



## Washington Counties Insurance Fund

Washington Dental Service  
Program No. **00500**

Effective **January 1, 2007**



### **Questions Regarding Your Program**

If you have questions regarding your dental benefits program, you may call:

Washington Dental Service DeltaCare  
(206) 517-6329  
(800) 650-1583

You can also reach us through Internet e-mail at  
[info@DeltaDentalWA.com](mailto:info@DeltaDentalWA.com).

Written inquiries may be sent to:  
DeltaCare  
Washington Dental Service  
P.O. Box 75983  
Seattle, WA 98175-0983

For the most current listing of Washington Dental Service participating dentists, visit our online directory at [www.DeltaDentalWA.com](http://www.DeltaDentalWA.com).

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This booklet sets forth in summary form an explanation of the coverage available under your dental program. This contract is on file with your employer.

## HOW TO USE YOUR PROGRAM

### CHOOSING A PRIMARY CARE DENTIST

When you enroll in the DeltaCare Dental Plan, you must complete an enrollment form indicating your dental office choices. Three choices are indicated and the first available office is assigned to you and your family. The choice of "primary care" dental office can be changed with proper notice to WDS, but participation in the program must continue at least until the next open enrollment period.

Your selected dental office is now the center for all of your dental needs. The "primary care" dental office will perform most dental services. For specialty care, the primary care dentist may elect to refer treatment to a DeltaCare Dental Plan specialist.

After you have enrolled, you will receive a membership card with the address and telephone number of your primary care dentist. To receive dental care, simply call your assigned dental office to make an appointment.

### APPOINTMENTS

To receive dental care, simply call your primary care dental office to make an appointment. Routine, non-emergency appointments will be scheduled within 90 days of the date of the request. You will not be required to travel more than 30 miles from your place of residence in order to receive routine dental care or more than 50 miles for emergency care. ***Dental services which are not performed by the assigned DeltaCare Dental Plan office or properly referred to a DeltaCare Dental Plan specialist, will not be covered by the DeltaCare Dental Plan.***

### SPECIALTY SERVICES

Your primary care dentist is responsible for coordinating all specialty care. Either he/she will perform the specialty treatment or refer you to a DeltaCare Dental Plan specialist. In some unique cases the primary care dentist may refer you to a non-DeltaCare Dental Plan specialist, but prior authorization from WDS is required. You will not be required to travel more than 30 miles from the primary care dentist's office in order to receive specialty care services.

### EMERGENCY CARE

DeltaCare Dental Plan primary dentists have made provisions for delivering emergency care. Emergency care is available 24 hours a day, 365 days a year. Treatment of emergency dental care, those rare dental health instances that may be life threatening or cause severe bodily injury, shall not require pre-authorization if a prudent layperson acting reasonably would believe that such an emergency condition exists. The Plan would encourage the enrollee to seek a pre-authorization from the Plan for such emergency care if at all practical, but would not require pre-authorization if the treatment is a listed procedure under the terms of coverage. The Enrollee should notify DeltaCare after receiving emergency dental care within 15 days, or when practical, as to the extent of such emergency dental treatment.

## URGENT CARE

The Primary Care Dentist shall provide urgent dental care for a covered procedure which is required while an Enrollee is within 35 miles of the office of the Primary Care Dentist. If an Enrollee requires urgent dental care and is more than 35 miles from the office of the Primary Care Dentist, then under conditions on which the enrollee can be screened and adequately stabilized to allow for further treatment from the enrollee's assigned dentist, The Plan shall reimburse the Enrollee for the cost of such urgent dental care which exceeds the enrollee's Co-payment up to a \$100 maximum per 12 month calendar year. Urgent dental care shall be limited to listed procedures, and as described in code D9110 as seen in Schedule of Benefits and Co-payments: "Palliative (emergency) treatment of dental pain." Any further treatment of the cause of such urgent dental care would require pre-authorization from the Plan if practical according to a prudent layperson if the care is to be performed by a non-Primary Care dentist. In cases which require immediate additional care beyond stabilization and palliative treatment is medically required, the Plan will carefully review and consider additional reimbursable coverage beyond the \$100 maximum and according to the standard list of covered benefits under the plan.

## PREAUTHORIZATION

For treatment that requires preauthorization (see covered benefits section), the primary care dentist or specialist submits a claim form prior to commencing treatment. WDS notifies the dentist of the level of coverage for all treatment submitted. Preauthorizations are honored for up to one year from the issue date. Please check with your dentist for the benefit payment amount on the preauthorization.

## EMPLOYEE ELIGIBILITY AND TERMINATION

Eligible Employees are all full-time employees for whom employer contributions are made.

New employees are eligible on the first day of the month following completion of the waiting period established by your employer.

You must complete an enrollment form. All of your eligible dependents must be listed on the enrollment form.

Coverage terminates at the end of the month in which you cease to be an eligible employee.

In the event of a suspension of compensation as a result of a strike, lockout or other labor dispute, an eligible employee may pay the applicable premium directly to the employer for a period not to exceed 6 months. Payment of premium must be made when due or the coverage may be terminated by WDS.

The Federal Family and Medical Leave Act ("FMLA") became effective August 5, 1993. The benefits under your WDS dental program may be continued provided you are eligible for FMLA and you are on a leave of absence which meets the FMLA criteria. For further information contact your employer.

The "Continuation of Coverage" legislation passed into federal law (PL 99-272 and as amended by PL 104-191) requires that should certain qualifying events occur which would have previously terminated coverage, employee coverage may continue for a period of time on a self-pay basis.

When you terminate for reasons other than gross misconduct, you may continue your dental benefits up to 18 months, or until you are covered under another group dental plan, by self-paying the required premium.

Contract your employer for further clarification and details of how they plan to implement this continuation of coverage for eligible persons.

COVERAGE IS AVAILABLE ONLY TO THE DEPENDENTS OF THOSE ELIGIBLE EMPLOYEES WHOSE MEMBER GROUP IS PROVIDING DENTAL COVERAGE UNDER THIS PLAN AND FOR WHOM THE APPROPRIATE MONTHLY PREMIUM HAS BEEN PAID.

#### DEPENDENT ELIGIBILITY AND TERMINATION.

If dependent coverage is included in the program, eligible dependents are your lawful spouse and unmarried children, including biological children, stepchildren, foster children and adopted children.

Children are covered from birth through age 24.

An unmarried child over the limiting age may continue to be an eligible dependent providing all of the following conditions are met: 1) the child is incapable of self-support because of a physical handicap or developmental disability that commenced prior to reaching the limiting age; 2) a physician's certificate is submitted to WDS within 31 days following attainment of the limiting age; and 3) the child was an eligible dependent upon attainment of the limiting age.

