



Delta Dental of New York

**MADISON-ONEIDA-HERKIMER
HEALTH CARE CONSORTIUM**

Combined Evidence of Coverage and Disclosure Form



www.deltadentalins.com

1636-0002, 0004, 0005, 0006, 0008,
Group No. 0009, 0010, 0012, 0013, 0014, 0015 &
0024
Effective Date: 1/1/2011
Revised Date:





EVIDENCE OF COVERAGE

MADISON-ONEIDA-HERKIMER

HEALTH CARE CONSORTIUM

**Group Number: 1636-0002, 0004, 0005, 0006, 0008, 0009,
0010, 0012, 0013, 0014, 0015 & 0024**

Effective Date: 1/1/2011

Delta Dental

Administrative Offices

One Delta Drive

Mechanicsburg, PA 17055-6999

(717) 766-8500 Toll free: (800) 932-0783

TTY/TDD: (888) 373-3582

www.deltadentalins.com

TABLE OF CONTENTS

INTRODUCTION 1

 Using This Evidence of Coverage 1

 Contact Us 1

SELECTING YOUR DENTIST 1

 Free Choice of Dentist 1

 Locating a Delta Dental Participating Dentist 2

PLAN INFORMATION 2

 Benefit Summary Chart..... 2

 Copayments 4

 Deductible..... 4

 Maximum Benefit..... 4

 Limitations and Exclusions 4

HOW CLAIMS ARE PAID 4

 Payment for Services — Delta Dental PPOSM Dentist..... 4

 Payment for Services — Delta Dental Premier[®] Dentist 5

 Payment for Services — Non-Participating Dentist..... 5

 Orthodontic Payments..... 5

 How to Submit a Claim..... 5

 Payment Guidelines..... 6

 Optional Treatment and Non-Covered Services 6

 Pre-Treatment Estimates..... 6

 Other Health Insurance 6

ELIGIBILITY AND ENROLLMENT 7

 Eligibility Requirement 7

 Changes in Eligibility Status 8

 Loss of Eligibility 8

COMPLAINTS, GRIEVANCES AND APPEALS 8

 Appeals 8

GENERAL PROGRAM INFORMATION 9

 Proof of Claim..... 9

 Physical Access 9

 Access for the Hearing Impaired 9

 Privacy 9

 Web Site Security 9

ENROLLEE RIGHTS AND RESPONSIBILITIES..... 9

 The Right to Choose 9

The Right to Quality Assurance 9

The Right to Affordability..... 10

The Right to Full Disclosure 10

The Right to Fair Review and Appeal 10

The Responsibility to Protect These Rights..... 10

LIMITATIONS AND EXCLUSIONS 10

 Excluded Benefits..... 10

 Limitations 11

DEFINITION OF TERMS..... 12

TABLE OF ALLOWANCES

INTRODUCTION

Delta Dental is pleased to welcome you to the group dental plan for Madison-Oneida-Herkimer Health Care Consortium. Our goal is to provide you with the highest quality dental care and to help you maintain good dental health. We encourage you not to wait until you have a problem to see the dentist, but to see him/her on a regular basis.

Using This Evidence of Coverage

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

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

Contact Us

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

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

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

<p style="text-align: center;">Delta Dental One Delta Drive Mechanicsburg, PA 17055</p>
--

SELECTING YOUR DENTIST**Free Choice of Dentist**

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

- Delta Dental PPO Participating Dentist ("PPO")
- Delta Dental Premier Participating Dentist ("Premier")
- Non-Participating Dentist

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

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

Referrals to Specialists

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

Locating a Delta Dental Participating Dentist

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

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

PLAN INFORMATION**Benefit Summary Chart**

The services provided through the plan include all the benefits described in the Benefit Summary Chart and on the Table of Allowances on the following pages, with the exception of those items presented in the **Limitations and Exclusions** section. The plan covers several categories of benefits when a licensed dentist provides the services and when they are within the standards of generally accepted dental practice. To help you understand the types of procedures that are included in each of the categories of services, examples and descriptions are provided in the chart.

