

**Seattle Pacific University
Group #00333**

Effective July 1, 2008, the following benefit information has been revised or added in your Benefit Booklet. We have identified the section that is changing with all **changes in bold print**.

CHOOSING A DENTIST

With Washington Dental Service, you may select any licensed dentist; however, your benefits may be paid at a higher level and your out-of-pocket expenses may be lower if you choose a participating Washington Dental Service dentist. Tell your dentist that you are covered by a Washington Dental Service dental plan and give him or her your Social Security number, the program name and the group number — which is 00333.

DELTA DENTAL PARTICIPATING DENTISTS

If you select a dentist who is a Washington Dental Service participating dentist, that dentist has agreed to provide treatment for eligible persons covered by Washington Dental Service programs according to the provisions of his or her participating dentist contract. You won't have to hassle with sending in claim forms. Participating dentists complete claim forms and submit them directly to Washington Dental Service. They receive payment directly from Washington Dental Service. You will not be charged more than the approved fee or the fee that the Washington Dental Service participating dentist has filed with us. You will be responsible only for stated coinsurance (see Coinsurance), deductibles, and any amount over the plan maximum and for any elective care you choose to receive outside the covered benefits.

NONPARTICIPATING DENTISTS IN WASHINGTON STATE

If you select a dentist who is not a Washington Dental Service participating dentist, you are responsible for having your dentist complete and sign a claim form. We accept any American Dental Association-approved claim form that your dentist may provide. You can also download claim forms from our Web site at www.DeltaDentalWA.com. It is up to you to ensure that the claim is sent to Washington Dental Service. Payment for services performed by a nonparticipating dentist will be based on actual charges or Washington Dental Service's maximum allowable fees, whichever is less. You will be responsible for any balance remaining. Please be aware that Washington Dental Service has no control over nonparticipating dentists' charges or billing procedures.

OUT-OF-STATE DENTISTS

If you receive treatment from a dentist outside Washington state, you are responsible for having the dentist complete and sign a claim form. It is also up to you to ensure that the claim is sent to Washington Dental Service. Payment will be based upon actual charges or Washington Dental Service's maximum allowable fees for participating dentists, whichever is less.

CLAIM FORMS

American Dental Association-approved claim forms may be obtained from your dentist, or you may download claim forms from our Web site at www.DeltaDentalWA.com. Washington Dental Service/Delta Dental is not obligated to pay for treatment performed in the event that a claim form is submitted for payment more than 12 months after the date the treatment is provided. **Orthodontic claims must be submitted within 12 months of the initial banding date.**

PREDETERMINATION OF BENEFITS

If your dental care will be extensive, you may ask your dentist to complete and submit a request for an estimate, sometimes called a "predetermination of benefits." **This will allow you to know in advance what procedures are covered, the amount Washington Dental Service will pay and your financial responsibility.**

COINSURANCE

Washington Dental Service will pay a predetermined percentage of the cost of your treatment (**see Reimbursement Levels for Allowable Benefits under the Summary of Benefits**) and you are responsible for paying the balance. What you pay is called the **coinsurance**. It is paid even after a deductible is reached.

EXTENSION OF BENEFITS

In the event an eligible person ceases to be eligible, or in the event of termination of this plan, Washington Dental Service shall not be required to pay for services beyond the termination date, except for the completion (within 3 weeks) of procedures requiring multiple visits to complete that were started while this coverage was in effect, which are otherwise benefits under the terms of this plan. Please call customer service to see if your procedure qualifies for this extension.

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 Washington Dental Service, together with amounts from other group programs, will not exceed 100% of dental expenses incurred and the total amount payable by Washington Dental Service will not exceed the amount that would have been paid for covered benefits if no other program was involved.

The following rules establish the order of benefit payments:

- a. The benefits of the plan that does not have a coordination of benefits (COB) provision will be primary (the plan whose benefits are determined first).
- b. The benefits of the plan that covers the person as an employee, **member, policyholder, subscriber or retiree** will be determined before the benefits of a plan that 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. **If both parents have the same birthday, the Plan that has covered the parent the longest is the primary Plan.**
- d. If the person is a child of parents who are separated or divorced **or not living together, whether or not they have ever been married**, then the benefits are determined in the following order:
 - (1) The **Plan covering the Custodial parent, first;**
 - (2) The **Plan covering the spouse of the Custodial parent, second;**
 - (3) The **Plan covering the non-custodial parent, third; and**
 - (4) The **Plan covering the spouse of the non-custodial parent, last**

However, if the court decrees **that one parent has financial or health care expenses or health care coverage responsibility, that Plan is primary.**

- 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 neither plan has a provision regarding laid-off or retired employees, which results in each plan determining its benefits after the other.
- f. **If a person whose coverage is provided under COBRA or under a right of continuation provided by state or other federal law is covered under another Plan, the Plan covering the person as an employee, member, subscriber or retiree or covering the person as a dependent of an employee, member, subscriber or retiree is the Primary plan.**
- g. 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 Washington Dental Service makes payments in excess of the maximum amount, Washington Dental Service shall have the right to recover the excess payments from the patient, the subscriber, the provider or the other plan.

All references to not a covered benefit, have been changed to *not a paid covered benefit*

BENEFITS COVERED BY YOUR PROGRAM

CLASS I

PERIODONTICS

Covered Dental Benefits

- Prescription strength fluoride toothpaste.
- **Antimicrobial mouth rinse.**

CLASS II

ORAL SURGERY

Exclusions

- **Bone replacement graft for ridge preservation.**
- **Bone grafts, of any kind, to the upper or lower jaws not associated with periodontal treatment of teeth.**
- Tooth transplants.
- Materials placed in tooth extraction sockets for the purpose of generating osseous filling.