A new family member, with the exception of newborns and adopted children, must be enrolled on the first day of the month following the date he or she qualifies as an eligible dependent. A newborn shall be covered from and after the moment of birth, and an adopted child shall be covered from the date of placement for the purpose of adoption, provided, however, that if this program requires payment of an additional monthly premium for coverage of such child, enrollment of the newborn or adopted child and payment to WDS of all applicable premiums must be completed within 90 days after the date of birth or placement to assure coverage. If no additional premium is required, WDS requests completion of the enrollment process for the newborn or adopted child within 90 days after the date of birth or placement, but coverage will be provided in any event. To enroll a newborn or adopted child, an eligible employee parent must complete a new enrollment form provided by WDS.

If an additional premium for coverage is required and enrollment and payment is not completed for a newborn or adopted child within said 90 days, such child may be enrolled coincident with any renewal or extension of the Contract.

A child will be considered an eligible dependent as an adopted child if the following conditions are met: 1) the child has been placed with the eligible employee for the purpose of adoption under the laws of the state in which the employee resides; and 2) the employee has assumed a legal obligation for total or partial support of the child in anticipation of adoption. Notification of placement of a child for adoption and payment of any additional required monthly premiums must be furnished to WDS within 90 days from the date of placement.

Dependent coverage terminates at the end of the month in which your coverage terminates, or the dependent ceases to be an eligible dependent, whichever occurs first.

The "Continuation of Coverage" legislation passed into federal law (PL 99-272 and as amended by PL 104-191) requires that should certain qualifying events occur which would have previously terminated coverage, dependent coverage may continue for a period of time on a self-pay basis.

If a dependent no longer meets the eligibility requirements due to the death or divorce of the employee, or does not meet the age requirement for children, coverage may continue up to 3 years, or until the dependent is covered under another group dental plan, by self-paying the required premium.

Pursuant to the terms of a Qualified Medical Child Support Order (QMCSO), the plan also provides coverage for your child, even if you do not have legal custody of the child or the child is not dependent on you for support, and regardless of any enrollment season restrictions that might otherwise exist for dependent coverage. If you are not enrolled in dental benefits, you must enroll for coverage for yourself and the child. If the plan receives a valid QMCSO and you do not enroll the dependent child, the custodial parent or state agency may enroll the affected child.

A QMCSO may be either a National Medical Child Support Notice issued by a state child support agency or an order or judgment from a state court or administrative body directing the company to cover a child under the plan. Federal law provides that a QMCSO must meet certain form and content requirements to be valid. You, a custodial parent, a state agency or an alternate recipient may enroll a dependent child pursuant to the terms of a valid QMCSO. A child who is eligible for coverage pursuant to a QMCSO may not enroll dependents for coverage under the plan.

Contact your employer for further clarification and details of how they plan to implement this continuation of coverage for eligible persons.

### **OPTIONAL DOMESTIC PARTNER COVERAGE**

#### **OPTIONAL DOMESTIC PARTNER BENEFITS ARE AVAILABLE ONLY IF A PARTICIPATING EMPLOYER HAS AGREED TO PROVIDE DOMESTIC PARTNER BENEFITS.**

Group has received an Affidavit of Domestic Partnership.

Domestic Partner is defined as follows:

"Domestic Partnership" is a relationship whereby two people:

- a) share the same regular and permanent residence;
- b) have a close personal committed relationship;
- c) are jointly responsible for "basic living expenses" such as food, shelter and similar expenses;
- d) are not married to anyone;
- e) are each eighteen (18) years of age or older;
- f) are not related by blood closer than would bar marriage in their state of residence;
- g) were mentally competent to consent to contract when the domestic partnership began; and
- h) are each other's sole domestic partner and are responsible for each other's common welfare.

Following termination of a domestic partnership a statement of termination must be filed with Group's Human Resources Department within thirty (30) days of termination. Termination of domestic partnership includes death of a partner.

Application for another Affidavit of Domestic Partnership cannot be filed for one hundred eighty (180) days following the filing of the statement of termination of domestic partnership with Group's Human Resources Department.

## Coordination of Benefits

If an eligible person is entitled to benefits under two or more group dental plans, the amount payable under this plan will be coordinated with any other plan. The amount paid by WDS, together with amounts from other group programs will not exceed 100% of dental expenses incurred; and the total amount payable by WDS will not exceed the amount which would have been paid for covered benefits if there were no other program involved.

This program shall always be considered primary (the plan whose benefits are determined first). Except under the following circumstances: 1) orthodontic benefits that are payable on a fee-for-service basis shall be based on the rules below; and 2) if both this program and the other program have provisions stating they are primary, then the following rules shall establish the order of benefit payment under this program and the other program:

- a. The benefits of the plan that does not have a COB provision will be primary (the plan whose benefits are determined first).
- b. The benefits of the plan that covers the person as an active employee will be determined before the benefits of a plan which covers the person as a dependent.
- c. If the person is a child whose parents are not separated or divorced:  
The benefits of the plan covering the parent whose month and day of birth occurs earlier in the calendar year will be determined before the benefits of the plan of the parent whose month and day of birth occurs later in the calendar year.
- d. If the person is a child of parents who are separated or divorced, then the benefits are determined in the following order:
  - (1) The plan of the parent with custody;
  - (2) The plan of the new spouse of the parent with custody;
  - (3) The plan of the parent without custody;
  - (4) The plan of the new spouse of the parent without custody.However, if the court decrees financial responsibility for the child's health care, the plan of the parent with the financial responsibility is the primary plan.
- e. The plan covering the person as a retired or laid-off employee or dependent of such person, will be determined after the benefits of any other plan covering such person as an employee (other than a laid-off or retired employee, or dependent of such person). This provision will not apply if either plan has a provision regarding laid-off or retired employees, which results in each plan determining its benefits after the other.
- f. If the above order does not establish the primary plan, then the plan that has covered that person for the longest period of time is the primary plan.

In the event WDS makes payments in excess of the maximum amount, WDS shall have the right to recover the excess payments from the patient, the subscriber, the provider and the other plan.

## Dental Limitations and Exclusions

### Limitations

#### Diagnostic

- Examination is covered once in a 6-month period;
- Comprehensive oral evaluation is covered once in a 3-year period as one of the two covered examinations in a calendar year per eligible person per dental office. Additional comprehensive oral evaluations will be allowed as routine examinations.
- Full mouth or panorex x-rays limited to one set every 36 consecutive months;
- Bitewing x-rays limited to not more than one series of 4 films in any 6-month period;

#### Preventive

- Prophylaxis limited to one treatment in a 6-month period (includes periodontal maintenance following active therapy), 3 month periodontal maintenance would be alternate patient responsibility;
- Topical application of fluoride or WDS-approved fluoride varnish is covered twice in a calendar year through the age of 18. Preventive therapies (e.g., fluoridated varnishes) approved by WDS are a covered benefit under certain conditions of oral health when performed at the suggested regimen for that therapy. Children through age 18 are eligible for either topical application of fluoride or preventive therapies, but not both, as described above;
- Fissure sealants are limited to non-carious, non-restored permanent first and second molars through the age of 14. The application of fissure sealants is a covered benefit only once in a 3-year period.

