

The Ohio State University Dental Plan Specific Plan Details Document

Program Provisions

*20 12 Plan Year
(January 1 – December 31, 2012)*

*Office of Human Resources
Benefits Services
Suite 300
1590 North High Street
Columbus, OH 43201-2190*

Retain for your records through December, 2012

Contact Information

The Ohio State University
Office of Human Resources
hr.osu.edu



Customer Service Center.....(614) 292-1050
1590 North High Street, Suite 300
Columbus, OH 43201-2190
1-800-678-6010
Fax: (614) 292-6235
E-mail: service@hr.osu.edu

Provides information regarding:

- Certification of state service requests
- Flexible Spending Accounts
 - Dependent Care and Health Care
- Health Insurance
 - Enrollment
 - Verification of coverage
- Life Insurance
 - Change of beneficiary
 - Enrollment
- Retirement Programs
 - ARP, OPERS, STRS
- Supplemental Retirement Accounts
 - 403(b) and 457 plans
- Tuition Assistance
 - For dependents
 - For faculty and staff
- Your Plan for Health, YourPlanForHealth.com

Benefits Consultants.....(614) 292-1050
Fax: (614) 292-7813
E-mail: benefits@hr.osu.edu

Available by appointment to provide:

- Department presentations
- Life event coordination
- New employee benefits orientation
- Personal benefits counseling

Employee and Labor Relations.....(614) 292-2800
Provides information regarding:

- Family/medical leave, sick leave, vacation leave, medical leave, personal leave, military leave, paid parental leave, organ donation leave, jury duty/court

Integrated Disability Services.....(614) 292-3439
1-800-678-6413

Fax: 688-8120

E-mail: ld@hr.osu.edu

Available by appointment to provide:

- Department presentations
- Long-Term and Short-Term Disability assistance
- OPERS/STRS Disability Retirement
- Unemployment Compensation.....(614) 688-3578
- Workers' Compensation

Payroll Services.....(614) 292-2311
E-mail: payrolloffice@osu.edu

- Credit union, direct deposit, taxation, paperless pay
- ePayroll: paperlesspay.talx.com/osu

The Work Number.....1-800-996-7566
Employment verification hr.osu.edu/payroll/verify.htm

Your Plan for Health.....(614) 292-1050

E-mail: yourplanforhealth@hr.osu.edu

- YourPlanForHealth.com.....WebMD Customer Service: 1-888-860-3095
- Biometric Health Screenings
- Personal Health Assessment (PHA)
- Incentive Programs
- Personal Health Coaching Program.....1-800-678-6269
- Care Coordination Program.....1-800-678-6269
- Educational Programming
- Ohio State Employee Assistance Program (EAP).....1-800-678-6265
- Ohio State 24/7 NurseLine.....1-800-678-6269

Other Important Contacts

CareWorks of Ohio, Inc. 1-888-627-0058

- Workers' compensation claims assistance

Delta Dental Plan of Ohio.....1-800-282-0749

Customer and Claims Services

deltadentaloh.com

- Dental providers and claims assistance

toolkitsonline.com

Express Scripts.....1-866-727-5867

- Prescription drugs—retail/home delivery/claims www.express-scripts.com
- Specialty medications assistance www.curascripts.com

GlobalCare Services.....U.S. 1-866-807-6193

- Medical care coordination outside Ohio International: 01-770-667-0247

IRS Publications.....1-800-TAX-FORM (829-3676)

Tax advice.....1-800-829-1040

irs.gov

Minnesota Life Insurance Company..... 1-866-293-6047

- Life insurance administrator – conversion of coverage

NGS CoreSource.....1-866-44-BUCKS (442-8257)

- Medical claims assistance ngs.com
- Medical/prescription drug cards
- COBRA administration

Ohio State Educational Services

Bridge Program.....(614) 292-8860

Continuing Education.....(614) 292-8860

Fees and Deposits.....(614) 292-3337

Reach 1 Program.....(614) 292-1238

University Registrar.....(614) 292-8500

Ohio State Employee Assistance Program (EAP)

24/7/365 live connection1-800-678-6265

Employee Assistance Program serving faculty, staff, and their families

osuhealthplan.com/OhioStateEAP

The Ohio State University Health Plan Inc...... (614) 292-4700

- Precertification of hospital admissions and other medical services
- Provides services for YP4H 1-800-678-6265 osuhealthplan.com

Unum1-866-245-3013

Disability claims assistance

Vision Service Plan (VSP).....1-800-877-7195

- Vision providers and claims assistance vsp.com

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Introduction

This Dental Plan – Specific Plan Details document describes and establishes the important provisions of the dental benefits provided to faculty and staff of The Ohio State University and their eligible dependents. It is very important that you have a good understanding of the covered services available and the items that are excluded or limited by the plan.

Appointment Eligibility	<ul style="list-style-type: none"> • Eligibility for the benefits described in this document will be determined by the Office of Human Resources. These benefits are available only to employees who hold eligible appointments of 50% or greater full-time equivalency (FTE). Speak to your department human resources contact to verify if your specific appointment is eligible for these benefits. • Eligible university appointments include:
Regular and Term Appointments	<ul style="list-style-type: none"> • Classified Civil Service (CCS) Staff • Faculty • Unclassified Administrative and Professional (A&P) Staff • Senior Administrative and Professional (A&P) Staff
Auxiliary Faculty	<ul style="list-style-type: none"> • Clinical Auxiliary Faculty-Term • Lecturer-Benefit Eligible-Term • Senior Lecturer-Benefits Eligible-Term
Visiting Faculty	<ul style="list-style-type: none"> • 12-month Faculty-Clinical Instructor-Regular • Visiting Faculty-Benefits Eligible-Term
Clinical Instructor	<ul style="list-style-type: none"> • Clinical Instructor House Staff (CIHS) • Clinical Instructor House Staff Trainee
Post-Doctoral Fellow	<ul style="list-style-type: none"> • Post-Doctoral Fellow
Post-Doctoral Researcher	<ul style="list-style-type: none"> • Post-Doctoral Researcher
Intern	<ul style="list-style-type: none"> • Intern–Exempt–Benefits Eligible appointments of at least 75% FTE • Intern–Non-Exempt–Benefits Eligible appointments of at least 75% FTE
Affiliated Groups	<ul style="list-style-type: none"> • Eligible University Affiliated Groups include: <ul style="list-style-type: none"> – Alumni Association – Central Ohio Technical College (COTC) – DMF of Ohio (DMF) – Faculty Club
About this booklet	<ul style="list-style-type: none"> • This booklet is a summary of the specific benefits of Ohio State's dental plan and how you can access coverage. This plan is subject to and superseded by the provisions of any applicable agreement between Delta Dental and The Ohio State University. • The benefits and contract described in this booklet are intended to acquaint you with your dental care coverage. The actual governing provisions of all benefits are contained in the group contract between The Ohio State University and Delta Dental. • If any state or federal legislation is in effect, enacted, or amended requiring a change in the dental benefits, appropriate modifications may be made in the benefits provided under the plan.
For More Information (See Contact Information)	<p>Office of Human Resources Customer Service Center – enrollment, eligibility, general information</p> <p>Delta Dental – claims processing and provider directory assistance. All correspondence with Delta Dental should include:</p> <ul style="list-style-type: none"> • Group name (The Ohio State University) • Group number (1733) • Policy holder's Social Security number • Policy holder or patient's daytime telephone number

The following statement is required for this document by Ohio law: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

ANTI-FRAUD TOLL-FREE HOTLINE 1-800-524-0147

Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, you can help lower these costs by calling the Delta Dental Toll-Free Hotline. You do not need to identify yourself. Only ANTI-FRAUD calls can be accepted on this line.

General Plan Provisions

Effective Date of Coverage	<p>The effective date for all eligible employees and their eligible dependents will be determined by the university and will be communicated to Delta Dental for the purposes of claims administration. Coverage is effective on the date of:</p> <ul style="list-style-type: none"> • Hire or transfer to an eligible appointment • Qualifying status change
Eligibility	<ul style="list-style-type: none"> • An eligible employee is any faculty or staff member who holds a qualifying appointment, as determined by The Ohio State University. • If you are an eligible employee, you may cover yourself and those persons who qualify as your eligible dependents. Dependents can only be enrolled if the eligible employee is enrolled for coverage. You may not be covered as both a spouse and dependent. • Coverage is not automatic. In order to cover yourself and your eligible dependents, you must enroll for coverage by completing the university Health Election Form. • You must enroll yourself and your eligible dependents when initially eligible, during an open enrollment period, or within 31 days of a qualifying status change.
Eligible Dependents	
Legal spouse	The legal spouse of a covered employee.
Dependent child	<p>A dependent child of a covered employee who meets all of the following eligibility criteria:</p> <ol style="list-style-type: none"> 1. has not reached the age limit of 26 (i.e. 26th birthday); and 2. fits into one of the following categories: <ul style="list-style-type: none"> – the employee’s biological child; – the employee’s adopted child; – the employee’s step-child; – the child of the employee’s covered same-sex domestic partner; or – the child for whom the employee has legal guardianship, legal custody, or an interlocutory order of adoption.
Adult dependent child	<p>Age 26 to 28; coverage to age 28 is contingent upon the dependent child of a covered employee meeting all of the following eligibility criteria:</p> <ol style="list-style-type: none"> 1. has not reached the age limit of 28 (i.e., 28th birthday); and 2. fits into one of the following categories: <ul style="list-style-type: none"> – the employee’s biological child; – the employee’s adopted child; or – the employee’s step-child; and 3. is not married; and 4. is not employed by an employer that offers any health benefit plan under which the child is eligible for coverage; and 5. is not eligible for coverage under Medicaid or Medicare; and 6. resides in Ohio or is a full-time student at an accredited institution of higher education. <p>The rate to cover these adult dependent children will be the full rate, and will be taken out of the employee’s pay on an after-tax basis.</p>
Dependent child coverage beyond the age limit due to disability	<p>A dependent child may be eligible for continued coverage as a dependent child after attaining the limiting age if:</p> <ul style="list-style-type: none"> • the child is and continues to be incapable of self-sustaining employment by reason of mental retardation or mental or physical disability; and • the child is and continues to be primarily dependent upon the employee for support and maintenance; and • the child was (1) covered by a university medical, dental or vision plan when he or she reached the limiting age and the employee makes application for continuation of coverage to the university within 31 days after the child reaches the limiting age or (2) covered as a dependent under the medical plan of his or her parent’s employer immediately prior to a loss of coverage under such plan (documentation of prior coverage required) and the employee makes application for continuation of coverage to the university within 31 days after such loss of coverage occurs. In each case, the employee must provide satisfactory proof of the child’s incapacity and dependence upon the employee; and • the employee provides proof of the continuance of such incapacity and dependence upon request by the university.