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

Benefit Summary Chart

Category of Service	Paid by Delta Dental	Paid by Enrollee
Diagnostic	*	*
Periodic exams (twice per 12-month period)		
Bitewing x-rays (twice per 12-month period)		
Full-mouth x-ray (once per 3-year period)		
Palliative emergency treatment		
Preventive	*	*
Prophylaxis (cleaning) (twice per 12-month period)		
Fluoride treatments (twice per 12-month period to age 19)		
Sealants (to age 14)		
Space maintainers (to age 14)		
Basic Restorative	*	*
Fillings (amalgam "silver" and composite "white" non-molar)		
Major Restorative	*	*
Single crowns, inlays, onlays		
Oral Surgery	*	*
Extraction and other oral surgery procedures, incl. pre- and post-operative care		
Endodontics	*	*
Root canal, pulpal therapy		
Surgical Periodontics	*	*
Surgical treatment of the gums and supporting structures of the teeth		
Non-Surgical Periodontics	*	*
Non-surgical treatment of the gums and supporting structures of the teeth		
Prosthodontics	*	*
Procedures for replacement of missing teeth by construction or repair of bridges and partial or complete dentures		
Orthodontics	*	*
For eligible dependents to age 19		
General Anesthesia	*	*
Covered when used in conjunction with covered oral surgical procedures		
Temporomandibular Joint Dysfunction (TMJ)	50%**	50%**
Services relating to hinging joints of the jaw		

	Deductibles	Maximums
Individual (Calendar year)	\$ n/a	\$1,000.00
Family (Calendar year)	\$ n/a	\$ n/a
Orthodontics (Lifetime)	\$ n/a	\$1,000.00

* See attached Table of Allowances

**Percentages are based on the PPO allowed amount, which is the lesser of the dentist's submitted fee or the PPO maximum plan allowance.

Copayments

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

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

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

Deductible

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

Maximum Benefit

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

Limitations and Exclusions

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

HOW CLAIMS ARE PAID

Payment by Delta Dental for any single procedure that is a covered service will be made upon completion of the procedure. If an enrollee loses eligibility or the contract is terminated, Delta Dental will pay for any single procedure started while the contract was in effect or the enrollee was eligible. Payment for care is applied to the calendar year deductible and maximum benefit based on the date of service. After you have satisfied your deductible requirement, Delta Dental will provide payment for covered services listed on the Table of Allowances, up to a maximum for each enrollee in a calendar year.

Payment for Services — Delta Dental PPO Dentist

Payment for covered services performed for you by a PPO dentist is calculated based on the lesser of the Submitted Amount, PPO Allowed Amount, or the amount shown on the attached Table of Allowances. PPO dentists have agreed to accept a PPO maximum plan allowance as the full charge for covered services.

The Delta Dental Payment is sent directly to the PPO Dentist who submitted the claim. Delta Dental advises you of any charges not payable by Delta Dental for which you are responsible ("Enrollee Payment"). These charges are generally your share of the maximum plan allowance or submitted fee (copayment), the deductible, charges where the maximum benefit has been exceeded, and/or charges for non-covered services.

Payment for Services — Delta Dental Premier Dentist

A Delta Dental Premier dentist is a participating dentist, but is not a Delta Dental PPO dentist. Premier dentists have not agreed to accept a PPO maximum plan allowance or the amount shown on the attached Table of Allowances as full payment for services, but instead have agreed to accept a Premier maximum plan allowance. Payment for covered services performed for you by a Premier dentist is based on the lesser of the Submitted Amount, the PPO Allowed Amount or the amount shown on the attached Table of Allowances.

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

Payment for Services — Non-Participating Dentist

Payment for services performed for you by a non-participating dentist is also calculated by Delta Dental based on the lesser of the Submitted Amount, PPO allowed amount or the amount shown on the attached Table of Allowances.

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

Orthodontic Payments

Unless otherwise specified in the contract, Delta Dental will pay half of its orthodontic payment up front, at the time of banding. (Delta Dental's orthodontic payment is calculated in the same manner as the "Delta Dental Payment" in the above examples.) The remaining half will be paid one year later. If the treatment time is 12 months or less, Delta Dental's orthodontic payment will be paid as a lump sum at the beginning of the orthodontic treatment. If treatment began prior to the enrollee becoming eligible with Delta Dental, any payments made by a previous dental carrier will be applied to the enrollee's lifetime orthodontic maximum.