#### Restorative

- Restorations on the same surface(s) of the same tooth are covered once in a 2-year period;
- Crowns are covered once in a 5-year period;
- Stainless steel crowns on primary teeth are covered once in a 2-year period;

#### Periodontics

- Root planing/subgingival curettage is covered once in a 12-month period;
- Limited occlusal adjustments are covered once in a 12-month period;
- Localized delivery of antimicrobial agents approved by WDS is limited to 2 sites per quadrant once in a 18 month period under certain conditions of oral health when performed at the suggested regimen for that therapy;
- Periodontal surgery is covered once in a 3-year period;
- Soft tissue grafts are covered once in a 3-year period;
- Scaling and root planing must be done a minimum of six weeks and a maximum of six months prior to periodontal surgery or Localized delivery of antimicrobial agents;
- One periodontal maintenance therapy treatment, specifically periodontal prophylaxis, is covered once in a 6-month period and is to be charged at the applicable copayment level. Periodontal prophylaxis treatments over one in a 6-month period are your responsibility;
- Full mouth debridement is covered once in a 3-year period;

#### Endodontics

- Root canal treatment on the same tooth is covered only once in a 2-year period.

## Prosthodontics

- Full upper and/or lower dentures are not to exceed one each in any 5-year period and only then if it is unserviceable and cannot be made serviceable;
- Partial dentures are not to be replaced within any 5-year period from initial placement unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible;
- Denture relines are limited to one per denture during any 12 consecutive months except in the case of an immediate denture then a reline is a benefit 6 months after the initial placement;

## GENERAL ANESTHESIA

General anesthesia is covered only when administered by a licensed Dentist or other Participating Plan approved Licensed Professional who meets the educational, credentialing and privileging guidelines established by that Participating Plan's state, when medically necessary, for children through age 6, or a physically or developmentally disabled person, when in conjunction with covered dental procedures.

## EXCLUSIONS

- General anesthesia, including intravenous and inhalation sedation, and the services of a special anesthesiologist except when medically necessary, for children through age 6, or a physically or developmentally disabled person, when in conjunction with covered dental procedures;
- Cosmetic dental care. Cosmetic services include, but are not limited to, laminates, veneers or tooth bleaching;
- Services for injuries or conditions which are compensable under Worker's Compensation or Employers' Liability laws, and services which are provided to the eligible person by any federal or state or provincial government agency or provided without cost to the eligible person by any municipality, county or other political subdivision, other than medical assistance in this state, under medical assistance RCW 74.09.500, or any other state, under 42 U.S.C., Section 1396a, section 1902 of the Social Security Act;
- Restorations or appliances necessary to correct vertical dimension or to restore the occlusion; such procedures include restoration of tooth structure lost from attrition, abrasion or erosion and restorations for malalignment of teeth;
- Application of desensitizing agents;
- Experimental services or supplies. Experimental services or supplies are those whose use and acceptance as a course of dental treatment for a specific condition is still under investigation/observation. In determining whether services are experimental, WDS, in conjunction with the American Dental Association, shall consider if: (1) the services are in general use in the dental community in the state of Washington; (2) the services are under continued scientific testing and research; (3) the services show a demonstrable benefit for a particular dental condition; and (4) they are proven to be safe and effective. Any individual whose claim is denied due to this experimental exclusion clause shall be notified of the denial within 20 working days of receipt of a fully documented request. Any denial of benefits by WDS on the grounds that a given procedure is deemed experimental, may be appealed to WDS;
- Dental services performed in a hospital and related hospital fees;
- Loss or theft of fixed or removable prosthetics (crowns, bridges, full or partial dentures);
- Dental expenses incurred in connection with any dental procedure started after termination of eligibility of coverage;

- Dental expenses incurred in connection with any dental procedure started prior to the enrollee's eligibility;
- Cysts and malignancies;
- Laboratory examination of tissue specimen;
- Any drugs or medicines, even if they are prescribed. This includes analgesics (medications to relieve pain) and patient management drugs, such as pre-medication and nitrous oxide;
- Accidental injury. This program does not provide benefits for services or supplies to the extent that benefits are payable for them under any motor vehicle medical, motor vehicle no-fault, uninsured motorist, underinsured motorist, personal injury protection (PIP), commercial liability, homeowner's policy, or other similar type of coverage;
- Accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits;
- Cases which in the professional judgment of the attending dentist a satisfactory result cannot be obtained or where the prognosis is poor or guarded;
- Prophylactic removal of impactions (asymptomatic, nonpathological);
- Specialist consultations for non-covered benefits;
- Implant placement or removal, appliance placed on or services associated with implants;
- Orthodontic treatment which involves therapy for myofunctional problems, TMJ, dysfunctions, or hormonal imbalances causing growth and developmental abnormalities;
- All other services not specifically included on the patient's co-payment schedule as a covered dental benefit;
- Treatment of fractures and dislocations to the jaw;
- Dental services received from any dental office other than the assigned dental office, unless expressly authorized in writing by WDS or as cited under "Emergency Care;"
- Termination of this program.

#### ORTHODONTIC LIMITATIONS

This program provides coverage for orthodontic treatment plans provided through DeltaCare panel orthodontists. The cost to the patient for the treatment plan are listed in the Schedule of Benefits and Co-payments subject to the following:

1. Orthodontic treatment must be provided by a DeltaCare orthodontist.
2. Plan benefits cover 24 months of active comprehensive orthodontic treatment. They include initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, de-banding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of 2 years.
3. For treatment plans extending beyond 24 months of active treatment, the patient will be subject to a monthly office visit fee not to exceed \$75.00 per month.

4. Should a patient's coverage be canceled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the patient and not DeltaCare will be responsible for payment of balance due for treatment provided after cancellation or termination. In such a case the patient's payment shall be based on the provider's Maximum Allowable Fee at the beginning of treatment. The amount will be pro-rated over the number of months to completion of the treatment and, will be payable by the patient on such terms and conditions as are arranged between the patient and the orthodontist.
5. If treatment is not required or the patient chooses not to start treatment after the diagnosis and consultation have been completed by the orthodontist, the patient will be charged a consultation fee of \$25.00 in addition to diagnostic record fees.
6. 3 recementations or replacements of a bracket/band on the same tooth or a total of 5 rebracketings/rebandings on different teeth during the covered course of treatment are a benefit. If any additional recementations or replacements of brackets/bands are performed, the patient is responsible for the cost at the dentist's WDS filed fee for the covered benefit.
7. Comprehensive orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make the patient's occlusion as ideal as possible. This treatment usually requires complete fixed appliances; however, when the DeltaCare orthodontist deems it suitable, a European or removable appliance therapy may be substituted at the same coinsurance amount as for fixed appliances.

#### ORTHODONTIC EXCLUSIONS

1. Lost, stolen or broken orthodontic appliances, functional appliances, headgear, retainers and expansion appliances;
2. Retreatment of orthodontic cases;
3. Changes in treatment necessitated by accident of any kind, and/or lack of patient cooperation;
4. Surgical procedures incidental to orthodontic treatment;
5. Treatment related to temporomandibular joint disturbances;
6. Supplemental appliances not routinely utilized in typical Phase II orthodontics;
7. Active treatment that extends more than 24 months from the point of banding dentition will be subject to an office visit charge not to exceed \$75.00 per month;
8. Restorative work caused by orthodontic treatment;
9. Phase I\* orthodontics is an exclusion as well as activator appliances and minor treatment for tooth guidance and/or arch expansion;
10. Extractions solely for the purpose of orthodontics;
11. Treatment in progress at inception of eligibility;
12. Transfer after banding has been initiated;
13. Composite bands and lingual adaptation of orthodontic bands are considered optional treatment and would be subject to additional charges.

