DELTA DENTAL PREMIER®

DENTAL BENEFITS DOCUMENT

hawk-i

Effective Date: 07/01/2015
Print Date: 07/01/2015

DELTA DENTAL®

Healthy and Well Kids in Iowa--hawk-i

Welcome to Delta Dental of Iowa.
Delta Dental of Iowa (DDIA) is pleased to be the dental plan offered to Healthy and Well Kids in Iowa (***hawk-i***) program, providing benefits to your children with comprehensive dental care from dentists who participate in the Delta Dental provider network. Your care must be provided by one of Delta Dental's participating dentists except for emergency dental services, as defined in your Benefits Certificate.

For Orthodontic benefits, a separate provider network will deliver orthodontic services. You must use a participating ***hawk-i*** Only Orthodontic Provider to take advantage of the medically necessary orthodontic benefit coverage.

You can locate a participating dentist or ***hawk-i*** Only Orthodontic Provider by going to Delta Dental's webpage at www.deltadentalia.com or you can call our customer service center at (800) 544-0718 or TDD (888) 287-7312, Monday through Friday 7:30 a.m. to 5:00 p.m.

You will find the following included in this packet:

- A DDIA member card for each enrolled child. The card explains how to contact us if you have questions and tells your dentist where to file claims. Be sure to show your card when you take your child to the dentist.
- Member Connection. Provides benefit and claims information 24 hours a day. You can find a dentist and member information on DDIA's web page.
- Assess Your Risk of Dental Disease form. This is a self assessment form for dental disease.
- A Notice of Privacy Practices which describes how medical information may be used and disclosed. Also how you can get access to this information.
- A Benefits Certificate that explains in detail the dental and medically necessary orthodontic services your child can get under the Delta Dental benefit plan.

Your rights and responsibilities. As a participant in the plan, your child has the right to receive services that are convenient and suitable for their needs. You should receive information on the different treatment options that are available to meet their needs. You have the right to access your child's dental records. Delta Dental will keep your child's records confidential.

It is your responsibility to become familiar with the information in this packet. You should understand the limitations of the benefit plan. **Delta Dental will only pay for services that are provided by a Delta Dental participating dentist or *hawk-i* Only Orthodontic Provider.** However, should a dental emergency occur, Delta Dental may pay for these services provided by any dentist, even if the services are received outside of Iowa.

Tips for ensuring your child's good oral health. It is very important to children's long-term oral health to take care of their teeth.

- Baby teeth are very important. You should schedule their first appointment by the age of 2.
- You should help your child brush their teeth to make sure they are brushing and flossing properly. It takes only a couple of minutes to do a good job. Toothpaste with fluoride is recommended.
- You should talk with your dentist about fluoride treatments and sealants. Your dentist may want to apply sealants to your child's permanent molars when they come in and before decay attacks the teeth.
- It is recommended that children limit the sugar intake in snacks. And, if your child is playing sports—protect their teeth with a mouth guard.

Questions?? Delta Dental is pleased to be a partner in your child's dental health. If you have any questions about this information, you can call our customer service center at (800) 544-0718 or TDD (888) 287-7312, Monday through Friday 7:30 a.m. to 5:00 p.m. Visit our webpage at www.deltadentalia.com and click on the ***hawk-i*** link on the home page.

DELTA DENTAL®

Assess Your Risk of Dental Disease

If you answer YES to ANY of the following questions, you or your child may be at an increased risk for dental disease. Please take this form to your dentist and discuss how you can work together to reduce your risk. For more information on a specific oral health topic, go to **www.deltadentalia.com** and select **Member**.

1. I take prescription or over-the-counter medications. ☐ **YES** ☐ **NO**

Some medications may cause dry mouth, which can increase your risk for cavities. If you are experiencing dry mouth, please ask your pharmacist if this could be caused by your medication. Your dentist may recommend saliva substitutes and/or additional therapies to help decrease your cavity risk.

2. I have had a cavity in the last three years. ☐ **YES** ☐ **NO**

Past dental disease may be an indicator of risk for future dental disease. You should discuss a preventative regimen with your dentist or hygienist that may include one or more of the following: twice daily brushing with fluoride toothpaste, fluoride treatments, home fluoride rinses, and dental sealants for unfilled molars with deep pits and grooves.

3. I frequently eat or drink sugary substances. ☐ **YES** ☐ **NO**

Frequent consumption of foods that contain sugar is a major risk factor for tooth decay. The longer and more frequently these foods stay in your mouth, the greater the risk of decay. For example, slowly dissolving sugars such as hard candies, cough drops, breath mints, and antacid tablets pose a greater risk for decay.

4. I put my baby to bed with a bottle containing milk or juice. ☐ **YES** ☐ **NO**

Putting your child to bed with a bottle containing formula milk, milk, or juice can put the child at risk for Baby Bottle Tooth Decay. Bacteria in the mouth converts the sugar to acid, which attacks tooth surfaces and causes decay. Talk to your pediatrician and/or dentist about Baby Bottle Tooth Decay.

5. I have diabetes. ☐ **YES** ☐ **NO**

A higher incidence of gum disease is seen in patients with diabetes. It is important that you visit your dentist for your recommended cleanings each year in order to maintain your oral health. Brushing twice daily and flossing once daily are also very important in reducing your risk of further gum disease.