How to Submit a Claim

Delta Dental does not require any special claim forms. Most dental offices have standard claim forms available. Participating dentists will fill out and submit your claims paperwork for you. Some non-participating dentists may also provide this service upon your request. If you receive services from a non-participating dentist who does not provide this service, you can submit your own claim directly to Delta Dental. For your convenience, you can print a claim form from our web site: www.deltadentalins.com. Delta Dental shall not be obligated to pay claims submitted more than twelve (12) months after the date of the Service, unless it can be shown not to have been reasonably possible to submit the claim and the claim was submitted as soon as reasonably possible.

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

**Delta Dental
P.O. Box 2105
Mechanicsburg, PA 17055**

Payment Guidelines

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

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

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

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

Optional Treatment and Non-Covered Services

You must pay for any non-covered or optional dental benefits that you choose to have done. Refer to the **Limitations and Exclusions** section for information about excluded services and limitations. Often there are several approaches or different methods that a dentist may use to treat dental needs. This program is designed to cover dental treatment using standards of care consistent with the delivery of quality, affordable dental treatment to the enrollee. If you request a treatment that is more costly than standard practice, you must pay for the charges in excess of the covered dental benefit.

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

Pre-Treatment Estimates

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

Other Health Insurance

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

1. The program covering the enrollee as an employee will determine its benefits before the program covering the enrollee as a dependent.
2. The program covering the enrollee as a dependent of an employee whose birthday falls earlier in the calendar year will determine its benefits before the program covering the enrollee as a dependent of an employee whose birthday falls later in the calendar year. If both employees have the same birthday, the program covering the employee for the longest period will be primary over the program covering the employee for the shorter period. If the other program does not have the rule described in this paragraph, but instead has a rule based on gender of the employee, the rule of the other plan will determine the order of benefits.

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

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

ELIGIBILITY AND ENROLLMENT

Eligibility Requirement

You will become eligible to receive benefits on the date stated in the contract after completing any eligibility periods required by the group. Under this dental plan, the eligibility requirement for new hires is the date of hire. You may enroll for individual and family coverage.

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

- Spouse.
- Unmarried children and/or dependent grandchildren until the day of their 19th birthday. Such children include: (a) your biological child, (b) your legally adopted child (including a child living with the adopting parents and/or grandparents during the period of probation), (c) a child for whom you have legal guardianship or temporary guardianship of more than 12 months duration and for a shorter period if the guardianship is of a dependent minor and granted by testamentary, (d) a stepchild. Documentation of the above must be furnished upon request by Delta Dental.
- Unmarried children and/or dependent grandchildren who are full-time students in a bona fide educational institution until the day of their 25th birthday. Proof of continuing attendance must be furnished as required by Delta Dental. In the event such full-time student is required, because of illness, to take a medical leave of absence, Delta Dental shall extend coverage for one year beyond the last day of attendance in school, if the student provides documentation in the form of a certification as to the medical necessity of the leave of absence by a medical practitioner licensed to practice in the state of New York.
- Unmarried children and/or dependent grandchildren of any age who are incapable of self-support by reason of mental or physical incapacity that occurred before the age of 19 or 25 if full-time student and were covered prior to age 19 or 25 if full-time student. The dependent child must also be chiefly dependent on you for support and maintenance, but is not required to reside with a parent or legal guardian who is a primary enrollee. Eligibility of these dependent children and/or grandchildren will not be terminated while the contract remains in force and the dependent child and/or grandchild remains in such condition. Proof of physical or mental disability must be furnished as required by Delta Dental.

- Newborn children and/or dependent grandchildren of any primary enrollee for 31 days from: (a) the moment of birth, (b) the date of placement for adoption or upon placement in the foster home, or (c) the date of appointment for a minor for whom guardianship has been granted by court or testamentary appointment. Proof of birth or adoption or foster home placement must be furnished upon request by Delta Dental. In order for the coverage to continue beyond the 31-day period, you must notify the Plan administrator of the birth, adoption, placement in the foster home, or appointment of guardianship.