\*Phase I is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.

## GOVERNING ADMINISTRATIVE POLICIES

Unlike medical care where the diagnosis dictates more specifically the method of treatment to be rendered, in dental care, the dentist and patient frequently consider various treatment options.

The following guidelines are an integral part of the dental program and are consistent with the principles of accepted dental practice and the continued maintenance of good dental health.

In all cases in which the patient selects a more expensive plan of treatment than is customarily provided, the more expensive treatment is considered optional. The patient must pay the difference in cost between the dentist's WDS filed fees for the covered benefit and the optional treatment plus any copayment for covered benefits.

Failure to pay a scheduled copayment at the time of service may prevent future dental services from being rendered. Emergency services that are required for alleviation of severe pain or immediate diagnosis and treatment of unforeseen medical conditions, which, if not immediately diagnosed and treated, would lead to disability and death are exempt from this denial of services.

Replacement of prosthetic appliances (crowns, bridges, partials and full dentures) shall be considered only if the existing appliance is no longer functional or cannot be made functional by repair or adjustment and meets the five year limitation for replacement.

## PARTIAL DENTURES

1. A removable cast metal partial denture is considered an adequate restoration of a case when more than one tooth is missing in a dental arch. If the patient selects another course of treatment, the patient must pay the difference in cost between the dentist's WDS filed fees for the covered benefit and the optional treatment, plus any copayment for the covered benefit.
2. If a cast metal partial denture will restore the case, the Primary Care Dentist will apply the difference of the cost of such procedure toward any alternative treatments which the patient and dentist may choose to use. The patient must pay the difference in cost between the dentist's WDS file fees for the covered benefit and the optional treatment plus any copayment for the covered benefit.
3. An acrylic partial denture may be considered a covered benefit in cases involving extensive periodontal disease. Patients will pay the applicable copayment for a cast metal partial denture.

## COMPLETE DENTURES

4. If, in the construction of a denture, the patient and the Primary Care Dentist decide on personalized restorations or employ specialized techniques as opposed to standard procedures, the patient must pay the difference in cost between the dentist's WDS filed fees for the covered benefit and optional treatment, plus any copayment for the covered benefit.
5. Full upper and/or lower dentures are not to exceed one each in any five year period from initial placement. The patient is entitled to a new upper or lower denture only if the existing denture is more than five years old and cannot be made satisfactory by either relined or repair.

## FILLINGS AND CROWNS

6. Crowns will be covered only if there is not enough retention and resistance form left in the tooth to hold a filling. For example, the buccal or lingual walls are either fractured or decayed to the extent that they will not hold a filling.

7. Porcelain or porcelain fused to metal crowns on all 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> molars are considered optional treatment, base metal crowns are considered adequate restorations. If upgrades are performed, the patient must pay the difference in cost between the dentist's WDS filed fees for the covered benefit and optional treatment, plus any copayment for the covered benefit. The patient must be permitted the option of the base metal crown as a benefit if desired.
8. The DeltaCare program provides amalgam (posterior) and resin-based (anterior) restorations for treatment of caries. If the tooth can be restored with such materials, any other restoration such as a crown or jacket is considered optional, and if provided, the patient must pay the difference in cost between the dentist's WDS file fees for the covered benefit and the optional treatment plus any copayment for the covered benefit.
9. A restoration is a covered benefit only when required for restorative reasons (radiographic evidence of decay or missing tooth structure). Restorations placed for any other purposes including, but not limited to cosmetics, abrasion, erosion, restoring or altering vertical dimension, or the anticipation of future fractures, are not covered benefits.
10. Composite resin restorations in posterior teeth are considered optional treatment with the exception of the buccal surfaces of the bicuspid. If provided, the patient must pay the difference in cost between the dentist's WDS filed fees for the covered benefit and optional treatment, plus any copayment for the covered benefit.
11. Anterior porcelain crowns, porcelain fused to metal or plastic processed to metal type crowns are not a benefit for children under 16 years of age. An allowance will be made for an acrylic crown. If performed, the patient must pay the difference in cost between the dentist's WDS filed fees for the covered benefit and optional treatment, plus any copayment for the covered benefit.
12. A crown placed on a specific tooth is allowable only once in a five year period from initial placement.
13. A crown used as an abutment to a partial denture for purposes of recontouring, repositioning or to provide additional retention is not covered unless the tooth is decayed to the extent that a crown would be required to restore the tooth whether or not a partial denture is required.

#### **FIXED BRIDGES**

14. A fixed bridge is considered standard dental treatment when it is necessary to replace one missing permanent anterior tooth in a person sixteen years or older. Such treatment will be covered if the patient's oral health and general condition permits.
15. Fixed bridges used to replace missing posterior teeth are considered optional. The patient must pay the difference in cost between the dentist's WDS filed fees for the covered benefit and optional treatment, plus any copayment for the covered benefit.
16. Fixed bridges are not a benefit when provided in connection with a partial denture on the same arch. If provided, the patient must pay the difference in cost between the dentist's WDS filed fees for the covered benefit and optional treatment, plus any copayment for the covered benefit.
17. Replacement of an existing nonfunctional bridge is limited to once in a five year period from initial placement and shall be covered only when the replacement duplicates the original bridge.

18. Fixed bridges are not a benefit for patients under the age of sixteen. A fixed bridge under these circumstances is considered optional dental treatment. If performed, the patient must pay the difference in cost between the dentist's WDS filed fees for the covered benefit and optional treatment, plus any copayment for the covered benefit.

#### RECONSTRUCTION

19. The DeltaCare program provides coverage for procedures necessary to eliminate oral disease and to replace missing teeth. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ) are not covered benefits. Extensive treatment plans involving 10 or more crowns or units of fixed bridgework are considered full mouth reconstructions and are not a benefit of the DeltaCare program.

#### SPECIALIZED TECHNIQUES

20. Noble or titanium metal for removable appliances, crowns, precision abutments for partials or bridges (overlays, implants, and appliances associated therewith), personalization and characterization, are all considered optional treatment. If performed, the patient must pay the difference in cost between the dentist's WDS filed fees for the covered benefit and the optional treatment, plus any copayment for the covered benefit. (As long as the patient has the option of the benefit procedure.)

#### PREVENTATIVE CONTROL PROGRAMS

21. Soft tissue management programs are not covered. The periodontal pocket charting, root planing/scaling/curettage, oral hygiene instruction and prophylaxis are covered benefits and, if performed as part of a soft tissue management program, will be provided for listed copayments, if any. Irrigation, infusion, special tooth brush, etc., are considered optional treatment. If performed, the patient is responsible for the cost.
22. Follow-up examinations for reevaluation, particularly periodontal reevaluation, are considered to be part of the general serviced rendered.