6. I have had or will have head and neck radiation treatment. ☐ **YES** ☐ **NO**

Head and neck radiation treatment reduces blood flow and can cause extremely dry mouth, which puts you at high risk for cavities. In addition, if your immune system is compromised, you may experience more frequent cold sores or other infections of the mouth. If you are having radiation treatment of the head and neck, you should discuss a treatment plan with your dentist and oncologist.

7. I smoke cigarettes, a pipe, or a cigar; I chew tobacco; and/or I consume alcohol. ☐ **YES** ☐ **NO**

Tobacco and alcohol are the leading risk factors for oral cancer. Together, they are associated with 75% of all oral cancers. Your dentist should perform an examination for oral cancer at your regular check-up. In addition, smoking and alcohol consumption are independent risk factors for gum disease/oral cancer.

8. I have had gum surgery which has left me with receded gums. ☐ **YES** ☐ **NO**

Gum surgery can expose the roots of the teeth, leaving you at increased risk for root cavities. Talk to your dentist about the benefits of fluoride treatments following gum surgery.

9. I live in a community that does not have fluoride in the water supply. ☐ **YES** ☐ **NO**

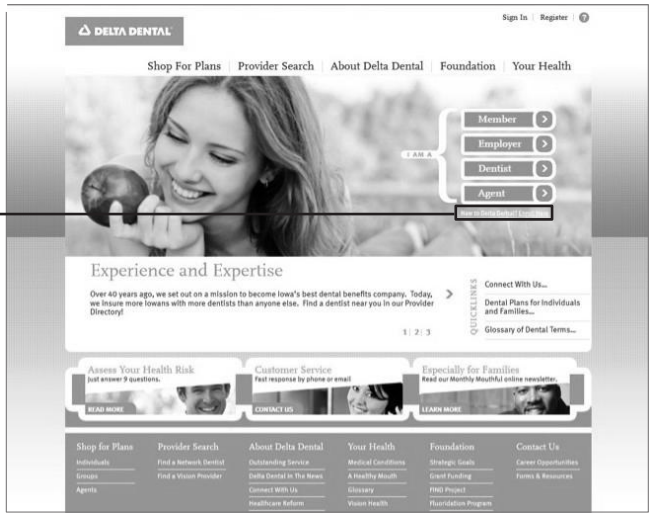
Fluoride in the water supply helps to reduce cavities. If you do not live in a fluoridated community, you should speak with your dentist about the use of fluoride rinses or other supplements.

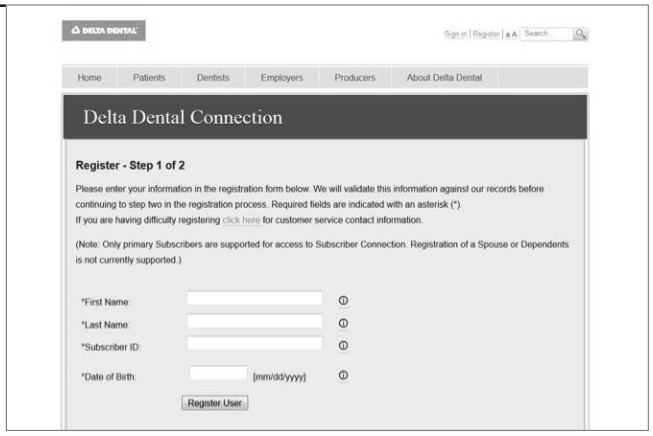
Please note: Not all recommended services are covered by dental insurance plans.

Member Connection

Connecting with Delta Dental of Iowa is easy!

Get real time benefit and claim information 24 hours a day, seven days a week online through the Member Connection at www.deltadentalia.com or through our automated phone system at 800-544-0718.