Changes in Eligibility Status

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

Loss of Eligibility

Your coverage ends on the last day of the month in which termination of employment occurs or immediately when this program ends. Coverage for all dependents also ceases at that time, or when dependent status is lost. Your dependent children and/or grandchildren will be disqualified for benefits when they reach the disqualifying age.

COMPLAINTS, GRIEVANCES AND APPEALS

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

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

Questions or complaints regarding eligibility, the denial of dental services or claims, the policies, procedures, or operations of Delta Dental, or the quality of dental services performed by the dentist may be directed in writing to Delta Dental or by calling Delta Dental at (717) 766-8500 or toll-free at (800) 932-0783. You can also e-mail questions by accessing the "Contact Us" section of Delta Dental's web site at www.deltadentalins.com.

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

Appeals

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

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

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

<p style="text-align: center;">Delta Dental One Delta Drive Mechanicsburg, PA 17055</p>
--

GENERAL PROGRAM INFORMATION**Proof of Claim**

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

Physical Access

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

Access for the Hearing Impaired

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

Privacy

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

Web Site Security

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

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

ENROLLEE RIGHTS AND RESPONSIBILITIES

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

The Right to Choose

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

The Right to Quality Assurance

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

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

The Right to Affordability

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

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

The Right to Full Disclosure

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

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

The Right to Fair Review and Appeal

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

The Responsibility to Protect These Rights

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

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

LIMITATIONS AND EXCLUSIONS

Excluded Benefits

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

The plan does not provide benefits for:

1. Surgical procedures including but not limited to reduction of fractures, removal of tumors and removal of impacted teeth are subject to the provisions described in the **Other Health Insurance** section of this booklet.
2. Treatment or materials with respect to skeletal malformation, except for treatment due to accidental injury to sound natural teeth within 12 months of the accident or treatment necessary due to congenital disease or anomaly, or treatment of enamel hypoplasia (lack of development), except that this exclusion shall not apply to covered dependent children or eligible newborn children so long as such dependent children continue to be eligible. When services are not excluded under this provision as to these dependent children who continue to be eligible, other limitations and exclusions of this section shall specifically apply.
3. Treatment that increases the vertical dimension of an occlusion, replaces tooth structure lost by attrition or erosion, or otherwise unless it is part of a treatment dentally necessary due to accident or injury.

4. Treatment or materials primarily for cosmetic purposes including but not limited to treatment of fluorosis (a type of discoloration of the teeth) and porcelain or other veneers not for restorative purposes, except as part of a treatment dentally necessary due to accident or injury and except for reconstructive surgery necessary because of a congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. If services are not excluded as to particular teeth under this provision, cosmetic treatment of teeth adjacent or near the affected teeth are excluded.
5. Treatment or materials for which the enrollee would have no legal obligation to pay.
6. Services provided or materials furnished prior to the effective eligibility date of an enrollee under this plan, unless the treatment was a year in duration and completed after the enrollee became eligible if no other limitations shall apply.
7. Periodontal splinting, equilibration, gnathological recordings and associated treatment and extra-oral grafts.
8. Preventive plaque control programs, including oral hygiene instruction programs.
9. Myofunctional therapy, unless covered by the exception in Item 2, above.
10. Prescription drugs including topically applied medication for treatment of periodontal disease, pre-medication, analgesias, separate charges for local anesthetics, general anesthesia except as a covered benefit in conjunction with a covered oral surgery procedure.
11. Implants and related services, unless covered by the exception Item 2, above.
12. Experimental procedures that have not been accepted by the American Dental Association.
13. Services provided or material furnished after the termination date of coverage for which premium has been paid, as applicable to individual enrollees, except this shall not apply to services commenced while the plan was in effect or the enrollee was eligible.
14. Charges for hospitalization or any other surgical treatment facility, including hospital visits.
15. Dental practice administrative services including but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks, or relaxation techniques such as music.
16. Replacement of existing restorations for any purpose other than restoring active carious lesions or demonstrable breakdown of the restoration.
17. Services not included on the Table of Allowances.