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General Plan Provisions

<p style="color: red; margin: 0;">Same-Sex Domestic Partner (SSDP)</p>	<p>The same-sex domestic partner of a covered employee who meets all of the following criteria:</p> <ol style="list-style-type: none"> 1. shares a permanent residence with the employee (unless residing in different cities, states or countries on a temporary basis); 2. is the sole same-sex domestic partner of the employee, has been in a relationship with the employee for at least six (6) months, and intends to remain in the relationship indefinitely; 3. is of the same sex as the employee and is not currently married to or legally separated from another person under either statutory or common law; 4. shares responsibility with the employee for each other's common welfare; 5. is at least eighteen (18) years of age and mentally competent to consent to contract; 6. is not related to the employee by blood to a degree of closeness that would prohibit marriage in the state in which they legally reside; and 7. is not related to the employee by blood to a degree of closeness that would prohibit marriage in the state in which they legally reside; and 8. is financially interdependent with the employee in accordance with the plan requirements outlined by Ohio State. Financial interdependency may be demonstrated by the existence of three (3) of the following: <ul style="list-style-type: none"> - joint ownership of real estate property or joint tenancy on a residential lease - joint ownership of an automobile - joint bank or credit account - joint liabilities (e.g. credit cards or loans) - a will designating the same-sex domestic partner as primary beneficiary - a retirement plan or life insurance policy beneficiary designation form designating the same-sex domestic partner as primary beneficiary - a durable power of attorney signed to the effect that the employee and the same-sex domestic partner have granted powers to one another
<p style="color: red; margin: 0;">Sponsored Dependent</p>	<p>A sponsored dependent of a covered employee who meets all of the following criteria:</p> <ol style="list-style-type: none"> 1. resides at the employee's same principal place of abode and is a member of the employee's household for the entire tax year during which sponsored dependent coverage is provided; 2. shares a relationship with the employee as defined by one of the following: <ul style="list-style-type: none"> - parent, step-parent, parent-in-law, or person who stood in loco parentis to the employee as a child - grandparent or grandparent of the employee's spouse - sibling or sibling-in-law - aunt or uncle - niece or nephew - son- or daughter-in-law - grandchild or spouse of the employee's grandchild - biological, adopted, step or foster child who is not otherwise eligible for coverage under the terms of the university's group health plans - opposite-sex domestic partner who is unmarried, and with whom the employee is not related by blood to a degree of closeness which would prohibit marriage in the state in which they legally reside, and with whom the employee has been in a relationship for at least six (6) months and intends to remain so indefinitely; 3. is dependent upon the employee for more than 50% of his or her support, I can provide documentation of such support to the Office of Human Resources or to the university's third party administrator for claims administration, if requested, to verify the dependent status of this individual. Support includes: <ul style="list-style-type: none"> - housing/shelter; - cost for his or her clothing, food, education, recreation, and transportation expenses; - cost for his or her medical, dental, and/or vision care; and - cost for a proportionate share of other expenses necessary to support the sponsored dependent within the employee's household (such as food and utilities), but which cannot be directly attributed to that individual; and 4. is enrolled in Medicare if he or she is eligible for such coverage. The university's health plan will be a secondary payor to Medicare. 5. The individual is the employee's dependent under Section 152 of the Internal Revenue Code of 1986, as amended (taxalmanac.org/index.php/Sec. 152. Dependent defined). Consult with a tax advisor with any questions regarding whether or not the individual meets the IRS qualifications.
<p style="color: red; margin: 0;">Ineligible Dependents</p>	<ul style="list-style-type: none"> • A dependent spouse who would otherwise be eligible for coverage, but who is on active duty in any military, naval or air force of any country is not eligible for coverage during the period of active duty. • Dependents who do not meet the eligibility requirements outlined in this section.

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General Plan Provisions

Benefit Plan Year	January 1 to December 31.
Change in Coverage Due to a Qualifying Status Change	The Internal Revenue Code restricts you from dropping, adding, or changing health plan coverage during the plan year unless a qualifying status change occurs. The request for change in coverage must be consistent with the qualifying status change. There are two types of qualifying status changes:
Qualifying Status Changes	<ul style="list-style-type: none"> • Some specific events that constitute qualifying status changes include: <ul style="list-style-type: none"> – Family status changes—marriage, meeting the criteria of a same-sex domestic partnership or sponsored dependency, divorce, termination of a same-sex domestic partnership or sponsored dependency, childbirth, adoption or legal guardianship of a child, death of a covered dependent, dependent no longer meeting eligibility criteria established under the medical plan, or gain or loss of other coverage. – Employment status changes—a change in the type or FTE of your appointment that affects benefits eligibility, a benefits open enrollment at your spouse’s employer, or a change in your spouse’s eligibility for benefits. • You may only make Medical Plan election changes that are consistent with your qualifying status change. • Refer to the Life Events section of the OHR Web site at hr.osu.edu/events to determine the type(s) of benefit election changes you may make as a result of specific qualifying status changes. <ul style="list-style-type: none"> – The Office of Human Resources must receive notification of such change within 31 days of the event.
FTE changes to OSU appointment must meet these conditions:	<ul style="list-style-type: none"> • Significant change in medical contributions due to a change in FTE. • Loss of eligibility due to decrease in combined FTE to below 50% FTE. • A gain in eligibility for benefit programs as a result of an increase in combined FTE to above 50% FTE.
Coverage Election for Rehires	If you are rehired by the university into a benefits-eligible position, you will be able to re-enroll and elect the same coverage options that were in effect before your termination from the university for the balance of the plan year, and accumulations for plan features such as annual deductibles and out-of-pocket limits, as well as expenses you had accumulated towards the plan’s lifetime maximums, will continue to apply as if there was no loss of coverage. You can change coverage levels upon your re-enrollment, but you cannot change your coverage option until the next annual Open Enrollment period.
When a qualifying status change occurs:	<ul style="list-style-type: none"> • You must complete the university Health Election Form, available online at hr.osu.edu/forms, in order to make enrollment changes. Documentation may be required for some events. <ul style="list-style-type: none"> – The completed form must be submitted to the Office of Human Resources Customer Service Center within 31 days of the qualifying status change. The university must approve all qualifying status changes according to eligibility and plan guidelines. – Coverage and contributions will be effective back to the qualifying status change date. – If you do not notify the university within 31 days, the change can only be made at the next open enrollment period or future qualifying events. The university determines the open enrollment period. Note: A newborn infant must be added within 31 days of the birth. Otherwise the newborn cannot be added until the next open enrollment period. If coverage is already in effect, you must add the newborn, even if you have family coverage. – The form may not be altered by anyone other than the employee unless the employee has given written consent allowing alterations. • The university must approve all qualifying status changes. The university determines the effective date for all enrollment changes and any contribution changes that may be required. <p>Note: Your coverage level and premium contributions may be adjusted based on the qualifying status change.</p>
Dual Coverage	The university-sponsored dental plan will not cover a person as both a covered employee and dependent or as a dependent of more than one covered employee.
Choice of Providers	You may choose to receive service from network or non-network providers. Note: Your out of pocket costs may be greater when using non-network providers.
Conditions that are Medical in Nature	On occasion, your dental care provider may identify a condition and recommend further treatment. Sometimes the condition is medical in nature and therefore covered in part or totally by your medical insurance. These are typically services that do not treat the teeth, the tissue surrounding the teeth and the roots. Treatment for medical conditions is excluded under the dental plan. Note: In these cases, all rules of your medical insurance apply. <ul style="list-style-type: none"> • If you are enrolled in a network medical plan (Prime Care Advantage, Prime Care Connect, Prime Advantage Value, or Prime Advantage Plus), you must use a provider in your medical plan network to receive benefits for services that are medical in nature. <p>For additional information or assistance with your OSU medical benefits, contact The Ohio State University Health Plan (OSU Health Plan).</p>

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Coordination of Benefits (COB)	<ul style="list-style-type: none"> • All benefits provided as described in this document are subject to coordination of benefits (COB). COB determines whether a benefit plan is primary or secondary when a covered person is covered by more than one benefit plan. • If you or your family members are covered by more than one dental plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Read the rules very carefully and compare them with the rules of any other plan that covers you or your family. • In addition to the definitions in this document, the following definition of Other Contract applies to this section: <ul style="list-style-type: none"> – Any arrangement providing dental benefits or services, including but not limited to: group, blanket, or franchise insurance coverage; group or individual practice or other prepayment coverage; labor management trustee plans; union welfare plans; employer organization plans, or employee benefit organization plans; or any tax supported or governmental program. • COB affects benefits in the following manner when you are covered by more than one benefit plan: <ul style="list-style-type: none"> – When this plan is primary, Delta Dental will authorize the payment of benefits on behalf of the university without regard to any other contract. – If the total benefits for covered services to which you would be entitled as described in this booklet and under all other benefit plans exceed the covered services you receive, then the benefits provided will be determined according to this provision. – When this plan is secondary, Delta Dental will first calculate benefits and then subtract the amount paid by the primary plan. However, even when this plan is secondary, it will never pay more than it would if it were the primary plan. – When both this plan, paying as secondary, and the primary plan have a preferred provider arrangement in place, payment will be made up to the preferred provider allowance available to the primary plan.
Determining Primary/Secondary Coverage	<p>Which plan provides primary or secondary coverage is determined by using the first of the following rules that applies:</p> <ul style="list-style-type: none"> • Another contract with no COB provision is always primary. • The benefit plan covering you as an employee, member or subscriber (other than a dependent) is primary. • When a dependent is covered by more than one plan of different parents who are not separated or divorced, the coverage of the parent whose birthday falls earlier in the calendar year (excluding year of birth) is primary. If both parents have the same birthday, the plan that covered the parent longer will be primary. If a dependent is covered by two benefit plans and the non-university contract does not have this COB “birthday” rule, then the rule of the other contract will determine the primary and secondary contract. If the other contract has a rule based on the gender of the parent, then the gender rule will determine the primary and secondary contract. • If the parents are separated or divorced, the following rules apply: <ul style="list-style-type: none"> – If the parent with custody has not remarried, his or her coverage is primary. – If the parent with custody has remarried, his or her coverage is primary, the stepparent's is secondary, and the coverage of the parent without custody pays last. – If a court decree specifies the parent who is financially responsible for the child's dental care expenses, the coverage of that parent is primary. • If rules are not established by the court decree, the primary plan will be the plan which covers the parent who has custody of the child. The secondary plan will be the plan which covers the spouse of the parent who has custody of the child. • Coverage may also be provided after primary and secondary coverage by: <ul style="list-style-type: none"> – The plan which covers the parent who does not have custody of the child; or – The plan which covers the spouse of the parent who does not have custody of the child. • If there is a court decree that orders joint custody and does not determine primary status for benefit coverage, the plan's regular provisions establishing the primary status for children of active employees will apply. • When a plan covers you as an active employee or a dependent of such employee and the other contract covers you as a laid-off or retired employee or as a dependent of such person, the plan which covers you as an active employee or dependent of such employee is primary. • When a person whose coverage is provided under a right of continuation pursuant to federal or state law also is covered under another plan, the plan covering the person as an employee, member or subscriber, or retiree (or as that person's dependent) is primary and the continuation coverage is secondary. • When the rules above do not apply, the plan that has covered you longer is primary.