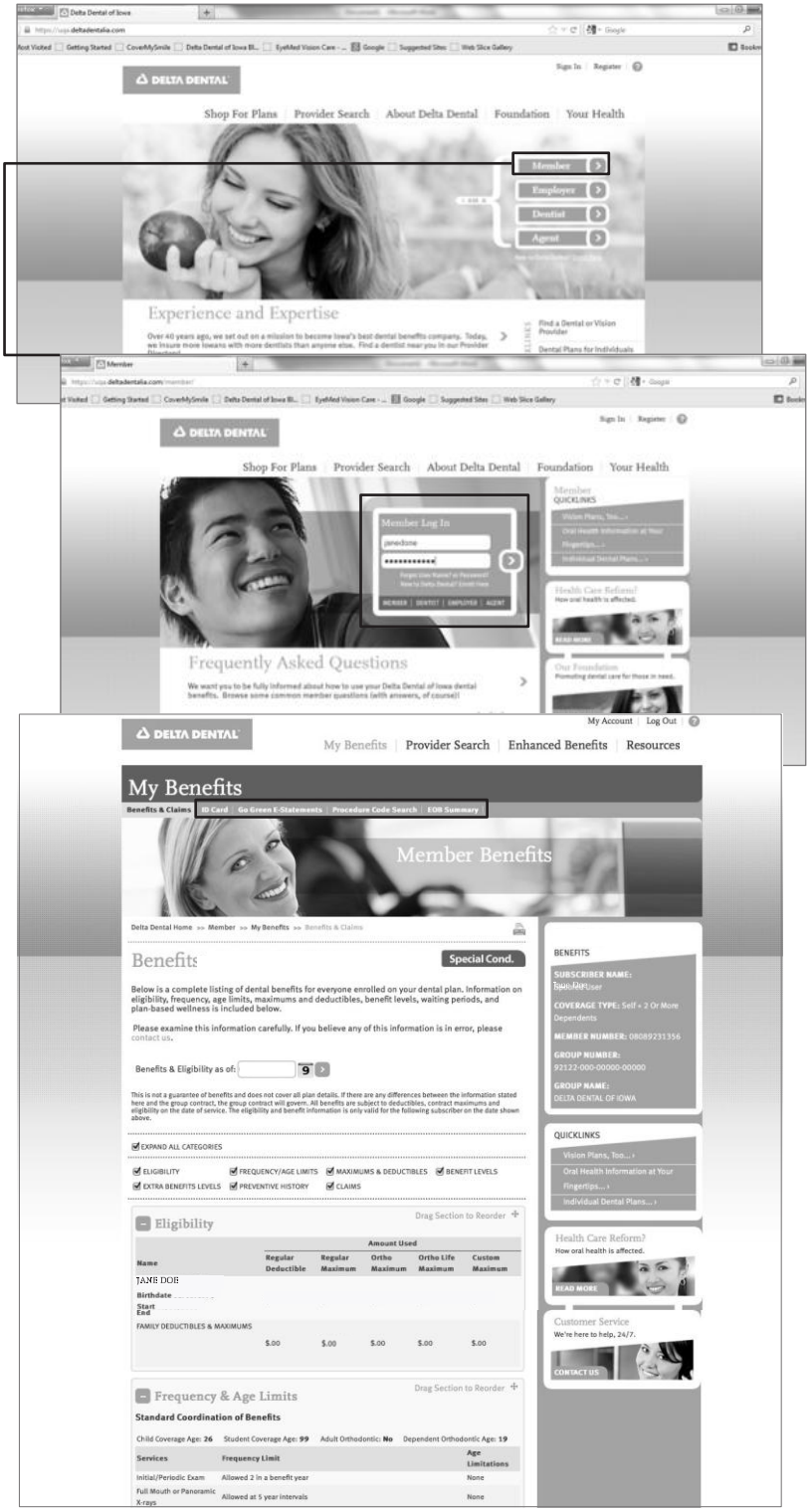


With the Member Connection, you can find everything you need to know about your and your covered dependents' benefits, including:

- Claim status
- Eligibility information
- Maximum and deductibles used to date
- Benefit levels
- Frequency and age limits
- Print ID card
- Waiting periods
- Preventive history
- Explanation of Benefits (EOBs)

To register for the Member Connection, you need to:

1. Go to www.deltadentalia.com and select "New to Delta Dental? Enroll Now".
2. Select "Member" from the Registration page.
3. Complete the online registration. Enter the primary enrollee's first and last name (the name must appear exactly as your employer entered during enrollment; e.g., "Bob" may be "Robert"), the assigned subscriber ID or Social Security number (enter nine digit number with no dashes), and date of birth.
4. Create a username and password, enter your email, create a challenge question, and then click on "Register User".



Using the Delta Dental of Iowa Member Connection

Once you have registered for the Member Connection, you can view information on your and your covered dependents' benefits.

1. Go to www.deltadentalia.com.
2. Select "Member" from the home page.
3. Enter your Member Connection username and password.
4. Access your and your covered dependents' benefits and claims information, print a temporary ID card, sign up to receive electronic EOBs (Go Green E-Statements), conduct a procedure code search and access EOB history.

Automated Phone System. Faster service for you.

You can also call 800-544-0718 to access our automated phone system 24 hours a day, seven days a week or to speak to a customer service representative during normal business hours (7:30 a.m. to 5 p.m. Monday through Friday, Central Time).

NOTICE OF PRIVACY PRACTICES

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access To This Information. Please Review It Carefully.

If you have any questions about this notice, please contact Delta Dental Privacy Official.

Who Will Follow This Notice

This notice describes the medical information practices of **Delta Dental of Iowa** ("Delta Dental") and that of any third party that receives medical information from or for us to assist us in providing your dental benefits.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the dental claims submitted for payment under your dental plan. This notice applies to all of the medical records we maintain. Your personal dentist may have different policies or notices regarding the dentist's use and disclosure of your medical information created in the dentist's office.

