage in a benefit plan is no longer in effect.
- The dependent's child's eligibility for or enrollment in a comparable dental plan that takes effect on or before the date the dependent's child's enrollment in this Dental Plan terminates.
- Our elimination of dependent child coverage for all employees.

We are not required to provide benefits under this Dental Plan or maintain coverage for the dependent child if:

- You are no longer participating in this Dental Plan or paying premiums because we no longer owe you compensation; or
- You have terminated employment with us and have not elected to continue coverage.

## **WHEN BENEFITS BEGIN**

Your rights to receive benefits under this Dental Plan begin on your effective date. If you have just started a new job, check with us or your group sponsor to find out your effective date.

***Please note:*** Before you receive benefits under this Dental Plan, you have agreed on the application for benefits (or in documents kept by Delta Dental or us) to release any necessary information requested about you so Delta Dental can process claims for benefits. You must allow any dentist or his or her employee to give

Delta Dental information about a treatment or condition. If Delta Dental does not receive the information requested, or if you withhold information in your application, your benefits may be denied.

If you fraudulently use the identification card or misrepresent or conceal material facts in your application, then Delta Dental may terminate your benefits.

## **WHEN BENEFITS END**

Your eligibility for benefits under this Dental Plan will terminate at the end of the month for any of these reasons:

- You become ineligible for coverage under this Dental Plan. See *Eligibility* earlier in this section.
- You become unemployed. Termination of your coverage for this reason applies only if you receive your coverage through us.
- We will decide to discontinue coverage or replaces this coverage.
- Delta Dental decides to terminate this Dental Plan by giving written notice to us 90 days prior to termination.

Your coverage will end if any of the following occurs:

- You use your dental benefits fraudulently or you fraudulently misrepresent or conceal material facts in your application. If this happens, Delta Dental will recover any claim payments made.
- Delta Dental will not pay claims if we fail to make payment to Delta Dental when due.

## **Authority to Terminate, Amend, or Modify**

We have the authority to *terminate, amend, or modify the benefits and coverage described in this Summary Plan Description at any time*. Any amendment or modification will be in writing. *If this Dental Plan is terminated, you may not receive benefits.*

## **CONTINUED COVERAGE**

There are some federal and state laws that may affect your dental benefits. These laws apply to continuing your coverage when you are no longer eligible for this Dental Plan.

## **Coverage Continuation Under Federal Law — COBRA**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) applies to employers with 20 or more employees. COBRA entitles you and your eligible dependents to a continuation of coverage under this Dental Plan if coverage is lost due to any of the following qualifying events:

- Death of the employee covered under this Dental Plan.
- Termination of employment for reasons other than gross misconduct, or if your work hours are reduced to the point that you are no longer eligible for coverage.
- Divorce or legal separation.
- The employee covered under this becomes eligible for Medicare.
- Dependent children are no longer considered dependent by our eligibility rules.
- The employer from whom the covered employee retired files bankruptcy under federal law.

***Please note:*** You or your eligible dependents are responsible for notifying us of a dissolution of marriage, legal separation or a child losing dependent status.

If you wish to continue your benefits, you must complete an election form and submit it to us within 60 days of the later of the date:

- you are no longer covered; or
- you are notified of the right to elect COBRA continuation coverage.

You will be responsible for paying any premiums to us for the continuation of benefits under this Dental Plan. Depending on how you qualify, you may continue your coverage for up to 18 or 36 months.

If during the period of COBRA coverage, a child is born to you or placed with you for adoption, the child can be covered under COBRA coverage and can have election rights of his or her own.

If you or any other family member who has elected COBRA coverage is determined to be disabled under the Social Security Act during the first 60 days of continuation coverage, your COBRA coverage may continue for up to 29 months. The 29-month period will apply to you and your spouse and/or eligible dependent child(ren) who elected COBRA coverage. You must provide notice of the disability determination to us within 60 days after the determination.

If you lose your coverage, contact us. We will help you with any necessary paperwork and let you know the cost of continuing your coverage.