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COB Payment Process	<ul style="list-style-type: none"> • When this plan is primary, it will pay the full benefit allowed by your contract as if you had no other coverage. • When this plan is secondary, its payments will be based on the amount remaining after the primary plan has paid. Delta Dental will not pay more than that amount, and it will not pay more than it would have paid as primary. The plan will pay: <ul style="list-style-type: none"> – Only for health care expenses that are covered by Delta Dental. – Only if you have followed all of the procedural requirements. – No more than the “allowable expenses” for the health care involved. If the allowable expenses are lower than the primary plan’s, Delta Dental will use the primary plan’s allowable expenses. This may be less than the actual bill.
Privacy of Health Information	Federal HIPAA regulations restrict how the university and the OSU Plans may use information about you and your family.
Permitted Uses and Disclosures	<p>Subject to your written authorization, the OSU Plans may release Protected Health Information (PHI) to the university, provided that the university does not use or disclose that information except for the following purposes:</p> <ul style="list-style-type: none"> • To perform health plan administrative functions • To obtain premium bids for group health insurance, or • To modify, amend or terminate the OSU Health Plans. <p>All disclosures of Protected Health Information must be consistent with Federal Privacy Regulations.</p>
Conditions of Disclosure	<ul style="list-style-type: none"> • The OSU Plans may disclose Protected Health Information to the university only upon receipt of a certification from the university, as plan sponsor of the OSU Plans, that the plan documents have been amended to incorporate the provisions set forth below and that the university, in its capacity as plan sponsor, agrees to such provisions. • The university, as plan sponsor of the OSU Plans, agrees to: <ul style="list-style-type: none"> – Not use or further disclose PHI other than as permitted or required by plan documents or as required by law. – Ensure that any agents or subcontractors to whom it provides PHI received from the OSU Plans agrees to the same restrictions and conditions that apply to the university with respect to such PHI and that they agree to implement reasonable and appropriate security measures to protect the information. – Not use or disclose the PHI received from the OSU Plans for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the university (except to the extent that such other benefit or employee benefit plans is part of the organized health care arrangement of which the Plans are a part). – Report to the OSU Plans any use or disclosure of the information that is inconsistent with the uses or disclosures provided and/or any security incident of which it becomes aware. – Make an individual’s PHI available to them if they request access, in accordance with federal HIPAA regulations. – Incorporate any approved amendments to an individual’s PHI requested by an individual, in accordance with federal HIPAA regulations. – Make available an accounting of disclosures of an individual’s PHI when requested in accordance with federal HIPAA regulations. – Make internal practices, books, and records relating to the use and disclosure of PHI received from the OSU Plans available to the Secretary of Health and Human Services for purposes of determining compliance of the Plans with the law. – If feasible, return or destroy all PHI received from the OSU Plans that the university still maintains in any form and retain no copies of information when no longer needed for the purpose for which the disclosure was made. If such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information feasible. – Ensure adequate separation between the OSU Plans and the university as required by federal law.
Permitted Uses and Disclosures of Summary Health Information	<p>The OSU Plans may disclose Summary Health Information to the university, provided that the Summary Health Information is only used by the university for the purpose of:</p> <ul style="list-style-type: none"> • Obtaining premium bids for providing health insurance coverage; or • Modifying, amending, or terminating the dental plan.
Permitted Uses of Enrollment and Disenrollment Information	The OSU Plans may disclose enrollment and disenrollment information and information on whether individuals are participating in the medical plans to the university, provided such enrollment and disenrollment information is only used by the university for the purpose of performing its administrative functions.
Security of Protected Health Information	The OSU plans will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of the group health plan.

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<p>Adequate Separation Between Plan and Plan Sponsor</p>	<p>Within the university, only employees of the Office of Human Resources shall have access to and use PHI. Such employees shall have access to PHI only to the extent necessary to perform plan administrative functions, unless an individual authorization exists. In the event that any such employees do not comply with these provisions, the employee shall be subject to disciplinary action by the university for non-compliance pursuant to the discipline procedures established by the university. This separation will be supported by reasonable and appropriate security measures.</p>
<p>Records</p>	<ul style="list-style-type: none">• By accepting coverage as described in this document, you agree that the university, OSU Health Plan and Delta Dental may request, and anyone may give to the university, OSU Health Plan, and Delta Dental, any information (including copies of records) about your condition for which benefits are claimed. If requested, the university, OSU Health Plan or Delta Dental may give similar information to anyone providing similar benefits to you.• The covered employee will furnish a specific release of medical information as necessary for the purposes of determining liability under the plan.

Termination of Coverage

Coverage Termination

- Coverage will terminate for the following covered person(s) when the following events occur:
 - For the **covered employee and his/her dependents**, when the employee terminates from the university or is transferred to an ineligible appointment. Coverage will cease on the last day of the pay period within which the employment status change occurs.
 - For the **spouse** of the covered employee, upon decree of divorce, dissolution or legal separation. Coverage will cease on the event date.
 - For a **dependent child**, when the child no longer qualifies as a dependent. Coverage will cease on the event date.
- The covered employee is responsible for notifying the university of any status change involving a covered dependent that will affect the dependent's status, including changes that will affect the premium share cost and level of coverage.
- A subscriber or eligible dependent whose coverage under this plan is terminated may not transfer to an individual direct payment contract or continue group coverage, except as otherwise provided by law.
- The university will make all final determinations regarding when a covered person is no longer eligible under this plan. It is the responsibility of the university to make all determinations when coverage will end for a covered person and to communicate all terminations of coverage to the provider.
- In no event will eligibility for any person covered under this plan continue beyond the date Delta Dental is advised by the university to terminate that person's eligibility.
- Coverage under the plan ends for all covered persons on the date that the plan terminates or is not renewed by the university.
- The university reserves the right to terminate this plan, in whole or in part, at any time.
- Coverage may be automatically terminated on the last day of the month for which the university fails to make payment as required under the contract; or for any other reason specified in the contract.

Covered Services

CLASS I BENEFITS

Diagnostic and Preventive Services	<p>Services and procedures used to evaluate existing conditions and/or to prevent the occurrence of dental abnormalities or disease. Includes oral examinations, prophylaxes (cleanings) and topical applications of fluoride.</p> <ul style="list-style-type: none"> • Benefits for oral examinations and prophylaxes (cleanings) are payable twice in a calendar year; if medically necessary¹ prophylaxes can be approved for up to four times per calendar year. • Benefits for fluoride treatments are payable twice in a benefit plan year for patients up to age 19.
Emergency Palliative Treatment	Nonspecific treatment used on an emergency basis to temporarily relieve pain.
Radiographs	<p>X-rays as required or in conjunction with the diagnosis of a specific condition.</p> <ul style="list-style-type: none"> • Benefits for bitewing radiographs are payable twice in a calendar year. • Benefits for full-mouth radiographs (which includes bitewing X-rays) are payable once in any three-year period.

CLASS II BENEFITS

Sealants	<p>Applied to the occlusal surface of molars that are free from caries and restorations, once per tooth per lifetime.</p> <ul style="list-style-type: none"> • Benefits are payable for first and second permanent molars up to age 15 only.
Oral Surgery Services	Extractions and other surgical dental procedures used; includes pre-operative and post-operative care.
Endodontic Services	Procedures used for the treatment of teeth with diseased or damaged nerves (root canals).
Periodontic Services	Procedures used for the treatment of diseases of the gums and supporting structures of the teeth including gum disease. This includes periodontal maintenance following active therapy (periodontal prophylaxes).
Minor Restorative Services	Services used to rebuild, repair, or reform the tissues of the teeth; includes amalgam, restorations (repair of crowns, or onlays), resin restorations, and relines and repairs to prosthetic appliances (bridgework and dentures).

CLASS III BENEFITS

Prosthetic Services	Services and appliances that replace missing natural teeth; includes fixed bridgework, partial dentures, complete dentures, and implants.
Major Restorative Services	Services used to rebuild, repair, or reform the tissues of the teeth when the teeth cannot be restored with another filling material, includes replacement of cast restorations (crowns), and jackets.

CLASS IV BENEFITS

Orthodontic Services	Services, treatment, and procedures required for the correction of malposed teeth. Benefits covered only for patients up to age 19.
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¹ Two additional cleanings per plan year are payable for individuals with documented periodontal disease, diabetics with periodontal disease and pregnant women with periodontal disease. Two additional cleanings per plan year are payable for individuals with certain high-risk medical conditions such as kidney failure, organ or bone marrow transplant recipient, and for individuals receiving dialysis, chemotherapy, radiation treatment, or are HIV positive or are at risk for infective endocarditis. For people undergoing head and neck radiation, fluoride applications by your dentist are also covered twice per plan year.

Please refer to *Benefit Coverage* and *Limitations* sections of this document for an additional explanation of coverage.

Schedule of Benefits

If you receive treatment from the following providers, the percentage paid by Delta Dental will be:

OSU STUDENT DENTAL CLINIC

Class I Benefits	100% of allowed amount paid, no deductible or balance billing for diagnostic and preventive services, including fluoride treatments and prophylaxes (cleanings); emergency palliative treatment; oral examinations; bitewing radiographs; and full-mouth radiographs
Class II Benefits	100% of allowed amount paid, no deductible or balance billing for minor restorative services, including amalgam (silver) and resin (white) fillings 90% of allowed amount paid, no deductible or balance billing for all other radiographs; sealants; relines and repairs to prosthetic appliances; periodontic services; endodontic services; and oral surgery services
Class III Benefits	60% of allowed amount paid, no deductible or balance billing for prosthodontic services, major restorative services, and implants
Class IV Benefits	100% of allowed amount, no deductible or balance billing, up to \$1,200 per person per lifetime to age 19

DELTA DENTAL PPO POINT OF SERVICE PARTICIPATING DENTISTS AND OSU FACULTY PRACTICE¹

Class I Benefits	100% of allowed amount paid, no deductible or balance billing for diagnostic and preventive services, including fluoride treatments and prophylaxes (cleanings); emergency palliative treatment; oral examinations; bitewing radiographs; and full-mouth radiographs
Class II Benefits	80% of allowed amount paid after deductible, no balance billing for all other radiographs, sealants, minor restorative services, including amalgam (silver) and resin (white) fillings, relines and repairs to prosthetic appliances; periodontic services; endodontic services; and oral surgery services
Class III Benefits	50% of allowed amount after deductible, no balance billing for prosthodontic services, major restorative services, and implants
Class IV Benefits	50% of allowed amount, no deductible or balance billing, up to \$1,200 per person per lifetime to age 19

NON-PARTICIPATING DENTISTS

Class I Benefits	100% of allowed amount paid, no deductible, subject to balance billing for diagnostic and preventive services, including fluoride treatments and prophylaxes (cleanings); emergency palliative treatment; oral examinations; bitewing radiographs; and full-mouth radiographs
Class II Benefits	80% of allowed amount paid, after applicable deductible, subject to balance billing for all other radiographs; sealants, minor restorative services, including amalgam (silver) and resin (white) fillings, relines and repairs to prosthetic appliances, periodontic services, endodontic services, and oral surgery services
Class III Benefits	50% of allowed amount paid, after deductible, subject to balance billing for prosthodontic services, major restorative services, and implants
Class IV Benefits	50% of allowed amount, no deductible, subject to balance billing, up to \$1,200 per person per lifetime to age 19

¹ Not all members of the OSU Faculty Practice Dental Clinic are in the Delta Dental PPO network, confirm at time of appointment. Please refer to the Covered Services and Limitations sections of this document for an additional explanation of coverage.