This notice is required by regulations (the "Privacy Rule") established under federal law (the Health Insurance Portability and Accountability Act, or "HIPAA"). This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

We are also required to provide notice to you of a breach of your unsecured protected health information.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information, as permitted by federal and state law. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Payment (as described in applicable regulations). We may use and disclose medical information about you to determine eligibility for benefits, to facilitate payment for the treatment and services you receive from dentists, to determine coverage under your dental plan, or to coordinate coverage. For example, we may tell your dentist about treatments you have received so Delta Dental can pay you or your dentist for covered services. Delta Dental may use information about a treatment you are going to receive in order to provide prior approval or to determine whether your dental plan will cover the treatment. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations (as described in applicable regulations). We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to provide quality care to all subscribers and covered beneficiaries. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, internal grievance resolution, and other activities relating to coverage; conducting or arranging for dental care review, legal services, audit services, and fraud and abuse detection programs; creating de-identified health information or limited data sets; business planning and development such as cost management; and business management and general administrative activities, such as customer service, management activities related to privacy compliance, and providing data analysis for policyholders, plan sponsors or other customers, provided that medical information identifying you will not be disclosed in or with such data analyses.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.

Special Situations

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- in connection with certain research activities;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct on our premises; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Delta Dental Privacy Official, P O Box 9010, Johnston, IA 50131-9010. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Delta Dental.

To request an amendment, your request must be made in writing and submitted to Delta Dental Privacy Official, P O Box 9010, Johnston, IA 50131-9010. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for Delta Dental;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to Delta Dental Privacy Official, P O Box 9010, Johnston, IA 50131-9010. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your case, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request.

To request restrictions, you must make your request in writing to Delta Dental Privacy Official, P O Box 9010, Johnston, IA 50131-9010. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Delta Dental Privacy Official, P O Box 9010, Johnston, IA 50131-9010. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.deltadentalia.com.

To obtain a paper copy of this notice, contact Delta Dental Privacy Official, P O Box 9010, Johnston, IA 50131-9010.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on our website. The notice will contain on the first page, in the top right-hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Delta Dental or with the Secretary of the Department of Health and Human Services. To file a complaint with Delta Dental, contact Delta Dental Privacy Official, P O Box 9010, Johnston, IA 50131-9010. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Use of Protected Health Information for Marketing Purposes; Sale of Protected Health Information

Uses and disclosure of protected health information for marketing purposes and disclosures that constitute sale of protected health information require your written permission.

Disclosures You Authorize

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

Disclosures to Your Family and Friends

We may disclose your medical information to a family member, friend or other person to help with your medical care or with payment for your medical care. We may use or disclose your name, location, and general condition, or assist in the identification, location and notification of a person involved in your care.

Disclosures to Your Employer or Group Health Plan Sponsor

We will not disclose your personal medical information to your employer or group health plan sponsor unless they have elected to sign a confidentiality agreement. We may disclose summary health information about members in your group health plan to the plan sponsor to use to obtain premium bids for the dental insurance coverage offered through your group health plan, or to decide whether to modify, amend or terminate your group health plan. The summary information we may disclose summarizes claims history, claims expenses, or types of claims experience by the members in your group health plan.

Use or Disclosure of Genetic Information

We are prohibited from using or disclosing genetic information for underwriting purposes.

DELTA DENTAL®

DELTA DENTAL PREMIER®

BENEFITS CERTIFICATE

hawk-i

Effective Date: 07/01/2015
Print Date: 07/01/2015
Form Number: DDCERT0302

INTERPRETING THIS BENEFITS CERTIFICATE

It is important that you understand all parts of this Benefits Certificate (Certificate) to get the most out of your coverage. To help make the information easier to understand, we use the words *you* and *your* to refer to you, the member eligible for coverage under this Certificate. *We, us*, and *our* refer to Delta Dental of Iowa.

We will interpret the provisions of this Certificate and determine the answer to all questions that arise under it. If any benefit in this Certificate is subject to a determination of dental necessity and dental appropriateness, we will make that factual determination. Our interpretations and determinations are final and conclusive.

In this Certificate we sometimes refer to certain laws and regulations. Laws and regulations can and do change from time to time.

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

TABLE OF CONTENTS

SUMMARY OF BENEFITS AND PAYMENT

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

Delta Dental Premier®	
Deductible	**None**
Annual Benefit Period Maximum	**$1,000**
Benefit Categories	**Member Coinsurance**
Check-Ups and Teeth Cleaning (Diagnostic and Preventive Services) 1. Dental Cleaning 2. Oral Evaluation 3. Fluoride Applications 4. X-rays 5. Sealant Applications 6. Space Maintainers	0%
Cavity Repair and Tooth Extractions (Routine and Restorative Services) 1. Palliative Treatment of Dental Pain 2. General Anesthesia/Sedation 3. Restoration of Decayed or Fractured Teeth 4. Limited Occlusal Adjustment 5. Routine Oral Surgery	0%
Emergency Dental Services	0%
Root Canals (Endodontic Services) 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy	0%
Gum and Bone Diseases (Periodontal Services) 1. Conservative Procedures 2. Complex Procedures 3. Maintenance Therapy	0%
High Cost Restorations (Cast Restorations) 1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores	0%
Dentures and Bridges (Prosthetics) 1. Bridges 2. Dentures 3. Repairs and Adjustments	0%
Straighter Teeth (Orthodontics) ***Straighter Teeth does not apply to Benefit Period Maximum and requires our review and approval.***	0%

IMPORTANT INFORMATION

Your Delta Dental Premier® coverage is administered by Delta Dental of Iowa. By encouraging preventive care, this dental program is designed to help contain dental costs. The key component of the Delta Dental Premier program is our panel of *Participating Dentists,* hereafter referred to as Delta Dental Dentists. **There is no benefit when you seek services from a dentist who is not a Delta Dental Dentist, except for Emergency Dental Services. See BENEFITS section.**