#### STAYPLATES

23. Stayplates in conjunction with fixed or removable appliances are only a benefit to replace recently extracted anterior permanent teeth during a healing period.

#### FRENECTOMY

24. The frenum can be excised when the tongue has limited mobility; or there is a large diastema between anterior teeth; or when the frenum interferes with a prosthetic appliance.

#### PEDODONTIA

25. Pedodontic referrals must be preauthorized by DeltaCare. Benefits for dependent children through age three are covered at 100% of the agreed upon fee less any applicable copayments for covered benefits and children four years and older are at 50% of agreed upon fee less any applicable copayments for covered services.

## TREATMENT PLANNING

26. The objective of this program is to see that all patients are brought to a good level of oral health and that this level of oral health is maintained. To achieve these objectives takes treatment planning. Priorities have been established on the following basis:
1. Priority attention is given to those procedures that, if not done first, could have an immediate effect on the patient's overall oral health.
  2. Priority is next given to work such as active dental decay and periodontal problems that would not have an immediate effect on the patient's oral health.
  3. Priority is given to replacement of missing teeth causing a gross lack of function.
  4. Exceptions are made to this treatment-planning concept based on individual circumstances

## SCHEDULE OF BENEFITS AND CO-PAYMENTS

The services covered under the DeltaCare Dental Plan are listed in the following schedule. These co-payments are your total price, including lab work. All coverage is subject to the exclusions and limitations set forth in the benefit descriptions and exclusions.

00100 - 00999	I. DIAGNOSTIC	
D0120	Periodic oral examination – established patient	0
D0140	Limited oral evaluation-problem focused - GP (Specialist use 00190)	15
D0145	Oral evaluation – patient under age 3	0
D0150	Comprehensive oral evaluation - GP (Specialist use 00190)	0
D0160	Detailed and extensive oral evaluation - Problem focused, by report - GP (Specialist use 00190)	0
D0170	Re-evaluation-limited, problem focused (Established pt not post op visit) - GP (Specialist use 00190)	0
D0180	Comprehensive Periodontal Exam-GP (Specialist use 00190) - R	
D0190	Specialist Exam	0
D0210	Intraoral - complete series, including bitewings	0
D0220	Intraoral - periapical, first film	0
D0230	Intraoral - periapical, each additional film	0
D0240	Intraoral - occlusal film	0
D0270	Bitewing - single film	0
D0272	Bitewings - two films	0
D0273	Bitewings – three films	0
D0274	Bitewings - four films	0
D0330	Panoramic film	0
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
01000 - 01999	II. PREVENTIVE	
D1110	Prophylaxis - adult	0
D1120	Prophylaxis - child	0
D1203	Fluoride excluding prophylaxis - child	0

D1206	Topical fluoride varnish	0
D1330	Oral hygiene instruction	0
D1351	Sealant - per tooth	5
D1510	Space maintainer - fixed, unilateral	24
D1515	Space maintainer - fixed, bilateral	34
D1520	Space maintainer - removable, unilateral	25
D1525	Space maintainer - removable, bilateral	32
D1550	Recementation of space maintainer	10
D1555	Removal of fixed space maintainer	10
02000 - 02335	III. MINOR RESTORATIVE	
D2140	Amalgam - one surface, primary or permanent	0
D2150	Amalgam - two surfaces, primary or permanent	0
D2160	Amalgam - three surfaces, primary or permanent	0
D2161	Amalgam - four or more surfaces, primary or permanent	0
D2330	Resin - one surface, anterior	0
D2331	Resin - two surfaces, anterior	0
D2332	Resin - three surfaces, anterior	0
D2335	Resin - four or more surfaces	0
D2391	Resin-based composite - one surface, posterior	OP
D2392	Resin-based composite - two surface, posterior	OP
D2393	Resin-based composite - three surface, posterior	OP
D2394	Resin-based composite - four or more surface, posterior	OP
02510-02999	IV. MAJOR RESTORATIVE	
D2510	Inlay - metallic - one surface	OP
D2520	Inlay - metallic - two surfaces	OP
D2530	Inlay - metallic - three surfaces	OP
D2540	Onlay - metallic per tooth	OP
D2542	Onlay- metallic- two surfaces	OP
D2543	Onlay - metallic - three surfaces	OP
D2544	Onlay metallic - four or more surfaces	OP
D2642	Onlay - porcelain/ceramic - two surfaces	OP
D2643	Onlay - porcelain/ceramic - three surfaces	OP
D2644	Onlay - porcelain/ceramic - four or more surfaces	OP
D2710	Crown - resin (indirect)GAP	210
D2720	Crown - resin with high noble metal	OP
D2721	Crown - resin with predominantly base metal	125
D2722	Crown - resin with noble metal	OP
D2740	Crown - porcelain/ceramic substrate	237
D2750	Crown - porcelain fused to high noble metal	OP
D2751	Crown - porcelain fused to predominantly base metal	212
D2752	Crown - porcelain fused to noble metal	OP
D2780	Crown-3/4 cast high noble metal	OP
D2781	Crown-3/4 cast predominantly base metal	228
D2782	Crown-3/4 cast noble metal	OP
D2783	Crown-3/4 porcelain/ceramic	OP
D2790	Crown - full cast high noble metal	OP
D2791	Crown - full cast predominantly base metal	206
D2792	Crown - full cast noble metal	OP
D2799	Provisional crown	0
D2910	Recement inlay	25
D2920	Recement crown	17
D2930	Prefabricated stainless steel crown - primary tooth	47

D2931	Prefabricated stainless steel crown - permanent tooth	35
D2932	Prefabricated resin crown anterior teeth only	35
D2940	Sedative filling - GAP	0
D2950	Crown build-up (substructure) including any pins	35
D2951	Pin retention - per tooth, in addition to restoration	0
D2952	Indirectly fabricated post and core in addition to crown	49
D2953	Each additional indirectly fabricated post - same tooth (*)	49
D2954	Prefabricated post and core in addition to crown	0
D2957	Each additional prefabricated post - same tooth	0
D2970	Temporary crown (fractured tooth)	10
03000 - 03999	V. ENDODONTICS	
D3110	Pulp cap-direct (excluding final restoration)	0
D3120	Pulp cap-indirect (excluding final restoration)	0
D3220	Therapeutic pulpotomy (excluding final restoration)	0
D3221	Gross pulpal debridement, primary and permanent teeth	0
D3230	Pulpal therapy(resorbable filling, primary tooth(exclude final restoration)	0
D3240	Pulpal therapy(resorbable filling, primary tooth(exclude final restoration)	0
D3310	Root canal therapy - anterior	100
D3320	Root canal therapy - bicuspid	125
D3330	Root canal therapy – molar - R	0
D3346	Retreatment of previous root canal therapy – anterior - R	0
D3347	Retreatment of previous root canal therapy – bicuspid - R	0
D3348	Retreatment of previous root canal therapy – molar - R	100
D3351	Apexification/recalcification - initial visit - R	0
D3352	Apexification/recalcification - interim visit - R	0
D3353	Apexification/recalcification - final visit - R	0
D3410	Apicoectomy/periradicular surgery – anterior - R	0
D3421	Apicoectomy/periradicular surgery - bicuspid - R	0
D3425	Apicoectomy/per. surgery molar (1st root) - R	0
D3426	Apicoectomy/periradicular surgery (additional root) - R	0
D3430	Retrograde filling - per root - R	50
D3450	Root amputation - per root	0
D3920	Hemisection including root removal	0
04000 - 04999	VI. PERIODONTICS -	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	0
D4211	Gingivectomy or gingivoplasty - one to three teeth per quadrant	0
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant (for use with covered procedure D4263,D4264) - P, R	0
D4241	Gingival flap procedure, including root planing - one to three teeth per quadrant (for use with covered procedure D4263,D4264) - P, R	0
D4245	Apically positioned flap - P, R	0
D4249	Crown lengthening - hard/soft tissue - P, R	0
D4260	Osseous surgery - four or more contiguous teeth or bounded teeth spaces per quadrant - P, R	0
D4261	Osseous surgery - one to three teeth per quadrant - P, R	0
D4263	Bone replacement Graft - first site in quadrant	0