Limitations

Benefits to enrollees are limited as follows:

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

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

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

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

Limitation on Orthodontic Benefits. Orthodontic benefits are limited to devices and procedures for the correction of malposed teeth of dependents up to age 19, through the completion of the procedures; or to the date coverage terminates, which ever occurs first. The obligation of Delta Dental to make monthly or other periodic payments for orthodontic treatment will cease upon termination of treatment for any reason, prior to completion of the procedure. Delta Dental will not make any payment for repair or replacement of orthodontic appliances.

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

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

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

DEFINITION OF TERMS

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

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

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

Calendar Year: The time period beginning on January 1st and ending on December 31st.

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

Company: The employer, union or other organization or group contracting to obtain benefits.

Contract: The written agreement between Delta Dental and Madison-Oneida-Herkimer Health Care Consortium to provide dental benefits. The contract, together with this Evidence of Coverage, forms the terms and conditions of benefits available to you under the dental plan.

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

Copayment: Your share of the cost of a covered service.

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

Delta Dental Payment: The portion of the dentist's submitted fee payable by Delta Dental.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Table of Allowances: The list of covered dental services attached at the end of this Evidence of Coverage showing the procedure code and the maximum amount paid by Delta Dental for each covered single procedure.

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

TABLE OF ALLOWANCES**Diagnostic**

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
D0120	periodic oral evaluation - established patient	\$16.00
D0140	limited oral evaluation - problem focused	\$17.00
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	\$16.00
D0150	comprehensive oral evaluation - new or established patient	\$21.00
D0160	detailed and extensive oral evaluation - problem focused, by report	\$17.00
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$17.00
D0180	comprehensive periodontal evaluation - new or established patient	\$22.00
D0210	intraoral - complete series (including bitewings)	\$30.00
D0220	intraoral - periapical first film	\$5.00
D0230	intraoral - periapical each additional film	\$4.00
D0240	intraoral - occlusal film	\$16.00
D0270	bitewing - single film	\$12.00
D0272	bitewings - two films	\$19.00
D0273	bitewings - three films	\$21.00
D0274	bitewings - four films	\$23.00
D0330	panoramic film	\$30.00
D0340	cephalometric film	\$34.00
D0460	pulp vitality tests	\$14.00
D0470	diagnostic casts	\$39.00
D9110	palliative (emergency) treatment of dental pain - minor procedure	\$39.00
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$57.00
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$26.00
D9440	office visit - after regularly scheduled hours	\$47.00
D9910	application of desensitizing medicament	\$26.00

Preventive

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
D1110	prophylaxis - adult	\$26.00
D1120	prophylaxis - child	\$21.00
D1203	topical application of fluoride - child	\$21.00
D1351	sealant - per tooth	\$32.00
D1510	space maintainer - fixed - unilateral	\$68.00
D1515	space maintainer - fixed - bilateral	\$138.00

D1550	re-cementation of space maintainer	\$50.00
D1555	removal of fixed space maintainer	\$50.00

Basic Restorative

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
D2140	amalgam - one surface, primary or permanent	\$13.00
D2150	amalgam - two surfaces, primary or permanent	\$21.00
D2160	amalgam - three surfaces, primary or permanent	\$29.00
D2161	amalgam - four or more surfaces, primary or permanent	\$27.00
D2330	resin-based composite - one surface, anterior	\$22.00
D2331	resin-based composite - two surfaces, anterior	\$22.00
D2332	resin-based composite - three surfaces, anterior	\$29.00
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$34.00
D2391	resin-based composite - one surface, posterior	\$22.00
D2392	resin-based composite - two surfaces, posterior	\$22.00
D2393	resin-based composite - three surfaces, posterior	\$29.00
D2394	resin-based composite - four or more surfaces, posterior	\$34.00
D2940	protective restoration	\$11.00
D2951	pin retention - per tooth, in addition to restoration	\$15.00