Dental Plan Benefit Summary

Effective for the 2012 Plan Year (January 1 – December 31, 2012)

Covered Services	In-Network ^A	In-Network (OSU Student Dental Clinic)	Out-of-Network
Annual Deductible	\$40 per person	\$0	\$40 per person
Annual Maximum Benefit	\$1,200 per person ^{1,3} (Orthodontics has a separate lifetime maximum of \$1,200)		
Diagnostic and Preventive Services (includes cleanings, fluoride treatments, and space maintainers)	100% of allowed amount; no deductible; no balance billing ²	100% of allowed amount; no deductible; no balance billing ²	100% of allowed amount; no deductible; subject to balance billing
Emergency Palliative Treatments	100% of allowed amount; no deductible; no balance billing ²	100% of allowed amount; no deductible; no balance billing ²	100% of allowed amount; no deductible; subject to balance billing
Endodontics (root canals)	80% of allowed amount, after deductible; no balance billing ²	90% of allowed amount; no deductible; no balance billing ²	80% of allowed amount, after deductible; subject to balance billing
Oral Examinations	100% of allowed amount; no deductible; no balance billing ²	100% of allowed amount; no deductible; no balance billing ²	100% of allowed amount, no deductible; subject to balance billing
Oral Surgery (includes impacted tooth extraction)	80% of allowed amount, after deductible; no balance billing ²	90% of allowed amount; no deductible; no balance billing ²	80% of allowed amount, after deductible; subject to balance billing
Orthodontics	50% of allowed amount, up to \$1,200 ¹ ; no deductible	100% of allowed amount, up to \$1,200 ¹ ; no deductible	50% of allowed amount, up to \$1,200 ¹ ; no deductible
	Coverage is only available to age 19; \$1,200 ¹ lifetime maximum benefit. Benefits are pro-rated and paid over the course of the treatment.		
Periodontics (gum disease)	80% of allowed amount, after deductible; no balance billing ²	90% of allowed amount; no deductible; no balance billing ²	80% of allowed amount, after deductible; subject to balance billing
Prosthetics (includes dentures, fixed bridgework, and implants)	50% of allowed amount, after deductible; no balance billing ²	60% of allowed amount; no deductible; no balance billing ²	50% of allowed amount, after deductible; subject to balance billing
Restorative Services – Major (includes cast restorations and crowns)	50% of allowed amount, after deductible; no balance billing ²	60% of allowed amount; no deductible; no balance billing ²	50% of allowed amount, after deductible; subject to balance billing
Restorative Services – Minor (includes fillings, and repair of bridgework crowns, dentures, and onlays)	80% of allowed amount, after deductible; no balance billing ²	100% of allowed amount; no deductible; no balance billing ²	80% of allowed amount, after deductible; subject to balance billing
Sealants	80% of allowed amount, after deductible; no balance billing ²	90% of allowed amount; no deductible; no balance billing ²	80% of allowed amount, after deductible; subject to balance billing
Temporomandibular Disorder (TMD)	No coverage under the Dental Plan. Limited coverage is available under the Ohio State medical plans.		
X-rays, Bitewings (includes full-mouth)	100% of allowed amount; no deductible; no balance billing	100% of allowed amount; no deductible; no balance billing	100% of allowed amount, no deductible; subject to balance billing
X-rays, All Others	80% of allowed amount, after deductible; no balance billing	90% of allowed amount; no deductible; no balance billing	80% of allowed amount, after deductible; subject to balance billing

^A In-Network – Delta Dental PPO and Delta Dental Premier participating dentists. Members of the OSU Dental Faculty Practice are in the Delta Dental Premier network.

¹ **You are responsible for all costs over the maximums.**

² For any optional treatment (defined as a service that is more expensive than what is customarily provided or for which Delta Dental does not determine that a valid dental need is shown), you are responsible for the costs over the allowed amount, regardless of whether or not the service is provided in-network.

³ Some services are excluded from the annual maximum. A list of these services can be found in this Dental Plan – Specific Plan Details document.

Additional information about this benefit is available online at hr.osu.edu/benefits/hb_dental

Note: This document is intended to be a short summary of program provisions. Plan limitations and exclusions are not included. For details of the Dental Plan, refer to the Dental Plan – Specific Plan Details document, available online at hr.osu.edu/benefits/hb_dental. If the information provided in this summary differs from the online information, the online information will govern.

Using the Benefit

Steps for Using Your Plan	<ol style="list-style-type: none"> 1. Please read this document carefully to familiarize yourself with the benefits and provisions of your dental plan. 2. Make an appointment with the dentist of your choice and tell your dentist that you are covered by Delta Dental through the Ohio State dental plan. 3. After a routine oral examination, you and your dentist should discuss any treatments that are necessary and agree on when these services will be performed. 4. If the cost of these services is less than the specified predetermination amount or is limited to emergency care, predetermination is not necessary. 5. Once treatment has been completed, your dentist will submit the claim form to Delta Dental for payment. 6. Claim forms are provided to each dental office in Ohio for your convenience and are also available from the Office of Human Resources. <ul style="list-style-type: none"> • You or a member of the dental office staff must fill in the information portion of the claim form with the following: <ul style="list-style-type: none"> – The subscriber’s (employee’s) full name – The subscriber’s Social Security number or university employee identification number. Delta Dental’s system requires a 9-digit alternate identification number for eligibility and claims processing; therefore if you have an: <ul style="list-style-type: none"> ○ 8-digit OSU Employee ID # – your Delta Dental ID is your employee identification number with a leading zero (0) added to it. ○ 9-digit OSU Employee ID # – your Delta Dental ID is your employee identification number with no changes. – The name and date of birth of the person receiving the dental care – The group name (The Ohio State University) – The group number (1733) • Claim forms and completed information requests should be mailed to Delta Dental, P.O. Box 9085, Farmington Hills, MI 48333-9085.
Payment Process	<ul style="list-style-type: none"> • If your dentist is participating with Delta Dental, Delta Dental will pay the dentist directly and send you an Explanation of Benefits (EOB) showing the portion of the charges paid by Delta Dental and the portion for which you are responsible. • This payment is based on the dentist’s submitted fee or the usual, customary, and reasonable (UCR) fee, whichever is less. • If your dentist is not a participating Delta Dental provider, Delta Dental will usually make the applicable payment directly to you based on the dentist’s submitted fee or the Nonparticipating Dentist Fee, whichever is less. It will be your obligation to make full payment to the dentist. • For dental services rendered by an out-of-area dentist, Delta Dental will usually make the applicable payment directly to you based on the submitted fee or the Out-of-Area Dentist fee, whichever is less. • If your dentist is not familiar with your plan or has any questions regarding the plan, have him or her contact Delta Dental Plan of Ohio, P.O. Box 30416, Lansing, MI 48909-7916, or 1-800-282-0749.
Claims Process	<ul style="list-style-type: none"> • Because the amount of your benefit is not conditioned on a predetermination decision by Delta Dental, all claims under this plan are post-service claims. Once you or your dentist has filed your claim, Delta Dental will make a claim determination within 30 days of its receipt. All claims for benefits must be filed with Delta Dental within 12 months of the date the dental services were completed. If there is insufficient information to determine your claim, you or your dentist will be notified before 30 days has elapsed. • The notice will (a) describe the information needed, (b) explain why it is needed, (c) request an extension of time in which to decide the claim, and (d) inform you or your dentist that the information must be received within 45 days or your claim will be denied. You will receive a copy of any notice that is sent to your dentist. Once Delta Dental receives the requested information, they will have 15 days to make a claim determination. If you or your dentist fail to supply the requested information, Delta Dental will have no choice but to deny your claim. Once Delta Dental makes a determination about your claim, they will notify you within five days of the decision.
Concurrent Care Claims	<p>If you have been approved for a course of treatment, and that course of treatment is reduced or terminated before it has been completed, or if you wish to extend the course of treatment beyond what was agreed upon, you may file a Concurrent Care Claim seeking to restore the remainder of the treatment regimen previously agreed to or seeking to extend the course of treatment. All Concurrent Care Claims will be decided in sufficient time so that, should your claim be denied (in whole or in part), you will be able to seek a review of that decision before the course of treatment is scheduled to terminate.</p>

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Using the Benefit

Frequently Asked Questions	
May I choose any dentist?	<p>Yes. You are free to choose any dentist, as long as the dentist is licensed to practice dentistry in the state or country in which you receive care.</p> <p>Note: You will receive a greater benefit if an in-network provider is used.</p>
Where will Delta Dental send the payment?	<ul style="list-style-type: none"> • If the dentist is participating with Delta Dental, payment will be made directly to the dentist. • If the dentist is not participating with Delta Dental, you pay the dentist directly and then Delta Dental will make the applicable payment directly to you.
Is there a difference if I go to a participating or a non-participating dentist?	<ul style="list-style-type: none"> • Under the Delta Dental plan, you may go to any licensed dentist. Those dentists under contract with Delta Dental receive payment based on their usual and customary fees for services rendered. These payments, along with any coinsurance and/or deductibles, will be accepted as payment in full, and you will not be balance-billed. • If you are treated by a non-Delta Dental provider, Delta Dental will usually make payment directly to you based on the dentist's fee charged or on the nonparticipating dentist fee, whichever is less. It is your obligation to make full payment to the dentist.
How much of the dental bill do I pay?	<p>The Schedule of Benefits lists what percent of the dental bill will be paid by Delta Dental for covered services. You are responsible for the amount of the coinsurance and deductible indicated on your Explanation of Benefits (EOB) plus any charges for optional treatment or specific exclusions of your program.</p>
Am I covered for all dental services?	<p>No. The dental services that are covered by your contract are described in the Schedule of Benefits. These covered dental services are governed by the exclusions, limitations and Delta Dental's processing policies. Please read these sections carefully.</p>
What if my family is covered by another dental plan?	<p>Your dental benefit may be as much as (but not more than) 100 percent of the charges for covered dental services. It is important that you inform your dentist of any dual coverage so that the proper claim filing procedures are followed.</p>

Annual Maximum Benefit Exclusions

The following dental services are excluded from the Dental Plan Annual Maximum Benefit