D4264	Bone replacement Graft - each additional site in quadrant	0
D4270	Pedicle soft tissue graft procedure	0
D4271	Free soft tissue graft and donor site	0
D4341	Periodontal root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	35
D4342	Periodontal root planing - one to three teeth per quadrant	10
D4355	Full Mouth debridement, once every 12months	0
D4381	Site Specific Therapy	16
D4910	Periodontal maintenance following active therapy	35
05000 - 05899	VII. PROSTHODONTICS, REMOVABLE	
D5110	Complete denture, upper	305
D5120	Complete denture, lower	305
D5130	Immediate denture, upper	530
D5140	Immediate denture, lower	530
D5211	Upper partial denture, resin base - GAP	202
D5212	Lower partial denture, resin base - GAP	202
D5213	Upper partial denture - metal base with resin saddles	331
D5214	Lower partial denture - metal base with resin saddles	331
D5281	Unilateral partial denture	140
D5410	Adjust complete denture - upper	10
D5411	Adjust complete denture - lower	10
D5421	Adjust partial denture - upper	10
D5422	Adjust partial denture - lower	10
D5510	Repair broken complete denture base	26
D5520	Replace missing or broken teeth - complete denture	24
D5610	Repair resin saddle or base	37
D5620	Repair cast framework	59
D5630	Repair or replace broken clasp	47
D5640	Replace broken teeth - per tooth	32
D5650	Add tooth to existing partial denture	42
D5660	Add clasp to existing partial denture	47
D5670	Replace teeth and acrylic on cast metal framework (mandibular)	165
D5671	Replace teeth and acrylic on cast metal framework (maxillary)	165
D5710	Rebase denture - complete, upper	121
D5711	Rebase denture - complete, lower	121
D5720	Rebase denture - partial, upper	162
D5721	Rebase denture - partial, lower	163
D5730	Reline denture - complete upper (chairside)	57
D5731	Reline denture - complete lower (chairside)	57
D5740	Reline denture - partial upper (chairside)	55
D5741	Reline denture - partial lower (chairside)	55
D5750	Reline denture - complete upper (laboratory)	100
D5751	Reline denture - complete lower (laboratory)	100
D5760	Reline denture - partial upper (laboratory)	96
D5761	Reline denture - partial lower (laboratory)	96
D5820	Temp partial stay plate, upper	NB
D5821	Temp partial stay plate, lower	NB
D5850	Tissue conditioning, upper - denture	10
D5851	Tissue conditioning, lower - denture	10
D5860	Overdenture - complete, by report	314
D5861	Overdenture - partial , by report	342

06200 - 06999	VIII. PROSTHODONTICS, FIXED	
D6210	Pontic - cast high noble metal	OP
D6211	Pontic - cast predominantly base metal	202
D6212	Pontic - cast noble metal	OP
D6240	Pontic - porcelain fused to high noble metal	OP
D6241	Pontic - porcelain fused to predominantly base metal	212
D6242	Pontic - porcelain fused to noble metal	OP
D6250	Pontic - resin with high noble metal	OP
D6251	Pontic - resin with predominantly base metal	70
D6252	Pontic - resin with noble metal	OP
D6608	Onlay - porcelain/ceramic, two surfaces	OP
D6609	Onlay - porcelain/ceramic, three or more surfaces	OP
D6610	Onlay - cast high noble metal, two surfaces	OP
D6611	Onlay - cast high noble metal, three or more surfaces	OP
D6612	Onlay - cast predominantly base metal, two surfaces	OP
D6613	Onlay - cast predominantly base metal, three or more surfaces	OP
D6614	Onlay - cast noble metal, two surfaces	OP
D6615	Onlay - cast noble metal, three or more surfaces	OP
D6720	Crown - resin fused to high noble metal	OP
D6721	Crown - resin with predominantly base metal	OP
D6722	Crown - resin with noble metal	OP
D6750	Crown - porcelain fused to high noble metal	OP
D6751	Crown - porcelain fused to predominantly base metal	213
D6752	Crown - porcelain fused to noble metal	OP
D6780	Crown - 3/4 cast high noble metal	OP
D6781	Crown - 3/4 cast predominantly base metal	231
D6783	Crown - 3/4 cast noble metal	OP
D6790	Crown - full cast high noble metal	OP
D6791	Crown - full cast predominantly base metal	208
D6792	Crown - full cast noble metal	OP
D6930	Recement bridge	27
D6940	Stress breaker	61
D6970	Indirectly fabricated post and core in addition to bridge retainer	21
D6972	Prefabricated post and core buildup	44
D6973	Core buildup for retainer, including any pins	26
D6976	Additional indirectly fabricated post - same tooth	26
D6977	Each additional pre-fabricated post- same tooth	26
D6980	Bridge Repair	NB
07000 - 07999	IX. ORAL SURGERY	
D7111	Coronal remnants - deciduous tooth	20
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	30
D7210	Surgical removal of erupted tooth	0
D7220	Removal of impacted tooth - soft tissue - R	0
D7230	Removal of impacted tooth - partially bony - R	0
D7240	Removal of impacted tooth - completely bony -R	0
D7241	Removal of impacted tooth-completely bony w/complications -R	0
D7250	Surgical removal of residual tooth roots - R	0
D7286	Biopsy of oral tissue, soft	0