Major Restorative

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
D2510	inlay - metallic - one surface	\$141.00
D2520	inlay - metallic - two surfaces	\$131.00
D2530	inlay - metallic - three or more surfaces	\$176.00
D2542	onlay - metallic - two surfaces	\$194.00
D2543	onlay - metallic - three surfaces	\$194.00
D2544	onlay - metallic - four or more surfaces	\$194.00
D2710	crown - resin-based composite (indirect)	\$121.00
D2740	crown - porcelain/ceramic substrate	\$216.00
D2750	crown - porcelain fused to high noble metal	\$236.00
D2751	crown - porcelain fused to predominantly base metal	\$176.00
D2752	crown - porcelain fused to noble metal	\$184.00
D2780	crown - 3/4 cast high noble metal	\$158.00
D2781	crown - 3/4 cast predominantly base metal	\$144.00
D2782	crown - 3/4 cast noble metal	\$150.00
D2790	crown - full cast high noble metal	\$158.00
D2791	crown - full cast predominantly base metal	\$144.00
D2792	crown - full cast noble metal	\$150.00
D2794	crown - titanium	\$158.00
D2910	recement inlay, onlay, or partial coverage restoration	\$18.00
D2915	recement cast or prefabricated post and core	\$18.00
D2920	recement crown	\$20.00

D2930	prefabricated stainless steel crown - primary tooth	\$43.00
D2931	prefabricated stainless steel crown - permanent tooth	\$48.00
D2932	prefabricated resin crown	\$48.00
D2933	prefabricated stainless steel crown with resin window	\$58.00
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	\$58.00
D2952	post and core in addition to crown, indirectly fabricated	\$76.00
D2954	prefabricated post and core in addition to crown	\$76.00
D2970	temporary crown (fractured tooth)	\$43.00
D2980	crown repair, by report	\$51.00

Oral Surgery

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
D7111	extraction, coronal remnants - deciduous tooth	\$7.00
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$13.00
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$34.00
D7220	removal of impacted tooth - soft tissue	\$34.00
D7230	removal of impacted tooth - partially bony	\$52.00
D7240	removal of impacted tooth - completely bony	\$74.00
D7250	surgical removal of residual tooth roots (cutting procedure)	\$40.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$57.00
D7280	surgical access of an unerupted tooth	\$77.00
D7282	mobilization of erupted or malpositioned tooth to aid eruption	B/R
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$34.00
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$20.40
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$42.00
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25.20
D7510	incision and drainage of abscess - intraoral soft tissue	\$23.00
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$23.00
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$63.00
D9220	deep sedation/general anesthesia - first 30 minutes	\$45.00
D9221	deep sedation/general anesthesia - each additional 15 minutes	\$25.00

B/R – By Report.

Endodontics

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
D3110	pulp cap - direct (excluding final restoration)	\$12.00
D3120	pulp cap - indirect (excluding final restoration)	\$17.00
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$20.00
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$20.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$126.00
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	\$115.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$152.00
D3346	retreatment of previous root canal therapy - anterior	\$126.00
D3347	retreatment of previous root canal therapy - bicuspid	\$115.00
D3348	retreatment of previous root canal therapy - molar	\$152.00
D3351	apexification/recalcification/pulpal regeneration – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$70.00
D3352	apexification/recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$70.00
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$70.00
D3410	apicoectomy/periradicular surgery - anterior	\$96.00
D3421	apicoectomy/periradicular surgery - bicuspid (first root)	\$105.00
D3425	apicoectomy/periradicular surgery - molar (first root)	\$128.00
D3426	apicoectomy/periradicular surgery (each additional root)	\$70.00
D3430	retrograde filling - per root	\$24.00
D3450	root amputation - per root	\$48.00
D3920	hemisection (including any root removal), not including root canal therapy	\$57.00

Non-Surgical Periodontics

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$13.00
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$8.00
D4910	periodontal maintenance	\$26.00

Surgical Periodontics

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces, per quadrant	\$84.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$50.00
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$72.00
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$43.00
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$158.00
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$95.00
D4265	biologic materials to aid in soft and osseous tissue regeneration	\$120.00
D4270	pedicle soft tissue graft procedure	\$98.00
D4271	free soft tissue graft procedure (including donor site surgery)	\$138.00