For Orthodontic benefits, a separate provider group will deliver orthodontic services. This group of providers, hereafter referred to as the ***hawk-i*** Only Orthodontic Provider Panel, is administered by Delta Dental of Iowa. **There are NO ORTHODONTIC benefits when you seek services from a provider who is not a *hawk-i* Only Orthodontic Provider.**

You can find a Delta Dental Dentist or ***hawk-i*** Only Orthodontic Provider in your area by going to our web site at: www.deltadentalia.com, or call our toll free number: 1-800-544-0718, (Hearing Impaired TDD 1-888-287-7312). For your convenience, we have also listed this information on the back cover of this Certificate.

Your payment responsibilities are also outlined in this section of your Certificate. How much you pay for covered services depends on the benefit category of the service you receive and the dentist you receive services from.

WHAT YOU SHOULD KNOW ABOUT *hawk-i* ONLY ORTHODONTIC PROVIDERS

We have contracting relationships with ***hawk-i*** Only Orthodontic Providers throughout the state. Our contracts with ***hawk-i*** Only Orthodontic Providers include payment arrangements:

- ***hawk-i*** Only Orthodontic Providers agree to file claims for you.
- ***hawk-i*** Only Orthodontic Providers agree to handle the notification program for you. See THE NOTIFICATION PROGRAM section.
- We settle claims directly with ***hawk-i*** Only Orthodontic Providers.

WHAT YOU SHOULD KNOW ABOUT DELTA DENTAL DENTISTS

We have contracting relationships with Delta Dental Dentists throughout the state. Our contracts with Delta Dental Dentists include payment arrangements that are made possible by our broad base of customers. We use different methods to determine payment arrangements. These payment arrangements usually result in savings for Covered Services. When you receive services from dentists who participate with Delta Dental of Iowa or any other Delta Dental Member Company, all of the following statements are true:

- Delta Dental Dentists agree to accept their local Delta Dental's payment arrangements, which may result in savings for Covered Services.
- Delta Dental Dentists agree to file claims for you.
- We settle claims directly with Delta Dental Dentists. See UNDERSTANDING AMOUNTS YOU PAY TO SHARE COSTS later in this section.
- Delta Dental Dentists agree to handle the notification program for you. See THE NOTIFICATION PROGRAM section.

QUESTIONS WE ASK WHEN YOU RECEIVE DENTAL CARE

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

Is the Procedure Dentally Necessary?

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

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

Is the Procedure Dentally Appropriate?

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

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

Is the Procedure Subject to Contract Limitations?

Contract limitations refer to amounts that are your liability based on your contractual obligations with us. Examples of contract limitations include all of the following:

- Amounts for procedures that are not dentally necessary or dentally appropriate.
- Amounts for procedures that are not covered by this Certificate. See SERVICES NOT COVERED.
- Amounts for procedures that have limitations associated with them. For example, routine teeth cleaning is covered twice per benefit period. More frequent teeth cleaning is not a benefit even if your dentist verifies that it is dentally necessary and dentally appropriate. See BENEFITS for a description of covered procedures and limitations associated with certain procedures.
- Amounts for procedures that have reached contract maximums. See the SUMMARY OF BENEFITS AND PAYMENT chart at the beginning of this Certificate.

OUR PAYMENT POLICY

Our policy is to send our payment for treatment after it is completed—not before. For example, we will send our payment for:

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

UNDERSTANDING PAYMENT VOCABULARY

Benefit Period

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

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

Billed Charge

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

Covered Charge

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

Maximum Plan Allowance

Maximum Plan Allowance is the amount which Delta Dental establishes as its maximum allowable fee for the dental services under the Delta Dental Premier Program. For services billed by dentists outside of Iowa, the Maximum Plan Allowance is based on information from that state's Delta Dental Member Company.

The Maximum Plan Allowance is established by Delta Dental for dental services contained in the "Current Dental Terminology" published by the American Dental Association from time to time. It is developed from various sources that may include, but are not limited to, contracts with dentists, the simplicity or complexity of the procedure, the billed charge for the same procedure by dentists in the same geographic area and with similar training and skills, and a leading economic indicator, such as the Consumer Price Index.

UNDERSTANDING AMOUNTS *YOU PAY* TO SHARE COSTS

Benefit Period Maximum

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

Services received from BENEFIT CATEGORY: STRAIGHTER TEETH are excluded from your benefit period maximum.

Member Coinsurance

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

Other Payment Responsibilities

In addition to the above, you will be responsible for any charge made by a dentist, even if it is a Delta Dental Dentist, where Delta Dental has not reimbursed to some extent any of the charge because you have not met any applicable waiting periods or deductibles and/or have exceeded any applicable benefit maximum or frequency limitation.

HELPING WHEN YOU HAVE QUESTIONS

If you have any questions after reading this Certificate, please call us. For your convenience, we have listed our toll-free number on the back cover of this Certificate.