D7310	Alveoloplasty in conj. with extraction – four or more teeth or tooth spaces - per quad	0
D7320	Alveoloplasty not in conj. with extraction – four or more teeth or tooth spaces - per quad	0
D7340	Vestioplasty	0
D7350	Vestioplasty - ridge extension	0
D7471	Removal of lateral exostosis - (maxilla or mandible) - R	0
D7472	Removal of torus palatinus - R	0
D7473	Removal of torus mandibularis – R	0
D7510	Incision and drainage of abscess – R	0
D7960	Frenulectomy (frenectomy or frenotomy) – R	0
D7970	Excision of hyperplastic tissue - per arch	13
09000 - 09999	X. ADDITIONAL PROCEDURES	
D9110	Palliative treatment	10
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9215	Local anesthesia	0
D9220	General anesthesia: up to 30 minutes	NB
D9310	Consultation –diagnostic service provided by dentist or physician other than requesting dentist or physician	0
D9440	Office visit - after regularly scheduled hours	20
D9940	Occlusal Guards by report	20
D9951	Occlusal adjustment - limited	0
D9952	Occlusal adjustment - complete	NB
D0125	Failed Appointment without 24 hr notice per 15 min of appt time	10

OP = Optional Treatment

NB= Not a benefit

Co-payment= patients payment responsibility per item

P = Pre-authorization required

R = Referable to a specialist

GAP = Guidelines apply

GP = General Dentist responsibility

<b>XI. Orthodontic procedures 08000 - 08999</b>		DeltaCare Local Ortho Plan A
<b>For groups with managed care Orthodontic Benefits (treatment must be provided by Plan Specialists – panel orthodontists).</b>		
D8660	<i>Pre-orthodontic treatment visit [applied to treatment fee if patient proceeds with treatment]</i>	25
D8660 D0210	Records solely for the purpose of Orthodontics: * <i>applied to treatment fee if patient proceeds Intraoral-complete series (including bitewings)</i>	
D0340	Cephalometric film	200
D0330	Panoramic film	
D0322	Tomographic survey	
D0350	Oral/facial images (includes intra and extra oral images)	
D0470	Diagnostic casts	
D8660 00210 00470	Post-records: Intraoral - complete series (including bitewings) Diagnostic casts * <i>applied to treatment fee if patient proceeds</i>	70
	Limited orthodontic treatment **	NB

D8070 D8080	Comprehensive orthodontic treatment transitional dentition [*] Comprehensive orthodontic treatment adolescent dentition [*]	1200
D8090	Comprehensive orthodontic treatment of the adult dentition [*]	1600
D8670	Periodic orthodontic treatment visit (as part of contract-first 24 months)	Inclusive of total case fee
D8670	Periodic orthodontic treatment visit beyond 24 months	75
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) [*]	0

## GLOSSARY

**Alveolar** — Pertaining to the ridge, crest or process of bone which projects from the upper and lower jaw and supports the roots of the teeth.

**Bitewing X-ray** — An x-ray that reveals the condition of the top visible part of the upper and lower molar teeth.

**Caries** — Decay. A disease process initiated by bacterially produced acids on the tooth surface.

**Covered Dental Benefit** - Those dental services which are covered under this program, subject to the limitations set forth in Benefits Covered By Your Program.

**Crown** — That portion of the human tooth covered by enamel.

**Endodontics** — That branch of dentistry which deals with the diagnosis and treatment of diseases of the dental pulp and tissues around the root end.

**Exclusions** — Dental services which are not a contract benefit set forth in Benefit Covered By Your Program and all other services not specifically included as a Covered Dental Benefit set forth in Benefit Covered By Your Program.

**Fluoride** — A substance when topically applied or applied to drinking water is effective in resisting tooth decay.

**General Anesthesia** — A drug or gas which produces unconsciousness and insensibility to pain.

**Implant** — A graft or insert set firmly onto or deeply into the alveolar area prepared for its insertion. It may support a crown or crowns, a bridge abutment, a partial denture or a complete denture.

**Inlay** — A dental filling shaped to the form of a cavity and then inserted and secured with cement.

**Intravenous Sedation** — A form of sedation where the patient experiences a lowered level of consciousness but is still awake and can respond.

**Licensed Professional** — means an individual legally authorized to perform services as defined in their license. Licensed Professional includes, but is not limited to, dentist, hygienist and radiology technician.

**Limitations** — Restricting conditions, such as age, period of time covered and waiting periods, under which a group or individual is insured. Dental services which are subject to restricting conditions set forth in Benefits Covered By Your Program.

**Localized delivery of antimicrobial agents** — Treating isolated areas of advanced gum disease by placing antibiotics or other germ-killing drugs into the gum pocket. This therapy is viewed as an alternative to gum surgery when conditions are favorable.

**Maximum Allowable Fees** — The maximum dollar amount that will be allowed toward the reimbursement for any service provided for a covered dental benefit.

**Not A Covered Benefit** — Any dental service covered in Benefits Covered By Your Program which has been subjected to a limitation(s).

**Occlusal Adjustment** — Modification of the occluding surfaces of opposing teeth to develop harmonious relationships between the teeth themselves and neuromuscular mechanism, the temporomandibular joints and the structure supporting the teeth.

**Panorex X-ray** — An x-ray system using two points of rotation to obtain a panoramic view of the dental arches.

**Periodontics** — That branch of dentistry which deals with the prevention and treatment of diseases of the bone and soft tissues surrounding the teeth.

**Prophylaxis** — The control of dental and oral diseases by preventive measures, especially the mechanical cleansing of the teeth.

**Prosthodontics** — That branch of dentistry which deals with the replacement of missing teeth or oral tissues by artificial means, such as crowns, bridges and dentures.

**Restorative** — A process used to replace a lost tooth or part, or the diseased portion of one, by artificial means as with a filling, crown, bridge or denture designed to restore proper dental function.

**Root Planing** — A procedure done to smooth roughened root surfaces.

**Sealants** — A resinous material designed for application to the surfaces of posterior teeth in order to seal the surface irregularities and prevent tooth decay.

**Temporomandibular Joints** — The joint just ahead of the ear, upon which the lower jaw swings open and shut, and can also slide forward.

## CLAIM REVIEW AND APPEAL

### PREDETERMINATION OF BENEFITS

A predetermination is a request made by your dentist to WDS to determine your benefits for a particular service. This predetermination will provide you and your dentist with general coverage information regarding your benefits and your potential out-of-pocket cost for services. Please be aware that the predetermination is not a guarantee of payment but strictly an estimate for services. Payment for services is determined when the claim is submitted. (Please refer to the Initial Benefits Determination section regarding claims requirements.)

A standard predetermination is processed within 15 days from the date of receipt if all appropriate information is completed. If it is incomplete, WDS may request additional information, request an extension of 15 days and pend the predetermination until all of the information is received. Once all of the information is received a determination will be made within 15 days of receipt. If no information is received at the end of 45 days, the predetermination will be denied.

### URGENT PREDETERMINATION REQUESTS

Should a predetermination request be of an urgent nature, where a delay in the standard process may seriously jeopardize life, health, the ability to regain maximum function, or could cause severe pain in the opinion of a physician or dentist who has knowledge of the medical condition, WDS will review the request within 72-hours from receipt of the request and all supporting documentation. When practical, WDS may provide notice of determination orally with written or electronic confirmation to follow within 72 hours.

Immediate treatment is allowed without a requirement to obtain a predetermination in an emergency situation subject to the contract provisions.