### **Length of Coverage under COBRA**

Continuation coverage ends at the earliest of one of these events:

- The last day of the 18-, 29-, or 36-month maximum coverage period, whichever is applicable.
- The first day (including grace periods, if applicable) on which timely payment is not made.
- The date on which we cease to maintain any group plan (including successor plans).
- The first day on which a beneficiary is actually covered by any other group plan. However, if the new group plan contains an exclusion or limitation relating to any pre-existing condition of the beneficiary, then coverage will end on the earlier of the satisfaction of the waiting period for preexisting conditions contained in the new group plan or upon the occurrence of any one of the other events stated in this section.
- The date the qualified beneficiary is entitled to Medicare benefits.

## **COVERAGE CHANGES**

### **EVENTS CHANGING COVERAGE**

Certain events may require you to change who is covered by this Dental Plan.

These events include:

**Active Duty in the Military** of a dependent child or spouse.

**Appointment as a Legal Guardian** of a child.

**Birth or Adoption** of a child.

**Care of a Foster Child** (when placed in your home by an approved agency).

**Completion of Full-time Schooling** of a dependent child.

**Death.**

**Beneficiary who is a Dependent Child** (who is *not* a full-time student or permanently disabled) reaches age 25 or is no longer an Iowa resident.

**Divorce, Annulment, or Legal Separation of a participant.**

**Exhaustion of COBRA Coverage.**

**Marriage.**

**Marriage** of a beneficiary who is a dependent child.

**Spouse or Dependent Loses Eligibility for Qualifying Dental Coverage** or we cease contributions to qualifying dental coverage. In this case, your spouse and any eligible, dependent children previously covered under the prior qualifying dental coverage are eligible for coverage under this Dental Plan.

## **NOTIFICATION OF CHANGE**

You must notify Delta Dental within 31 days of the date of the event that changes the status of your eligibility except birth or adoption of a child. Delta Dental of Iowa must be notified within 60 days of the date of the event that changes your eligibility for births or adoptions. You can ask your employer or group sponsor to help you make this request. If a change to your summary plan description is not made within 31 days of an event (except birth or adoption of a child which is 60 days), the person(s) affected may lose important coverage.

## **COVERAGE TERMINATION EFFECTS OF TERMINATION**

If your coverage is terminated for fraud, misrepresentation, or the concealment of material facts:

- *Delta Dental will not pay* for any services or supplies provided after the date the coverage is terminated.
- This Dental Plan *will retain legal rights*. This includes the right to initiate a civil action based on fraud, concealment, or misrepresentation.

If your coverage is terminated for reasons other than fraud, concealment, or misrepresentation of material facts, Delta Dental will stop benefits the day your coverage is terminated.

## **DELTA DENTAL'S RIGHT TO RECOVER PAYMENTS PAYMENT IN ERROR**

If for any reason Delta Dental makes payment under this Dental Plan in error, Delta Dental may recover the amount Delta Dental paid.

## **SUBROGATION**

Once you receive benefits under this Dental Plan arising from an illness or injury, the Dental Plan will assume any legal right you have to collect compensation, damages, or any other payment related to the illness or injury, including benefits from any of the following:

- The responsible person's insurer.
- Uninsured motorist coverage.
- Underinsured motorist coverage.
- Other insurance coverage.

You and your family agree to all of the following:

- You will let Delta Dental know about any potential claims or rights of recovery related to the illness or injury;
- You will furnish any information and assistance that Delta Dental determines Delta Dental will need to enforce the Dental Plan's rights.;
- You will do nothing to prejudice the Dental Plan's rights and interests;
- You will not compromise, settle, surrender, or release any claim or right of recovery described above, without getting Delta Dental's written permission,
- You must reimburse Delta Dental to the extent of benefit payments made under this Dental Plan if payment is received from the other party or parties.
- You must notify Delta Dental if you or your beneficiaries have the potential right to receive payment from someone else.
- You must cooperate with Delta Dental to ensure that Delta Dental's rights to subrogation are protected.