BENEFITS

CHECK-UPS AND TEETH CLEANING (DIAGNOSTIC AND PREVENTIVE SERVICES)

Dental Cleaning (Prophylaxis)

Removing plaque, tartar (calculus), and stain from teeth.
Limitation: Dental cleaning is a benefit only twice per benefit period.

Oral Evaluations

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

Please Note: Comprehensive Oral and Periodontal Evaluations are available once per dentist every 3 consecutive years.

Topical Fluoride Applications

Topical fluoride is a benefit only twice per benefit period.

Please Note: "High Risk" members could be eligible for an additional Topical Fluoride Application per benefit period. A "high risk" assessment document must be completed and submitted to Delta Dental by the attending provider.

X-Rays:

Bitewing X-Rays

Limitation: Bitewing x-rays are a benefit only once per benefit period.

Please Note: "High Risk" members could be eligible for an additional bitewing x-ray per benefit period. A "high risk" assessment document must be completed and submitted to Delta Dental by the attending provider.

Full-Mouth X-Rays

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

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

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

Occlusal and Extraoral X-Rays

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

Periapical X-Rays

A radiographic image of a tooth, or limited number of teeth that includes the crown and root portions.

Sealant/Preventive Resin Applications

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

Limitation: Sealant/Preventive Resin applications are a benefit once per permanent first and second molars every 3 consecutive years.

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

Space Maintainers for Missing Back Teeth

Space maintainers are appliances designed to prevent tooth movement.

CAVITY REPAIR AND TOOTH EXTRACTIONS (ROUTINE AND RESTORATIVE SERVICES)

Palliative Treatment of Dental Pain

Treatment to relieve pain or infection of dental origin.

General Anesthesia/Sedation

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

Restoration of Decayed or Fractured Teeth

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

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

Limited Occlusal Adjustment

Reshaping the biting surfaces of one or more teeth.

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

Routine Oral Surgery

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

EMERGENCY DENTAL SERVICES

Please Note: Procedures in this category require our review and approval *before* they are performed. See THE NOTIFICATION PROGRAM. Treatment of an Emergency Dental Service is covered by a Participating Dentist or a non-participating Delta Dental Dentists inside and outside of your enrollment area. The Plan shall directly reimburse the Dental Provider rendering emergency services to you.

Emergency dental service is a procedure that addresses an urgent clinical problem to allow you to return to normal, pain and infection-free oral functioning. Covered services must meet one or more of the following emergent/urgent criteria:

- Services related to the relief of significant pain or to eliminate acute infection.
- Services to treat traumatic clinical conditions.
- Services that allow a patient to attain the basic human functions (for example eating or speech).
- Services that prevent a condition from seriously jeopardizing one's health/functioning or deteriorating in an imminent time frame to a more serious and costly dental problem.

Emergency Dental Services Beyond the Annual Benefit Period Maximum

Dental services delivered to address an Emergency Dental Condition are covered even if the ***hawk-i*** plan member has exceeded their annual benefit maximum. For applicable instances, services will be Dentally Necessary.

ROOT CANALS (ENDODONTIC SERVICES)

Apicoectomy/Periradicular Surgery

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

Direct Pulp Cap

Covering exposed pulp with a dressing or cement to protect it and promote healing and repair.

Pulpotomy

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

Retrograde Fillings

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

Root Canal Therapy

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

GUM AND BONE DISEASES (PERIODONTAL SERVICES)

Please note: Certain procedures in this category should receive our review *before* they are performed. See THE NOTIFICATION PROGRAM.

Full Mouth Debridement

Limitation: Full mouth debridement is a benefit once in a lifetime after 36 months have elapsed since last dental cleaning (prophylaxis).

Conservative Periodontal Procedures (Root Planing and Scaling)

Removing contaminants such as bacterial plaque and tartar (calculus) from a tooth root to prevent or treat disease of the gum tissues and bone which support it.
Limitation: Conservative periodontal procedures are a benefit only once every 24 consecutive months for each quadrant of the mouth.

Complex Periodontal Procedures

Various surgical interventions designed to repair and regenerate gum and bone tissues that support the teeth.
Limitation: Complex periodontal procedures are a benefit only once per benefit period for each quadrant of the mouth for natural teeth only.

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

Periodontal Maintenance Therapy

Includes various maintenance services such as pocket depth measurements, dental cleaning (oral prophylaxis), removal of stain, and root planing and scaling.
Limitation: This procedure must follow conservative or complex periodontal therapy. When this procedure immediately follows complex or conservative periodontal therapy, benefits are available up to four times in the first benefit period and twice per benefit period thereafter. *This procedure replaces the dental cleaning benefit (prophylaxis) described under* Check-Ups and Teeth Cleaning *earlier in this section.*

HIGH COST RESTORATIONS
(CAST RESTORATIONS)

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

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

Cast Restorations for Complicated Tooth Decay or Fracture

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

Crowns

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

Inlays

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

Onlays

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

Posts and Cores

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

Recementation of Cast Restorations

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

DENTURES AND BRIDGES
(PROSTHETICS)

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

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

Bridges

Replacing missing permanent teeth with a dental prosthesis that is cemented in place and can only be removed by a dentist. Also covered are bridge repairs.
Limitation: Bridges which are supported by dental implants will be limited to the amount paid for a bridge supported by natural teeth. **Dental implants are not a benefit.**