## INITIAL BENEFIT DETERMINATIONS

An initial benefit determination is conducted at the time of claim submission to WDS for payment, modification, or denial of services. In accordance with regulatory requirements, WDS processes all clean claims within 30 days from the date of receipt. Clean claims are claims that have no defect or impropriety, including a lack of any required substantiating documentation, or particular circumstances requiring special treatment that prevents timely payments from being made on the claim. Claims not meeting this definition are paid or denied within 60 days of receipt.

If a claim is denied, in whole or in part, or is modified, you will be furnished with a written explanation of benefits (EOB) that will include the following information:

- The specific reason for the denial or modification
- Reference to the specific plan provision on which the determination was based
- Your appeal rights should you wish to dispute the original determination

## APPEALS OF DENIED CLAIMS

### INFORMAL REVIEW

If your claim for dental benefits has been denied, either in whole or in part, you have the right to request an informal review of the decision. Either you, or your Authorized Representative, must submit your request for a review within 180 days from the date your claim was denied (please see your Explanation of Benefits form). A request for a review may be made orally or in writing, and must include the following information:

- Your name and ID number
- The group name and number
- The claim number (from your Explanation of Benefits form)
- The name of the dentist

Please submit your request for a review to:

Attn: Appeals Coordinator  
Washington Dental Service  
P.O. Box 75983  
Seattle, WA 98175-0983

For oral appeals, please refer to the phone numbers listed on the inside front cover of your benefit booklet.

You may include any written comments, documents or other information that you believe supports your claim.

WDS will review your claim and make a determination within 30 days of receiving your request and send you a written notification of the review decision. Upon request, you will be granted access to and copies of all relevant information used in making the review decision.

Informal reviews of wholly or partially denied claims are conducted by persons not involved in the initial claim determination. In the event the review decision is based in whole or in part on a dental clinical judgment as to whether a particular treatment, drug or other service is experimental or investigational in nature, WDS will consult with a dental professional advisor.

## **APPEALS COMMITTEE**

If you are dissatisfied with the outcome of the informal review, you may request that your claim be reviewed formally by the WDS Appeals Committee. This Committee includes only persons who were not involved in either the original claim decision or the informal review.

Your request for a review by the Appeals Committee must be made within 90 days of the post-marked date of the letter notifying you of the informal review decision. Your request should include the information noted above plus a copy of the informal review decision letter. You may also submit any other documentation or information you believe supports your case.

The Appeal Committee will review your claim and make a determination within 30 days of receiving your request or within 20 days for Experimental/Investigational procedure appeals and send you a written notification of the review decision. Upon request, you will be granted access to and copies of all relevant information used in making the review decision. In the event the review decision is based in whole or in part on a dental clinical judgment as to whether a particular treatment, drug or other service is experimental or investigational in nature, WDS will consult with a dental professional advisor.

The decision of the Appeals Committee is final. If you disagree with this the outcome of your appeal and you have exhausted the appeals process provided by your group plan, there may be other avenues available for further action. If so, these will be provided to you in the final decision letter.

## **AUTHORIZED REPRESENTATIVE**

You may authorize another person to represent you and to whom WDS can communicate regarding specific appeals. The authorization must be in writing and signed by you. If an appeal is submitted by another party without this authorization, a request will be made to obtain a completed Authorized Representative form. The appeal process will not commence until this form is received. Should the form not be returned or any document confirming the right of the individual to act on your behalf (i.e., power of attorney), the appeal will be closed.

## SUBROGATION

To the extent of any amounts paid by Washington Dental Service for an eligible person on account of services made necessary by an injury to or condition of his or her person, WDS shall be subrogated to his or her rights against any third party liable for the injury or condition. WDS shall, however, not be obligated to pay for such services unless and until the eligible person, or someone legally qualified and authorized to act for him or her, agrees to:

- include those amounts in any insurance claim or in any liability claim made against the third party for the injury or condition;
- repay WDS those amounts included in the claim from the excess received by the injured party, after full compensation for the loss is received;
- cooperate fully with WDS in asserting its rights under the Contract, to supply WDS with any and all information and execute any and all instruments WDS reasonably needs for that purpose.

Provided the injured party is in compliance with the above, WDS will prorate any attorneys' fees incurred in the recovery.

What this means to you is that if you receive this program's benefits for an injury or condition possibly caused by another person, you must include in your insurance claim or liability claim the amount of those benefits. After you have been fully compensated for your loss, any money recovered in excess of full compensation must be used to reimburse WDS. WDS will prorate any attorneys' fees against the amount owed.

## DISCLOSURE INFORMATION

In accordance with section 4 of ESSB 6392, Chapter 312, Laws of 1996, the Managed Care Entities Disclosure Act, Washington Dental Service (WDS) is pleased to provide important information about our various dental care plans. The goal of this law is to provide individuals who are making health care decisions for themselves and their families with as much information as possible to make the best decisions. WDS fully supports this principle and supplies most of the required information in enrollee benefit booklets, which are supplied to each enrollee at the start of their coverage.

The items of information which you may request WDS to provide you are:

- 1a)** the availability of a point of service plan and how the plan operates within the coverage
- 1b)** documents, instruments or other information referred to in the enrollment agreement
- 1c)** procedures to be followed for consulting a provider other than the primary care provider (applies primarily to capitation plans)
- 1d)** existence of plan list or formulary for prescription drugs, for plans with that specific benefit
- 1e)** procedures that must be followed for obtaining prior authorization for health care services
- 1f)** reimbursement or payment arrangements, between a carrier and a provider
- 1g)** circumstances under which a plan may retrospectively deny coverage for care that had prior authorization
- 1h)** copy of all grievance procedures for claim or service denial and for dissatisfaction with care
- 1i)** description and justification for provider compensation programs, including any incentive or penalties that are intended to encourage providers to withhold services or minimize or avoid referrals to specialists
- 2)** Enrollees of WDS dental care plans may, at any time, freely contract to obtain other forms of dental care or health care services outside WDS plan coverage for any reason they choose, however, the enrollee must pay for all such services.

In order to obtain this information, you must call 1-800-367-4104. A WDS employee will take your name and send you the information you requested. If you are an enrollee of a dental care plan with WDS, we may also refer you to your benefit booklet for additional information about your plan that may be useful. You can also write WDS and request the above information at PO Box 75983, Seattle, WA 98175-0983.

Washington Dental Service, a member of the nationwide Delta Dental Plans Association, has been working to improve the oral health of our subscribers and our communities since 1954. Today, as part of the nation's largest dental benefits provider, we serve approximately 2 million people through our Delta Dental plans.

We specialize exclusively in dental benefits, which allows us to offer the most knowledgeable customer service and to partner with our large member dentist networks to offer you the widest choice of dentists. We are an innovative company that is a national leader in supporting dental research so that we can include the latest effective dental treatments in our plans. Healthy teeth for a wonderful smile – that is what we are all about!

To learn more about Washington Dental Service and your benefits, visit our Internet Web site at [www.DeltaDentalWA.com](http://www.DeltaDentalWA.com).