Surgical Extractions	D7220 - removal of impacted tooth - soft tissue D7230 - removal of impacted tooth - partially bony D7240 - removal of impacted tooth - completely bony D7241 - removal of impacted tooth - completely bony, with unusual surgical complications D7250 - surgical removal of residual tooth roots (cutting procedure)
Other Surgical Procedures	D7260 - oroantral fistula closure D7261 - primary closure of a sinus perforation D7285 - biopsy of oral tissue - hard (bone, tooth) D7286 - biopsy of soft tissue - soft
Vestibuloplasty	D7340 - vestibuloplasty - ridge extension (secondary epithelialization) D7350 - vestibuloplasty - ridge extension(including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
Surgical Excision of Soft Tissue Lesions	D7410 - excision of benign lesion up to 1.25 cm D7411 - excision of benign lesion greater than 1.25 cm D7412 - excision of benign lesion, complicated
Surgical Excision of Lesions	D7450 - removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm D7451 - removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm D7460 - removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm D7461 - removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm
Excision of Bone Tissue	D7471 - removal of lateral exostosis (maxilla or mandible) D7472 - removal of torus palatinus D7473 - removal of torus mandibularis D7485 - surgical reduction of osseous tuberosity
Surgical Incision	D7511 - incision and drainage of abscess - intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
Management of Other Temporomandibular Joint Dysfunctions	D7880 - occlusal orthotic device, by report
Endodontal Surgery	D3410 - apicoectomy/periradicular surgery - anterior D3421 - apicoectomy/periradicular surgery - bicuspid (first root) D3425 - apicoectomy/periradicular surgery - molar (first root) D3426 - apicoectomy/periradicular surgery (each additional root) D3430 - retrograde filling - per root D3450 - root amputation - per root
Periodontal Surgery	D4210 - gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant D4211 - gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant D4240 - gingival flap procedure, including root planning - four or more contiguous teeth or bounded teeth or bounded teeth spaces per quadrant D4241 - gingival flap procedure, including root planning - one to three contiguous teeth or bounded teeth or bounded teeth spaces per quadrant D4245 - apically positioned flap D4260 - osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant D4261 - osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant D4263 - bone replacement graft - first site in quadrant D4264 - bone replacement graft - each additional site in quadrant D4265 - biologic materials to aid in soft and osseous tissue regeneration D4266 - guided tissue regeneration - resorbable barrier, per site D4267 - guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) D4268 - surgical revision procedure, per tooth D4270 - pedicle soft tissue graft procedure D4271 - free soft tissue graft procedure (including donor site surgery) D4273 - subepithelial connective tissue graft procedures, per tooth D4274 - distal or proximal wedge procedure (when not in conjunction with surgical procedures in the same anatomical area) D4275 - soft tissue allograft D4276 - combined connective tissue and double pedicle graft, per tooth
Devices	D9940 - occlusal guard

Benefits Exclusions

No payment will be made by Delta Dental for the following services.

- All charges for the following services will be your responsibility (though your payment obligation may be satisfied by your medical insurance or some other arrangement for which you are eligible).

1. Services for injuries or conditions payable under Workers' Compensation or Employer's Liability laws. Benefits or services which are available from any government agency, political subdivision, community agency, foundation, or similar entity.
Note: This provision does not apply to any programs provided under Title XIX Social Security Act (Medicaid).
2. Services, as determined by Delta Dental, for correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons.
3. Services or appliances started before an individual became eligible under this plan.
4. Prescription drugs (except intramuscular injectable antibiotics), premedications, medicaments/solutions, and relative analgesia.
5. General anesthesia and/or intravenous sedation for restorative dentistry or for surgical procedures, unless medically necessary.
6. Charges for hospitalization, laboratory tests, and histopathological examinations.
7. Charges for failure to keep a scheduled visit with the Dentist.
8. Services, as determined by Delta Dental, for which no valid dental need can be demonstrated, that are specialized techniques, or that are investigational in nature as determined by the standards of generally accepted dental practice.
9. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the scope of his or her license.
10. Benefits excluded by the policies and procedures of Delta Dental, including the Processing Policies.
11. Services or supplies for which no charge is made, for which the patient is not legally obligated to pay, or for which no charge would be made in the absence of Delta Dental coverage.
12. Services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.
13. Services that are covered under a hospital, surgical/medical, or prescription drug program.
14. Services that are not within the classes of benefits which have been selected and are not in the policy.
15. Fluoride rinses, self-applied fluorides, or desensitizing medicaments.
16. Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, home care medicaments, etc.).
17. Space maintainers for maintaining spaces due to the premature loss of the anterior primary teeth.
18. Lost, missing, or stolen appliances of any type and replacement or repair of orthodontic appliances or space maintainers.
19. Cosmetic dentistry, including repairs to facings posterior to the second bicuspid position.
20. Veneers.
21. A prefabricated crown used as a final restoration on a permanent tooth.
22. Appliances, surgical procedures, and restorations for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, or erosion; or for implantology techniques or periodontal splinting. This exclusion will not apply to orthodontic benefits as limited by the terms and conditions of the plan.
23. Inlays.
24. A substructure to a single/abutment crown over an implant.
25. A paste-type root canal filling on a permanent tooth.
26. Replacement, repair, relines, or adjustments of occlusal guards.
27. Chemical curettage.
28. Services associated with overdentures.
29. A cu-sil, flexiplast, or similar partial denture.
30. A soft reline.
31. A metal base on a removable prosthesis.
32. The replacement of teeth beyond the normal complement of teeth.
33. Personalization/characterization of any service or appliance.
34. Temporary appliances.
35. A posterior bridge in conjunction with a partial denture in the same arch.
36. An all-porcelain bridge.
37. Precision attachments.
38. Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular disorder (TMD).
39. Diagnostic photographs and cephalometric films, unless done for orthodontics.
40. Myofunctional therapy.
41. Mounted case analysis.
42. Treatment for medical conditions

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Benefits Exclusions

No payment will be made by Delta Dental for the following services.

- If you visit a network dentist you should not be charged by the participating dentist for these services.
- If you visit a non-network dentist, you will be responsible for all charges for the following services.

43. The completion of claim forms.
44. Emergency exam/evaluation, when any other service is done on the same date, except radiographs and/or tests necessary to diagnose the emergency condition.
45. The fee for a consultation is part of the fee for the examination and/or diagnostic procedure(s).
46. Local anesthesia.
47. Acid etching, cement bases, cavity liners, and a base or temporary filling.
48. Infection control.
49. Temporary crowns.
50. Gingivectomy as an aid to the placement of a restoration.
51. The correction of occlusion, when performed with prosthetics and restorations involving occlusal surfaces.
52. Diagnostic casts are allowed only when done in conjunction with orthodontics. They are considered to be a part of the fee for restorative or prosthodontic procedures.
53. Palliative treatment, when any other service is provided on the same date except X-rays and tests necessary to diagnose the emergency condition.
54. Postoperative radiographs, when done following any completed service or procedure.
55. Periodontal charting, when done on the same day as an oral examination. An examination, when done on the same day as a periodontal prophylaxis.
56. Pins and/or a preformed post, when done with a core for a crown, onlay, or inlay.
57. A pulp cap, when done with a sedative filling or any other restoration. A sedative or temporary filling, when done with the opening and drainage of a tooth or another endodontic procedure. The opening and drainage of a tooth or palliative treatment, when done on the same day a root canal is initiated.
58. A pulpotomy on a permanent tooth, except on a tooth with an open apex.
59. A therapeutic apical closure on a permanent tooth, except on a tooth where the root is not fully formed.
60. Retreatment of a root canal within 12 months of the original root canal treatment.
61. A prophylaxis, when done on the same day as root planing. Root planing, when done on the same day as subgingival curettage.
62. An occlusal adjustment, when performed on the same day as the delivery of an occlusal guard.
63. Reline, rebase, or any adjustment or repair within six months of the delivery of a partial denture.
64. Tissue conditioning, when performed on the same day as the delivery of a denture or the reline or rebase of a denture.

Benefits Limitations

The benefits for the following services are limited as follows. All charges for the following services will be your responsibility. All time limitations are measured from the last date of service in any Delta Dental plan record or, at the request of your group, any dental plan record.

1. Bitewing X-rays are payable twice per benefit year. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period. A panoramic X-ray (including bitewings) is considered a full mouth X-ray.
2. Oral exams are payable twice per benefit year.
3. Prophylaxes (cleanings), including periodontal prophylaxes, are payable two times per benefit year. Two additional cleanings will be covered when medically necessary. (Two additional cleanings per benefit year are considered medically necessary for individuals with at-risk conditions such as documented periodontal disease, diabetes, kidney failure, organ or bone marrow transplant recipient, and for individuals receiving dialysis, chemotherapy, radiation treatment, or are HIV positive.)
4. Preventive fluoride treatments are payable twice per benefit year for children until their 19th birthday.
5. Space maintainers are a benefit for patients up to the age of 14.
6. Cast restorations (including jackets, crowns, onlays) and associated procedures (such as core build-ups and post substructures) on the same tooth are payable once in any five-year period.
7. A crown or onlay is a covered benefit only for extensive loss of tooth structure due to caries and/or fracture.
8. An individual crown over an implant is payable at the prosthodontic benefit level.
9. Porcelain, porcelain substrate, and cast restorations are not payable for children under 12 years of age.
10. A stayplate is a benefit only for the replacement of permanent anterior teeth during the healing period or for children 16 years or under for missing anterior permanent teeth.
11. An occlusal guard is a benefit once in a lifetime.
12. Prosthodontic (Class III) benefit limitations:
 - One complete upper and one complete lower denture are benefits once in any five-year period for any individual.
 - A removable partial denture or fixed bridge for any individual can be covered once in any five-year period unless the loss of additional teeth requires the construction of a new appliance.
 - Fixed bridges and removable cast partial dentures are not payable for patients under the age of 16.
 - A relining or the complete replacement of denture base material is limited to once in any three-year period per appliance.
13. Orthodontic (Class IV) benefit limitations:
 - Orthodontic benefits are payable until the 19th birthday of you or an/eligible dependent.
 - If the treatment plan is terminated before completion of the case for any reason, Delta Dental's obligation will cease with payment to the date of termination.
 - The Dentist may terminate treatment, with written notification to Delta Dental and to the patient, for lack of patient interest and cooperation. In those cases, Delta Dental's obligation for payment of benefits ends on the last day of the month in which the patient was last treated.
 - An observation and adjustment is a benefit twice in a 12-month period.
14. Delta Dental's obligation for payment of benefits ends on the last day of pay period in which you terminate employment, but Delta Dental will make payment for Covered Services provided on or before the last day of coverage.
15. When services in progress are interrupted and completed later by another Dentist, Delta Dental will review the claim to determine the amount of payment, if any, to each Dentist.
16. Care terminated due to the death of faculty, staff, or an Eligible Dependent will be paid to the limit of Delta Dental's liability for the services completed or in progress.