Prosthodontics

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
D5110	complete denture - maxillary	\$315.00
D5120	complete denture - mandibular	\$315.00
D5130	immediate denture - maxillary	\$305.00
D5140	immediate denture - mandibular	\$296.00
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$231.00
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$250.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$368.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$368.00
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$276.00
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$276.00
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$204.00
D5410	adjust complete denture - maxillary	\$11.00
D5411	adjust complete denture - mandibular	\$11.00

D5421	adjust partial denture - maxillary	\$11.00
D5422	adjust partial denture - mandibular	\$11.00
D5510	repair broken complete denture base	\$11.00
D5520	replace missing or broken teeth - complete denture (each tooth)	\$35.00
D5610	repair resin denture base	\$44.00
D5620	repair cast framework	\$26.00
D5630	repair or replace broken clasp	\$37.00
D5640	replace broken teeth - per tooth	\$47.00
D5650	add tooth to existing partial denture	\$33.00
D5660	add clasp to existing partial denture	\$38.00
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$245.00
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$245.00
D5730	reline complete maxillary denture (chairside)	\$63.00
D5731	reline complete mandibular denture (chairside)	\$63.00
D5740	reline maxillary partial denture (chairside)	\$44.00
D5741	reline mandibular partial denture (chairside)	\$59.00
D5750	reline complete maxillary denture (laboratory)	\$94.00
D5751	reline complete mandibular denture (laboratory)	\$94.00
D5760	reline maxillary partial denture (laboratory)	\$74.00
D5761	reline mandibular partial denture (laboratory)	\$102.00
D5850	tissue conditioning, maxillary	\$37.00
D5851	tissue conditioning, mandibular	\$37.00
D6210	pontic - cast high noble metal	\$158.00
D6211	pontic - cast predominantly base metal	\$150.00
D6214	pontic - titanium	\$158.00
D6240	pontic - porcelain fused to high noble metal	\$210.00
D6241	pontic - porcelain fused to predominantly base metal	\$204.00
D6242	pontic - porcelain fused to noble metal	\$212.00
D6245	pontic - porcelain/ceramic	\$185.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$140.00
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$140.00
D6602	inlay - cast high noble metal, two surfaces	\$116.00
D6603	inlay - cast high noble metal, three or more surfaces	\$148.00
D6604	inlay - cast predominantly base metal, two surfaces	\$116.00
D6605	inlay - cast predominantly base metal, three or more surfaces	\$148.00
D6606	inlay - cast noble metal, two surfaces	\$116.00
D6607	inlay - cast noble metal, three or more surfaces	\$148.00
D6610	onlay - cast high noble metal, two surfaces	\$196.00
D6611	onlay - cast high noble metal, three or more surfaces	\$196.00
D6612	onlay - cast predominantly base metal, two surfaces	\$196.00
D6613	onlay - cast predominantly base metal, three or more surfaces	\$196.00
D6614	onlay - cast noble metal, two surfaces	\$196.00
D6615	onlay - cast noble metal, three or more surfaces	\$196.00
D6624	inlay - titanium	\$148.00
D6634	onlay - titanium	\$196.00
D6750	crown - porcelain fused to high noble metal	\$236.00

[Madison-Oneida-Herkimer Health Care Consortium] Dental Plan**Evidence of Coverage**

D6751	crown - porcelain fused to predominantly base metal	\$204.00
D6752	crown - porcelain fused to noble metal	\$216.00
D6780	crown - 3/4 cast high noble metal	\$158.00
D6790	crown - full cast high noble metal	\$158.00
D6791	crown - full cast predominantly base metal	\$131.00
D6792	crown - full cast noble metal	\$149.00
D6794	crown - titanium	\$158.00
D6930	recement fixed partial denture	\$33.00
D6970	post and core in addition to fixed partial denture retainer, indirectly fabricated	\$87.00
D6972	prefabricated post and core in addition to fixed partial denture retainer	\$87.00
D6980	fixed partial denture repair, by report	\$58.00

Orthodontics

<u>Proc.#</u>	<u>Service</u>	<u>Maximum</u>
D8999	preliminary study including cephalometric radiographs, diagnostic casts, and treatment plan – by report	\$68.00
	first month of active treatment including all active and retention appliances – by report	\$368.00
	active treatment per month after the first month	\$42.00
	maximum	\$1,000.00