Dentures (Complete and Partial)

Replacing missing permanent teeth with a dental prosthesis that is removable.
Denture repair and relining are also covered.
Limitation: Dentures which are supported by surgically placed dental implants will be limited to the amount paid for a conventional, natural-teeth-supported prosthesis. **Dental implants are not a benefit.**

Denture Adjustments

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

Tissue Conditioning

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

STRAIGHTER TEETH (ORTHODONTICS)

Services for medically necessary straightening of the teeth. ***"Medically Necessary"*** Orthodontic Services is an orthodontic procedure that addresses a harmful habit (e.g. tongue thrust) that is causing deformative changes to the teeth and/or jaw structure, or is one of the automatically qualifying clinical conditions (cleft palate or craniofacial deformity), or is limited, interceptive, or comprehensive orthodontic treatment that treats a handicapping malocclusion and meets a Salzmann Index score of 26 or greater based on the documentation by the provider of the magnitude of teeth mal-alignment, missing teeth, angle classification, overjet and overbite, and crossbite.

Please Note: Procedures in this category require our review and approval *before* they are performed. See THE NOTIFICATION PROGRAM.

Orthodontic benefits are only available if received from a provider who is a member of the hawk-i Only Orthodontic Provider Panel. There are no benefits when you seek services from a provider who is not a hawk-i Only Orthodontic Provider.

MINOR TREATMENT TO CONTROL HARMFUL HABITS

Harmful Habit Appliances

Fixed or removable appliances designed to prevent potentially deforming finger, lip, or tongue habits and/or correct malformation of the teeth and bones caused by a documented habit.

Covered Procedures Include:

D8210 Removable Appliance Therapy
D8220 Fixed Appliance Therapy

COMPREHENSIVE TREATMENT OF PERMANENT DENTITION / TRANSITIONAL DENTITION

Orthodontic Appliances (braces)

Approval for treatment will be assessed in a manner consistent with "Handicapping Malocclusion Assessment to Establish Treatment Priority," by J. A. Salzmann, DDS, American Journal of Orthodontics, October 1968. A Salzmann Index score of 26 or greater will be used as criteria (for the determination of "medically necessary" orthodontic treatment benefits). A request for prior approval should be accompanied by documentation to substantiate medically necessary orthodontic treatment.

Assessment of the most handicapping malocclusion is determined by the magnitude of the following variables: degree of mal-alignment, missing teeth, angle classification, overjet and overbite, open bite, and crossbite.

Orthodontic procedures will be approved for the most handicapping malocclusions only. A "handicapping" malocclusion is a condition that constitutes a hazard to the maintenance of oral health and interferes with the well-being of the recipient by causing:

- Impaired mastication (the process of chewing food in preparation for swallowing and digestion),
- Dysfunction of the Temporomandibular articulation (relationship of the movable bones of the jaw),
- Susceptibility to periodontal disease (inflammatory and infectious diseases affecting the gums and supporting tissues of the teeth),
- Susceptibility to dental caries (decay), and
- Impaired speech due to malpositions of the teeth.

Request for prior approval shall be accompanied by:

- An interpreted cephalometric radiograph (either a full series of radiographs or full-mouth x-ray),
- Study models trimmed so that the models simulate centric occlusion of the recipient when the models are placed on their heels, and
- A written plan of treatment.

Covered Procedures Include:

D0140 Limited Oral Evaluation – Problem Focused
D8020 Limited Orthodontic Treatment of the Transitional Dentition
D8060 Interceptive Orthodontic Treatment of the Transitional Dentition
D8070 Comprehensive Orthodontic Treatment of the Transitional Dentition
D8080 Comprehensive Orthodontic Treatment of the Adolescent Dentition
D8660 Pre-Orthodontic Treatment Visit
D8680 Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))
D8690 Orthodontic Treatment (Alternative Billing to a Contract Fee)
D8999 Unspecified Orthodontic Procedures by Report

If orthodontic treatment is stopped for any reason before it is completed, Delta Dental of Iowa will pay only for covered services and supplies actually received.

No benefits are available for charges made after treatment stops or after the termination of coverage.

Delta Dental of Iowa payment for treatment in progress extends only to the months of treatment received while covered under the plan.

SERVICES NOT COVERED

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

CERTIFICATE EXCLUSIONS

Anesthesia or Analgesia

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

Broken Appointments

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

Certificate Termination

Whether or not we have approved a treatment plan, you are not covered for treatment received after the coverage termination date of this Certificate.

Complete Occlusal Adjustment

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

Complications of a Non-Covered Procedure

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

Congenital Deformities

You are not covered for services or supplies to correct congenital deformities, such as a cleft palate, except as stated under Benefit Category: Straighter Teeth (Orthodontics).

Controlled Release Device

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

Cosmetic in Nature

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

Crowns Not Meant to Restore Form and Function

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

Dentists Who Do Not Participate With Delta Dental

You are not covered for dental services or treatment provided by a dentist who is not a Delta Dental Dentist; except as stated under Benefit Category: Emergency Dental Services.

Desensitizing Medicament or Resin

You are not covered for desensitization materials or their application.