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Benefits Limitations

The benefits for the following services are limited as follows. All charges for the following services will be your responsibility. All time limitations are measured from the last date of service in any Delta Dental plan record or, at the request of your group, any dental plan record.
(Continued)

- **Optional treatment:** If you select a more expensive service than is customarily provided or for which Delta Dental does not determine a valid dental need is shown, Delta Dental can make an allowance based on the fee for the customarily provided service.
 - Listed below are some other examples of common optional services for which the plan will only pay up to the allowed amount. Remember that you are responsible for the difference in cost as indicated below for any optional treatment.
 - Overdentures – the plan will pay only the applicable amount that it would have paid for a conventional denture.
 - Porcelain/ceramic onlay – the plan will pay only the applicable amount that it would have paid for a metallic onlay.
 - Porcelain/ceramic inlay – the plan will pay only the applicable amount that it would have paid for an amalgam or resin restoration (depending on the tooth being restored).
 - Porcelain fused to metal and porcelain crowns on posterior teeth – the plan will pay only the applicable amount that it would have paid for a full metal crown.
- **Maximum Payment:**
 - The maximum benefit payable in any one benefit year will be limited to the amount indicated on the Schedule of Benefits and Benefits Comparison Chart.
 - Delta Dental's payment for orthodontic (Class IV) benefits will be limited to the amount indicated on the Schedule of Benefits and Benefits Comparison Chart.
- **The plan deductibles are as follows:**
 - OSU Dental Clinic – None
 - Delta Dental PPO Dentist, Nonparticipating Dentist, or the Faculty Practice – is per person per benefit plan year on Class II and Class III benefits. The deductible does not apply to Class I and Class IV benefits.
 - Delta Dental will not be obligated to pay for, in whole or in part, any services to which the Deductible applies until the plan deductible amount is met.
- **Processing Policies may limit treatment.**

No payment will be made by Delta Dental for the following services.

- If you visit a network dentist, you should not be charged for these services.
- If you visit a non-network dentist, you are responsible for all charges for the following services.

1. Amalgam and resin restorations are payable once within a 24-month period, regardless of the number or combination of restorations placed on a surface.
2. Cores and other substructures are benefits only when needed to retain a crown on a tooth with excessive breakdown due to caries and fractures.
3. Recementation of a crown, onlay, inlay, space maintainer, or bridge within six months of the seating date or within 12 months of payment for a recementation.
4. Retention pins are benefits once in a 24-month period. Only one substructure per tooth is a benefit.
5. Benefits for root planing are payable once in any two-year period. Periodontal surgery, including subgingival curettage, is payable once in any three-year period.
6. A complete occlusal adjustment is a benefit once in a five-year period. The fee for a complete occlusal adjustment includes all adjustments that are necessary for a five-year period. A limited occlusal adjustment is not a benefit more than three times in a five-year period. The fee for a limited occlusal adjustment includes all adjustments that are necessary for a six-month period.
7. Tissue conditioning is not a benefit more than twice per arch in 36 months.
8. The allowance for a denture repair (including reline or rebase) will not exceed half the fee for a new denture.
9. Sealants are only payable for the occlusal surface of first and second permanent molars to age 15. The surface must be free from decay and restorations. Sealants are payable once per tooth per lifetime.

Coordination of Benefits

All benefits provided as described in this document are subject to coordination of benefits (COB). Delta Dental pays for dental care only when you follow the rules and procedures.

Coordination of Benefits (COB)	<ul style="list-style-type: none"> • All benefits provided as described in this document are subject to coordination of benefits (COB). COB determines whether a benefit plan is primary or secondary when a covered person is covered by more than one benefit plan. • If you or your family members are covered by more than one dental plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Read the rules very carefully and compare them with the rules of any other plan that covers you or your family. • In addition to the definitions in this document, the following definition of Other Contract applies to this section: <ul style="list-style-type: none"> – Any arrangement providing dental benefits or services, including but not limited to: group, blanket, or franchise insurance coverage; group or individual practice or other prepayment coverage; labor management trustee plans; union welfare plans; employer organization plans, or employee benefit organization plans; or any tax supported or governmental program. • COB is used to pay health care expenses when you are covered by more than one plan. Delta Dental follows rules established by Ohio law to decide which plan pays first and how much the other plan must pay. The objective of coordination of benefits is to make sure the combined payments of the plans are no more than your actual bills
Determining Primary/Secondary Coverage	<p>Which plan provides primary or secondary coverage is determined by using the first of the following rules that applies:</p> <ul style="list-style-type: none"> • Another contract with no COB provision is always primary. • The benefit plan covering you as an employee, member or subscriber (other than a dependent) is primary. • When a dependent is covered by more than one plan of different parents who are not separated or divorced, the coverage of the parent whose birthday falls earlier in the calendar year (excluding year of birth) is primary. If both parents have the same birthday, the plan that covered the parent longer will be primary. If a dependent is covered by two benefit plans and the non-university contract does not have this COB “birthday” rule, then the rule of the other contract will determine the primary and secondary contract. If the other contract has a rule based on the gender of the parent, then the gender rule will determine the primary and secondary contract. • If the parents are separated or divorced, the following rules apply: <ul style="list-style-type: none"> – If the parent with custody has not remarried, his or her coverage is primary. – If the parent with custody has remarried, his or her coverage is primary, the stepparent's is secondary, and the coverage of the parent without custody pays last. – If a court decree specifies the parent who is financially responsible for the child's dental care expenses, the coverage of that parent is primary. • If rules are not established by the court decree, the primary plan will be the plan which covers the parent who has custody of the child. The secondary plan will be the plan which covers the spouse of the parent who has custody of the child. • Coverage may also be provided after primary and secondary coverage by: <ul style="list-style-type: none"> – The plan which covers the parent who does not have custody of the child; or – The plan which covers the spouse of the parent who does not have custody of the child. • If there is a court decree that orders joint custody and does not determine primary status for benefit coverage, the plan's regular provisions establishing the primary status for children of active employees will apply. • When a plan covers you as an active employee or a dependent of such employee and the other contract covers you as a laid-off or retired employee or as a dependent of such person, the plan which covers you as an active employee or dependent of such employee is primary. • When a person whose coverage is provided under a right of continuation pursuant to federal or state law also is covered under another plan, the plan covering the person as an employee, member or subscriber, or retiree (or as that person's dependent) is primary and the continuation coverage is secondary. • When the rules above do not apply, the plan that has covered you longer is primary.
How Delta Dental Pays when Primary	Delta Dental will pay the full benefit allowed by your contract as if you had no other coverage.
How Delta Dental Pays when Secondary	<ul style="list-style-type: none"> • Payments are based on the balance left after the primary plan has paid; Delta Dental will pay no more than that balance; in no event will Delta Dental pay more than what it would have paid as primary. • Delta Dental will pay only for dental care expenses that are covered by this plan. • Delta Dental will pay only if you have followed all of the procedural requirements, including care obtained from or arranged by your dentist, predeterminations, etc. • Delta Dental will pay no more than the “allowable expenses” for the health care involved. If the allowable expense is lower than the primary plan's, Delta Dental will use the primary plan's allowable expense. That allowable expense may be less than the actual bill.

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Coordination of Benefits

Coordination of Benefits Disputes	<ul style="list-style-type: none">• If you believe that Delta Dental has not paid a claim properly, you should first attempt to resolve the problem by contacting Delta Dental. See the “Disputed Claims Procedures” section for additional information.• You may also contact a Benefits Consultant in the Office of Human Resources for assistance.• If you are still not satisfied, you may contact the Ohio Department of Insurance (DOI) for instructions on filing a consumer complaint, (614) 644-2673 or 1-800-686-1526.
Plans that Do Not Coordinate	<p>Delta Dental will pay benefits without regard to benefits paid by the following kinds of coverage:</p> <ul style="list-style-type: none">• Medicaid• Group hospital indemnity plan that pay less than \$100 per day• School accident coverage• Some supplemental sickness and accident policies

Special Points

Authorized Representative	<ul style="list-style-type: none"> You may also appoint an authorized representative to deal with the plan on your behalf with respect to any benefit claim you file or any review of a denied claim which you wish to pursue (see the section on Disputed Claim Review and Appeal Procedures). You may contact Delta Dental's Customer and Claims Services Department at 1-800-282-0749, or send a written request to: P.O. Box 30416 Lansing, Michigan 48909-7916, to request a form to fill out designating the person you wish to appoint as your personal representative. While in some circumstances your dentist may be treated as your authorized representative, generally only the person you have authorized on the last dated form filed with Delta Dental will be recognized. Once you have appointed an authorized representative, Delta Dental will communicate directly with your representative and will not also inform you of the status or outcome of your claim. You will have to find that information out from your authorized representative. If you have not designated an authorized representative, Delta Dental will communicate with you directly.
Predetermination of Expense	<p>Delta Dental recommends predetermination before any services are rendered where the total charges will exceed \$200. Predetermination is not a prerequisite to payment, but it allows claims to be processed more efficiently and allows you to know what services will be covered before your dentist provides them. You and your dentist should review your Predetermination Notice before your dentist proceeds with treatment. Once treatment is complete, the dates of service are entered on the Predetermination Notice and it is submitted to Delta Dental for payment.</p>
Conditions that are Medical in Nature	<p>On occasion, your dental care provider may identify a condition and recommend further treatment. Sometimes the condition is medical in nature and therefore covered in part or totally by your medical insurance. These are typically services that do not treat the teeth, the tissue surrounding the teeth and the roots. Treatment for medical conditions is excluded under the dental plan.</p> <p>Note: In these cases, all rules of your medical insurance apply.</p> <ul style="list-style-type: none"> If you are enrolled in a network medical plan (Prime Care Advantage, Prime Care Connect, Prime Advantage Value, or Prime Advantage Plus), you must use a provider in your medical plan network to receive benefits for services that are medical in nature. <p>For additional information or assistance with your OSU medical benefits, contact OSU Health Plan.</p>

Disputed Claims Procedure

If you believe that Delta Dental has incorrectly denied all or part of your dental claim, follow the steps below:

<p>Disputed Claims Appeal Procedure</p>	<ul style="list-style-type: none"> After you have filed your claim, should you receive an adverse benefit determination, you or your authorized representative will be notified. An adverse benefit determination is any denial, reduction, or termination of the benefit for which you filed a claim, or a failure to provide or to make payment (in whole or in part) of the benefit you sought, including any such determination based on eligibility, application of any utilization review criteria, or a determination that the item or service for which benefits are otherwise provided was experimental or investigational or was not medically necessary or appropriate. If you are informed that the plan will pay for the benefit you sought but will not pay the total amount of expenses incurred, and you must make a payment to satisfy the balance, you may also treat that as an adverse benefit determination. Your notice of an adverse benefit determination will inform you of the specific reason(s) for the denial, the pertinent plan provision(s) on which the denial is based, and an explanation of the plan's review procedures for dental claims, including applicable time limits. The notice will also contain a description of any additional materials necessary to complete your claim, an explanation of why such materials are necessary, and a statement that you have a right to bring a civil action in court if you receive an adverse benefit determination after your claim has been completely reviewed. The notice will also reference any rule, guideline, protocol, or similar document or criteria relied on in making the initial determination, and will include a statement that a copy of such rule, guideline, or protocol may be obtained upon request at no charge. Should the adverse determination be based on a matter of medical judgment or medical necessity, the notice will also contain an explanation of the scientific or clinical judgment on which the determination was based, or a statement that a copy of the basis for the scientific or clinical judgment can be obtained upon request at no charge.
<p>If you receive notice of an adverse benefit determination and you think that Delta Dental incorrectly denied all or part of your claim, here are the steps you can take:</p>	<p>First, you or your dentist should contact Delta Dental's Customer and Claims Services department and ask them to check the claim to make sure it was processed correctly. You may do this by calling the toll-free number, (800) 282-0749, and speaking to a telephone representative. You may also mail your inquiry to the Customer and Claims Services department at P.O. Box 30416, Lansing, Michigan 48909-7916. When writing, please enclose a copy of your Explanation of Benefits (EOB) and describe the problem. Be sure to include your name, telephone number, the date, and any information you would like considered about your claim. This inquiry is not required and should not be considered a formal request for review of a denied claim. Delta Dental provides this opportunity for you to describe problems and submit explanatory information that might indicate that your claim was improperly denied and allow Delta Dental to correct this error quickly and without delay.</p>
<p>Disputed Claims Review Procedure</p>	<ul style="list-style-type: none"> Whether or not you have asked Delta Dental informally, as described above, to recheck its initial determination, you can submit your claim to a formal first-step review through the Disputed Claims Review Procedure described here. To request a formal review of your claim, send your request in writing to Dental Director, Delta Dental, P.O. Box 30416, Lansing, Michigan 48909-7916 Please include your name and address, the Subscriber's Social Security number, the reason you believe your claim was wrongly denied, and any other information you believe supports your claim. You also have the right to review the plan and any documents related to it. If you would like a record of your request and proof that it was received by Delta Dental, you should mail it certified mail, return receipt requested. You, or your authorized representative, should seek a review as soon as possible, but you must file your request for review within 180 days of the date on which you receive your notice of the adverse benefit determination you are asking Delta Dental to review. If you are seeking review of an adverse determination of a Concurrent Care Claim, you will have to seek review as soon as possible so that you may receive a decision on review before the course of treatment you are seeking to extend terminates.
<p>Dental Director</p>	<ul style="list-style-type: none"> The Dental Director, or any other person(s) reviewing your claim, will not be the same as, nor will they be subordinate to, the person(s) who initially decided your claim. The Dental Director will grant no deference to the prior decision about your claim, but rather will assess the information, including any additional information that you have provided, as if he were deciding the claim for the first time. The Dental Director will make his determination on review within 30 days of his receipt of your request. If your claim is denied on review (in whole or in part), you will be notified in writing. The notice of any adverse determination by the Dental Director will (a) inform you of the specific reason(s) for the denial, (b) list the pertinent plan provision(s) on which the denial is based, (c) contain a description of any additional information or material that is needed to decide the claim and an explanation of why such information is needed, (d) reference any internal rule, guideline, or protocol that was relied on in making the decision on review and inform you that a copy can be obtained upon request at no charge, (e) contain a statement that you are entitled to receive, upon request and at no cost, reasonable access to and copies of the documents, records, and other information relevant to the Dental Director's decision to deny your claim (in whole or in part) and (f) contain a statement that you may seek to have your claim paid by bringing a civil action in court if it is denied again on appeal. If the Dental Director's adverse determination is based on an assessment of medical judgment or medical necessity, the notice of his adverse determination will contain an explanation of the scientific or clinical judgment on which the determination was based, or a statement that a copy of the basis for that scientific or clinical judgment can be obtained upon request at no charge. If the Dental Director consulted medical or dental experts in the appropriate specialty, the notice will contain the name(s) of those expert(s) consulted.

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Disputed Claims Procedure

Disputed Claims Appeal Procedure	<ul style="list-style-type: none"> • Should you receive a notice of an adverse determination by the Dental Director and you do not agree with the results of the Disputed Claim Review Procedure, you may appeal that decision to the Board of Directors of Delta Dental, or its delegee, through the Disputed Claims Appeal Procedure described here. • To initiate the Disputed Claims Appeal Procedure, you must file a written request for review before the final appeal date listed in the Dental Director's notice denying your disputed claim. If no date is given in this notice, you have until the date that is 60 days from the date you received your letter denying your claim under the Disputed Claims Review Procedure, or, if later, the date that is 150 days from the date you first submitted your first request for a second level of review under this Disputed Claims Review Procedure. • Send your written request to the same address listed above for the Dental Director, but instead of sending it to the Dental Director, address it to the Board of Directors or its delegee. Your written request must say why you are seeking further review and why you believe the Dental Director's decision was incorrect. You or your authorized representative may submit any additional materials you believe support your claim. You also have the right to review the plan and any documents related to it. • In your written request for this second level of review, you may also ask for a hearing with the Board of Directors or its delegee. If the Board of Directors or its delegee, at its sole discretion, decides to convene a hearing, you are entitled, at your own expense, to be represented by legal counsel, to request that a court reporter transcribe the hearing, to present evidence, to request the testimony of witnesses and to cross-examine witnesses. A decision will be made as soon as possible, but in no event later than 30 days from the date the Board of Directors or its delegee receives your request for this second-level review. • You will receive written notice of the Board of Director's or its delegee's determination. The notice of any adverse determination by the Board of Directors or its delegee will (a) inform you of the specific reason(s) for the denial, (b) list the pertinent plan provisions on which the denial is based, (c) reference any internal rule, guideline, or protocol that was relied on when making the decision on review and inform you that a copy can be obtained upon request at no charge, (d) contain a statement that you are entitled to receive, upon request and at no cost, reasonable access to and copies of the documents, records, and other information relevant to the Board of Director's or its delegee's decision to deny your claim (in whole or in part) and (e) contain a statement that you may seek to have your claim paid by bringing a civil action in court. • If the adverse determination on this second-level review is based on an assessment of medical judgment or medical necessity, the notice of the Board of Director's or its delegee's adverse determination will contain an explanation of the scientific or clinical judgment on which the determination was based, or a statement that a copy of the basis for the scientific or clinical judgment can be obtained upon request at no charge. If the Board of Directors or its delegee consulted medical or dental experts in the appropriate specialty, the notice will contain the name(s) of those expert(s) consulted.
Civil Action	<ul style="list-style-type: none"> • If your claim is denied in whole or in part after both stages of these required Disputed Claims Procedures have been completed, you have the right to seek to have your claim paid by filing a civil action in court, but you will not be able to do so unless you have completed both of the levels of review described above. If you wish to file your claim in court, you must do so within one year of the date on which you receive notice of the final denial of your claim. • If, however, Delta Dental fails to comply with any of the deadlines described above, or fails to adequately inform you of your procedural rights under these Disputed Claims Procedures, you may treat these Disputed Claims Procedures as having been completed and file your claim directly in court. You must, however, file your claim in court within one year of the date you knew, or should have known, of Delta Dental's material failure to comply with the Disputed Claims Procedures.
Office of Human Resources Appeal Committee	<p>You have the option of submitting a written appeal to the OHR Appeal committee. Appeal forms are available upon request from the Office of Human Resources Customer Service Center.</p>
Department of Insurance	<p>If you are still not satisfied, you may contact the Ohio Department of Insurance for instructions on filing a consumer complaint by calling (614) 633-2673 or (800) 686-1526. You may also write to the Consumer Services Division of the Ohio Department of Insurance, 2100 Stella Court, Columbus, OH 43216-1067.</p>

Continuation of Coverage

COBRA	<ul style="list-style-type: none"> • Dental benefits may be continued under certain circumstances in compliance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and the Omnibus Budget Reconciliation Act of 1989 (OBRA). Coverage under the university's health plans may be extended beyond your normal coverage termination date based on the following "qualifying events": <ul style="list-style-type: none"> – Termination of employment (for reasons other than gross misconduct) – Reduction in the number of hours of employment that affects coverage – Divorce or legal separation – Employee's death (for eligible dependents) – A dependent child ceases to be eligible for coverage under the plans – Covered employee or spouse becomes eligible for Medicare • The federally mandated provision for COBRA provides an opportunity for you and/or your dependent(s) to purchase the group health plan at the group rate (the full cost – the employer makes no contribution) plus an administrative charge for a specified period following the above coverage termination date. Election of COBRA will provide the same coverage as provided by the university's health plans to its employees.
Enrollment Period	Enrollees have 60 days from the date of coverage termination to elect continuation of coverage through COBRA.
Period of COBRA Health Coverage	<p>The period of continuation coverage depends on the qualifying event causing the loss of coverage:</p> <p>18 months: for termination of employment or reduced working hours (length of coverage applies to the employee and eligible dependents).</p> <p>29 months: if the employee becomes disabled and has a reduction of working hours that affects coverage, or must terminate employment due to the disability (length of coverage applies to the employee and eligible dependents).</p> <ul style="list-style-type: none"> • In the event that you are receiving extended continuation coverage as a result of your being disabled under the Social Security Act, your extended continuation coverage may be terminated by the plan on the first day of the month at least 31 days after a final determination that you are no longer disabled. You must notify the plan within 30 days of the date of any final determination under the Social Security Act that you are no longer disabled. <p>36 months: for spouses and dependent children who lose coverage due to other qualifying events such as, divorce, legal separation, employee's death, etc.</p> <p>36 months: for dependent children who lose coverage due to exceeding eligible age.</p>
Cost of COBRA Health Coverage	Your COBRA contributions will be the same amount you were contributing before losing coverage plus a 2% administrative fee. Your contributions will be made on an after-tax basis, which means they will no longer be tax-free.
Payment of COBRA Health Contributions	Your first COBRA contribution will be due within 45 days after your initial election of COBRA continuation coverage. Subsequent contributions will be due on the first day of each subsequent month for that month's coverage. All payments should be made payable to NGS and sent to NGS, P.O. Box 72323, Cleveland, OH 44192-2323.
Termination of COBRA Coverage	Your coverage through COBRA generally will end on the earlier of the last day of the plan year or on the last day of the month in which contributions are received.
Additional Information	For more information and enrollment materials regarding COBRA, you should contact OHR Customer Service.

General Conditions

Actions	No action on a legal claim arising out of or related to this document will be brought until 30 days after notice of the legal claim has been given to Delta Dental. In addition, no action can be brought more than three years after the legal claim first arose. Any person seeking to do so will be deemed to have his or her right to bring suit on such legal claim.
Assignment	Services and/or benefit payments to eligible people are for the personal benefit of those individuals and cannot be transferred or assigned other than to the extent necessary to allow direct payments to participating dentists.
Dentist-Patient Relationship	The eligible person has freedom of choice of any licensed dentist. Each dentist rendering service under this document is an independent contractor and will maintain the dentist-patient relationship with his or her patient and will be solely responsible to the patient for dental advice and treatment and any resulting liability.
Late Claims Submission	Delta Dental will not honor and no payment will be made for services if a claim for those services has not been received by Delta Dental within 12 months after the services were completed.
Loss of Eligibility During Treatment	If you or your eligible dependent should lose eligibility while receiving dental treatment, only those covered services actually received while you or your eligible dependent were covered under the plan will be considered a covered expense. Certain procedures begun before the loss of eligibility may be covered provided that the services were completed within a 60-day period measured from the date of loss of eligibility. In those cases, Delta Dental investigates those services in progress to determine what portion, if any, is payable by Delta Dental. Any balance of the total fee not paid by Delta Dental is your responsibility.
Obtaining and Releasing Information	To determine how the terms of this document will be applied and implemented, Delta Dental may, without the consent of or notice to any eligible person, release to or obtain from any insurance company, group hospitalization plan or dental care plan any information about payments or benefits that it deems to be necessary for such purposes. Any eligible person claiming benefits under this document will furnish Delta Dental any information that is necessary to implement this provision.