## **OTHER INFORMATION NOTICE**

You may send any notice to the Dental Plan at the following address:

*Delta Dental of Iowa  
P.O. Box 919  
Ankeny, IA 50021-0919*

Any notice from Delta Dental to you is acceptable when sent to your address as it appears on Delta Dental's records or the address of the group through which you are enrolled.

You may contact our Claims Administrator at the following address:

*Delta Dental of Iowa  
P.O. Box 919  
Ankeny, IA 50021-0919*

## **NONASSIGNMENT**

Benefits for covered services described in this Summary Plan Description are for your personal benefit and cannot be transferred or assigned to anyone else without our consent. Any attempt to assign your rights under this Dental Plan or rights to payment without our consent will be void.

## **GOVERNING LAW**

To the extent not superseded by the laws of the United States, this Summary Plan Description will be construed in accordance with and governed by the laws of the state of Iowa. Any action brought because of a claim under this will be litigated in the state or federal courts located in the state of Iowa and in no other.

## **LEGAL ACTION**

No legal or equitable action may be brought against Delta Dental because of a claim under this Dental Plan, or because of the alleged breach of the terms of this Dental Plan more than two years after the end of the calendar year in which the services or supplies were provided.

## **INFORMATION IF YOU ARE OR A MEMBER OF YOUR FAMILY IS ENROLLED IN MEDICAID**

### **Assignment of Rights**

This Dental Plan will provide payment of benefits for covered services to a participant, beneficiary, or any other person who has been legally assigned the right to receive such benefits under requirements established pursuant to Title XIX of the Social Security Act (Medicaid).

### **Enrollment Without Regard to Medicaid**

Your receipt or eligibility for medical assistance under Title XIX of the Social Security Act (Medicaid) will not affect your enrollment as a participant or beneficiary of this Dental Plan, nor will it affect Delta Dental's determination of any benefits paid to you.

### **Acquisition by States of Rights of Third Parties**

If payment has been made by Medicaid and Delta Dental has a legal obligation to provide benefits for those services, then Delta Dental will make payment of those benefits in accordance with any state law under which a state acquires the right to such payments.

# FOUR ERISA RIGHTS

Your rights concerning your coverage may be protected by the Employee Retirement Income Security Act of 1974 (“ERISA”). Any employee benefit plan established or maintained by an employer or by an employee organization or both is subject to this federal law unless the benefit plan is a governmental or church plan as defined in ERISA.

## **YOUR ERISA RIGHTS**

The Employee Retirement Income Security Act of 1974 (ERISA) provides that you will be entitled to:

- examine certain plan documents and copies of documents (such as annual reports) filed by the Dental Plan with the United States Department of Labor. You may examine these documents at the plan administrator’s office or at specified locations. You will not be charged to examine these documents.
- obtain copies of certain plan documents from the plan administrator upon written request. The plan administrator may request a reasonable charge for the copies.
- receive a summary of the Dental Plan’s annual financial report if we have 100 or more participants in your Dental Plan. The Plan Administrator is required by law to furnish you with a copy of this summary annual report.

## **The Responsibility of Your Employee Benefit Plan**

In addition to creating rights for you and other participants, ERISA imposes duties upon the people responsible for the operation of your employee benefit plan. The people responsible are called *fiduciaries* of the plan. Fiduciaries have a duty to operate your employee benefit plan prudently and in the interest of you and your family members. No one, including us, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a covered benefit or exercising your rights under ERISA. If your claim for a covered benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to request a review and reconsideration of your claim.

## **Steps You Can Take to Enforce Your Rights**

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request the plan document from the plan administrator and do not receive it within 30 days, a federal court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the document, unless the document was not sent because of matters reasonably beyond the control of the plan administrator.

If you have a claim for benefits which is denied or ignored (in whole or in part), you may file suit in a state or federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

## **Who to Contact When You Have Questions**

If you have any questions about your plan, you should contact the plan administrator, i.e. your employer or group sponsor. If you have questions about this statement or about your rights under ERISA or HIPAA, you should contact the nearest Area Office of the Employee Benefits Security Administration, Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W. Washington, D.C. 20210.



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