CLASS III

RESTORATIVE

Covered Dental Benefits

- **Post and core, subject to limitation.**

Limitations

- **Post and core are covered once in a 2-year period on the same tooth.**

ORTHODONTIC BENEFITS FOR ELIGIBLE CHILDREN

The lifetime maximum amount payable by Washington Dental Service for Orthodontic Benefits rendered to an eligible child shall be \$1,000. Not more than \$500 of the maximum, or one-half of Washington Dental Service's total responsibility shall be payable for treatment during the "construction phase". Subsequent payments of Washington Dental Service's responsibility shall be made on a monthly basis **throughout the length of treatment submitted**, providing the employee and dependent are eligible.

Limitations - Payment is limited to:

- Completion.
- **Treatment received after coverage begins (claims must be submitted to WDS within 12 months of the start of coverage). For orthodontia claims, the initial banding date is the treatment date considered in the timely filing.**
- **Treatment that began prior to the start of coverage will be prorated:**
 - **Payment is made based on the balance remaining after the down payment and monthly charges prior to the date of eligibility are deducted.**
 - **WDS will issue monthly payments based on our responsibility for the length of treatment. The monthly payments are issued providing the employee and dependent are eligible.**
- **In the event of termination of the treatment plan prior to completion of the case or termination of this program, no subsequent payments will be made for treatment incurred after such termination date.**

FREQUENTLY ASKED QUESTIONS ABOUT YOUR DENTAL BENEFITS

How can I get claim forms?

You can obtain American Dental Association-approved claim forms from your dentist. You can also obtain a copy of approved claim forms from our Web site at www.DeltaDentalWa.com. **Note: If your dentist is a Washington Dental Service participating provider, he or she will complete and submit claim forms for you.**

What is the mailing address for Washington Dental Service claim forms?

If you see a Washington Dental Service participating dentist, the dental office will submit your claims for you. If your dentist is **not** a participating dentist, **it will be up to you to ensure that the dental office submits** your claims to Washington Dental Service at P.O. Box 75983, Seattle, WA 98175-0983.

Do I have to get an "estimate" before having dental treatment done?

If your dental care will be extensive, you may ask your dentist to complete and submit a request for an estimate, called a "predetermination of benefits." The estimates provided do not represent a guarantee of payment, but they provide you with estimated costs and benefits for your procedure.

GLOSSARY

CUSTODIAL PARENT — The parent awarded custody by a court decree or, in the absence of a court decree, is the parent with whom the child resides more than one half of the calendar year excluding any temporary visitation.

FILLED RESIN — Tooth-colored plastic materials that contain varying amounts of special glass-like particles that add strength and wear resistance.

LICENSED PROFESSIONAL — An individual legally authorized to perform services as defined in **his or her** license. Licensed **professional** includes, but is not limited to, dentist, hygienist and radiology technician.

NOT A PAID COVERED BENEFIT — refers to any dental procedure which, under some circumstances, would be covered by WDS but is not covered under other conditions, examples of which are listed in Benefits Covered by Your Program.

THE FOLLOWING HAS REPLACED DISCLOSURE INFORMATION

SUBSCRIBER RIGHTS AND RESPONSIBILITIES

At Washington Dental Service our mission is to provide quality dental benefit products to employers and employees throughout Washington through the largest network of participating dentists in the state of Washington. We view our benefit packages as a partnership between Washington Dental Service, our subscribers and our participating members' dentists. All partners in this process play an important role in achieving quality oral health services. We would like to take a moment and share our views of the rights and responsibilities that make this partnership work.

YOU HAVE THE RIGHT TO:

- **Seek care from any licensed dentist in Washington or nationally. Our reimbursement for such care varies depending on your choice (Delta member / non-member), but you can receive care from any dentist you choose.**
- **Participate in decisions about your oral health care.**
- **Be informed about the oral health options available to you and your family.**
- **Request information concerning benefit coverage levels for proposed treatments prior to receiving services.**
- **Have access to specialists when services are required to complete a treatment, diagnosis or when your primary care dentist makes a specific referral for specialty care.**
- **Contact Washington Dental Service customer service personnel during established business hours to ask questions about your oral health benefits. Alternatively, information is available on our website at deltadentalwa.com**
- **Appeal in writing, decisions or grievances regarding your dental benefit coverage. You should expect to have these issues resolved in a timely, professional and fair manner.**
- **Have your individual health information kept confidential and used only for resolving health care decisions or claims.**
- **Receive quality care regardless of your gender, race, sexual orientation, marital status, cultural, economic, educational or religious background.**

TO RECEIVE THE BEST ORAL HEALTH CARE POSSIBLE, IT IS YOUR RESPONSIBILITY TO:

- **Know your benefit coverage and how it works.**
- **Arrive at the dental office on time or let the dental office know well in advance if you are unable to keep a scheduled appointment. Some offices require 24 hours notice for appointment cancellations before they will waive service charges.**
- **Ask questions about treatment options that are available to you regardless of coverage levels or cost.**
- **Give accurate and complete information about your health status and history and the health status and history of your family to all care providers when necessary.**
- **Read carefully and ask questions about all forms and documents which you are requested to sign, and request further information about items you do not understand.**
- **Follow instructions given by your dentist or their staff concerning daily oral health improvement or post-service care.**
- **Send requested documentation to Washington Dental Service to assist with the processing of claims.**
- **If applicable, pay the dental office the appropriate co-insurance/deductibles amount at time of visit.**
- **Respect the rights, office policies and property of each dental office you have the opportunity to visit.**

Inform your dentist and your employer promptly of any change to your or a family member's address, telephone, or family status.