Subrogation

Subrogation and Right of Reimbursement	To the extent that the plan provides or pays benefits for covered services, Delta Dental is subrogated to any right you may have to recover from another, their insurer, or under their “Medical Payments” coverage or any “Uninsured Motorist,” Underinsured Motorist,” or other similar coverage provisions.
Reimbursement	<ul style="list-style-type: none"> • If you recover damages from any party or through any coverage named above you must reimburse Delta Dental from that recovery to the extent of payments made under the plan. • This provision applies when Delta Dental pays benefits for personal injuries and you have a right to recover damages from another.
Subrogation	If Delta Dental pays benefits under this document, and you have a right to recover damages from another, Delta Dental are subrogated to that right. You or your legal representative must do whatever is necessary to enable Delta Dental to exercise our rights and do nothing to prejudice them.
Obligation to assist in the plan or Delta Dental’s reimbursement activities	<ul style="list-style-type: none"> • If you are involved in an automobile accident, or require Covered Services that may entitle you to recover from a third party, and the plan or Delta Dental advances payment in order to prevent any financial hardship to you or your family, you and your eligible dependents have an obligation to help the plan and/or Delta Dental obtain reimbursement for the amount of the payments advanced for which another source was also responsible for making payment. As part of this obligation, you and your covered eligible dependents are required to provide the plan and/or Delta Dental with any information concerning any other applicable insurance coverage that may be available (including, but not limited to, automobile, home, and other liability insurance coverage, and coverage under another group health plan), and the identity of any other person or entity, and their insurers (if known), that may be obligated to provide payments or benefits on account of the same covered services for which the plan made payments. • You and your eligible dependents are required to: (a) cooperate fully in the plan and/or Delta Dental’s exercise of their right to subrogation and reimbursement, (b) not do anything to prejudice those rights (such as settling a claim against another party without notifying the plan or Delta Dental, or by not including the plan or Delta Dental as a co-payee of any settlement amount), (c) sign any document deemed by Delta Dental or Ohio State to be relevant in protecting the plan and Delta Dental’s subrogation and reimbursement rights, and (d) provide relevant information when requested. • The term “information” here includes any documents, insurance policies, police or other investigative reports as well as any other facts that may reasonably be requested to help the plan and/or Delta Dental enforce their rights. Failure by you or your Eligible Dependents to cooperate with the plan or Delta Dental in the exercise of these rights may result, at the discretion of Delta Dental or Ohio State, in a reduction of future benefit payments available to you and your eligible dependents under the plan of an amount, up to the aggregate amount paid by the plan or Delta Dental that was subject to the plan’s or Delta Dental’s equitable lien, but for which the plan or Delta Dental was not reimbursed.

Definitions

Children	Your natural children, stepchildren, adopted children, children by virtue of legal guardianship or children residing with you during the waiting period for legal adoption or guardianship as explained in the eligibility section of this document.
Completion Dates	Completion dates are defined as follows: for dentures and partial dentures, the delivery date; for crowns and bridgework, the cementation date; for root canals and periodontal treatment, the date of the final procedure that completes treatment.
Coinsurance	The percentage of the charge, if any, that you will have to pay for covered services.
Concurrent Care Claims	Are claims for benefits where an ongoing course of treatment has been agreed to by Delta Dental and/or Ohio State and the coverage for that ongoing treatment is reduced or terminated before the agreed-to course of treatment has been completed. A Concurrent Care Claim may also arise should you request the plan extend coverage beyond the time period or number of treatments previously agreed to.
Covered Services	Benefits described in this document and summarized in the Schedule of Benefits.
Deductible	The deductible is the amount that a person will be obligated to pay toward covered services before Delta Dental pays for services under this plan.
Delta Dental	Delta Dental Plan of Ohio, Inc., a health-insuring corporation providing dental benefits programs. Delta Dental is not a commercial insurance company.
Dental Services	Care and procedures employed by dentists for diagnosis or treatment of dental disease, injury, or abnormal condition. These dental services are based on valid dental need according to accepted standards of dental practice. Dental services that treat the teeth, tissue surrounding the teeth and roots of the teeth.
Dentist	A person licensed to practice dentistry in the state or country in which dental services are rendered.
Document	The document is this document that describes the terms and conditions under which Delta Dental will provide dental benefits to employees and dependents. This document is subject to modification in accordance with any amendments now or hereafter made to the plan.
Maximum Payment	The maximum dollar amount Delta Dental will pay in any contract year or lifetime for covered dental services.
Non-participating Dentist	A licensed Ohio dentist who has not signed an agreement with Delta Dental to participate in Delta Dental PPO.
Nonparticipating Dentist Fee	The maximum fee allowed per procedure for services rendered by a Nonparticipating Dentist.
Optional Treatment	A service or treatment other than that customarily provided or for which Delta Dental cannot establish a valid dental need.
Out-of-Area Dentist	A dentist whose office is located outside Ohio. Out-of-Area Dentists are not eligible to sign participating agreements with Delta Dental Plan of Ohio.
Out-of Area Dentist Fee	The maximum fee allowed per procedure for services rendered by an Out-of-Area Dentist.
Participating Dentist	A licensed Ohio dentist who has signed an agreement with Delta Dental to participate in Delta Dental PPO. A participating dentist has agreed to accept Delta Dental's payment and the patient's coinsurance, if any, as payment in full.
Plan	The contract between Delta Dental and The Ohio State University that provides dental benefits to eligible individuals.
Plan Sponsor	The plan sponsor is the Ohio State University.
Post-Service Claims	These are claims for benefits that are not conditioned on your seeking advanced approval, certification, or authorization in order for you to receive the full amount of any covered benefit. In other words, Post-Service Claims arise when you receive the dental service or treatment before you file a claim for the benefit payment.
Predetermination (Pre-Service Claims)	<ul style="list-style-type: none"> • An estimate of the costs of covered services to be provided. Dentists may submit their treatment plans to Delta Dental before procedures are started. Delta Dental reviews the treatment plan and advises the patient and the dentist of what services are covered by your plan and what Delta Dental's payments may be. Delta Dental's payment for predetermined services depends on continued eligibility and the annual or lifetime maximum payments available under your plan. • You are not required to seek a predetermination. • The covered services you are entitled to receive under your plan are not conditioned upon any predetermination made by Delta Dental. You will receive the same benefits under your plan whether or not you or your dentist request a predetermination. Predetermination is merely a convenience so that you will know before the dental service is provided how much, if any, of the cost for the services the dentist is proposing to perform is not covered under your plan. Since you may be responsible for any cost not covered under your plan, this will likely be useful information to know when deciding whether to incur those costs.

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Definitions

Processing Policies	Delta Dental's policies and guidelines used for predetermination and payment of claims. The processing policies may be amended from time to time.		
Protected Health Information (PHI)	<ul style="list-style-type: none"> • Information that is created or received by the Ohio State University Employee Health Plans and relates to the past, present or future physical or mental health of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and that identifies the individual or there is a reasonable basis to believe that the information could be used to identify the individual. It includes information about living or deceased people. • The following components of a individual's information when received, created, or maintained by the OSU Plans are also considered PHI: <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> – Names – Street address, city, county, precinct, zip code – Dates directly related to an individual (including birth dates, admission dates, discharge dates, date of death) – Telephone numbers, fax numbers and electronic mail addresses – Social Security numbers – Medical record numbers – Account numbers </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> – Certificate/license numbers – Vehicle identifiers, serial numbers, and license plate numbers – Device identifiers and serial numbers – Web Universal Resource Locators (URLs) – Biometric identifiers (including finger and voice prints) – Full face photographic images or comparable images – Any other unique identifying number, characteristic or code </td> </tr> </table> 	<ul style="list-style-type: none"> – Names – Street address, city, county, precinct, zip code – Dates directly related to an individual (including birth dates, admission dates, discharge dates, date of death) – Telephone numbers, fax numbers and electronic mail addresses – Social Security numbers – Medical record numbers – Account numbers 	<ul style="list-style-type: none"> – Certificate/license numbers – Vehicle identifiers, serial numbers, and license plate numbers – Device identifiers and serial numbers – Web Universal Resource Locators (URLs) – Biometric identifiers (including finger and voice prints) – Full face photographic images or comparable images – Any other unique identifying number, characteristic or code
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Submitted Amount	The fee a dentist bills to Delta Dental for a specific treatment.		
Subscriber	An individual eligible to receive dental benefits from Delta Dental, as certified by The Ohio State University.		
Summary Health Information	<p>Information that may be individually identifiable health information that:</p> <ul style="list-style-type: none"> • Summarizes claim history, claim expenses, or types of claim experienced by individuals for whom the University has provided health benefits under a group health plan; and • From which all identifiers described above have been deleted. Geographic information need only be aggregated to a five digit zip code level. 		
Urgent Care Claims	Urgent care claims are those potentially life-threatening claims as defined in the U.S. Department of Labor Regulations at 29 CFR 2560.503-1 (M) (1) (I). Any such claims that may arise under this dental coverage are not considered to be pre-service claims and are not subject to any predetermination requirements.		
Usual, Customary and Reasonable Fees (UCR)	<ul style="list-style-type: none"> • A system used by Delta Dental to determine the approved fee for a given procedure for a given Delta Dental PPO dentist. • A fee meets UCR requirements if it is the lowest of the submitted amount, usual, and customary fees for the procedure, dentist, specialty, and region, or if it is reasonable considering the circumstances. Participating dentists are not allowed to charge Delta Dental patients more than the UCR amount that is approved by Delta Dental. • In all cases, Delta Dental will make the final determination about what is the usual, customary, and/or reasonable fee for the covered service. 		
Usual	The usual fee is the lowest fee regularly charged, offered, or received by an individual dentist. There may be some exceptions for fees charged under preferred provider plans or charitable programs.		
Customary	The maximum fee that Delta Dental will approve for a given procedure in a given region and/or specialty, under usual circumstances.		
Reasonable	A fee that is approved based on unusual circumstances, by report.		

Provider Directory

The directory is a list of dentists who participate in Delta Dental Plan of Ohio's Delta Dental PPO program. The Delta Dental Dentist Directory is available online at deltadentaloh.com, toolkitsonline.com, or as a link through the Office of Human Resources homepage at hr.osu.edu. You can also contact Delta Dental directly to assist you in locating a network provider, by calling 1-800-282-0749.