Drugs

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

Effective Date

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

Experimental or Investigative

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

Guided Tissue Regeneration

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

Implants

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

Incomplete Services

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

Infection Control

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

Lost or Stolen Appliances

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

Medical Services or Supplies

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

Military Service

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

Orthodontics (Braces)

You are not covered for orthodontics when you seek services from a provider who is not a ***hawk-i*** Only Orthodontic Provider. You are also not covered for orthodontics except as stated under Benefit Category: Straighter Teeth (Orthodontics).

Payment Responsibility

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

Periodontal Appliances

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

Periodontal Splinting

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

Provisional Crowns, Bridges or Dentures

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

Repair, Replacement or Duplication of Orthodontic Appliances

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

Sealants for Primary Teeth, Wisdom Teeth, or Restored Teeth

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

Services Not Reimbursed to Some Extent by Delta Dental

You are not covered for any service that otherwise would qualify as Covered Service but which Delta Dental does not reimburse to some extent. This may include services not reimbursed because of applicable deductibles, copayments, coinsurance, benefit maximums, waiting periods, and frequency limitations.

Services Provided in Other Than Office Setting

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

Specialized Services

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

Temporary or Interim Procedures

You are not covered for temporary or interim procedures except when emergency treatment is necessary.

Temporomandibular Joint Dysfunction (TMD)

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

Treatment By Other Than A Licensed Dentist

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

Unerupted Teeth

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

Workers' Compensation

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

THE NOTIFICATION PROGRAM

This section explains the notification program you or your Delta Dental Dentist may follow before you receive certain benefits available under this Certificate. This program is the checks and balances of your dental coverage. It helps:

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

THE APPROVAL

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

Procedures that ***REQUIRE*** our review and approval before they are performed:
Straighter Teeth (Orthodontics)
Emergency Dental Services

You should notify us before you receive the following benefits:
Gum and Bone Diseases (Periodontal Services)
High Cost Restorations (Cast Restorations)
Dentures and Bridges (Prosthetics)
Our review is based on the treatment plan submitted by your dentist.

THE TREATMENT PLAN

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

When to Submit a Treatment Plan

Delta Dental Dentists agree to file for you. A complete treatment plan includes the plan of treatment and x-rays. Please send the x-rays within 15 working days of receipt of the proposed treatment plan.

Where to Send a Treatment Plan

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

Delta Dental of Iowa
P.O. Box 9000
Johnston, IA 50131-9000

THE TREATMENT PLAN REVIEW

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

- *accept* it as submitted.
- *recommend an alternative benefit*. If we ask you to receive an independent diagnosis from a dentist of our choice, we will pay for the exam.
- *deny the treatment plan* because:
  — the procedure is not a benefit of your Certificate;
  — you did not receive an independent exam after we asked you to; or
  — the procedure is not dentally necessary and dentally appropriate.

Appeal

If we deny a treatment plan, you can resubmit it with additional documentation and ask us, in writing, to reconsider. If necessary, we will ask you to receive an independent diagnosis from an independent dentist of our choice—we will pay for the exam.

Please note: Although we may approve a treatment plan, we are not liable for the actual treatment you receive from your dentist.

FILING CLAIMS

Once you receive dental services, we need to receive a claim to determine the amount of your benefits. The claim lets us know the services you received, when you received them, and from which Delta Dental dentist. Delta Dental Dentists will file a claim for you.

WHEN TO FILE YOUR CLAIM

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

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

If you need a claim form or have any questions after reading this section, please call us or visit our website www.deltadentalia.com. For your convenience, we have listed our toll-free number on the back cover of this Certificate. If you must file your own claim, send it to the following address:

Delta Dental of Iowa
P.O. Box 9000
Johnston, IA 50131-9000

APPEALING A DENIED CLAIM

YOUR INITIAL REQUEST FOR A REVIEW

If Delta Dental of Iowa does not pay all or part of your claim and you think the service should be covered, or you are not satisfied with any aspect of Covered Services provided, you or your authorized personal representative can ask for a full and fair review of that claim. To file for a review, submit a request within 180 days of receiving the notice from Delta Dental of Iowa, including the reason why you disagree with our claim decision, documents, records and any other information related to the claim. Include your name and identification number on all documents.

ADDITIONAL INFORMATION

You may send us additional information in writing up to 30 days after you have sent in the original request. After that time, we will make the final decision on the claim based on the information we have in your file.

DELTA DENTAL'S REPLY

Within 30 days of receiving your request, Delta Dental of Iowa will send you our written decision and indicate any action we have taken. However, when special circumstances arise, Delta Dental of Iowa may require 60 days. Delta Dental of Iowa will notify you in the event we require additional days.

EXPEDITED APPEALS

If the timing to review and reply to a standard appeal request could seriously jeopardize your life, health, or maximum recovery you may have the right to an expedited review. A request for an expedited review can be made orally or writing but it must be initiated by your treating dentist. The treatment dentist must certify in writing that the request must be expedited because it could seriously jeopardize your life, health or maximum recovery. In this case, Delta Dental of Iowa will reply within 2 business days of receiving the expedited appeal request. However, if additional information is needed and a delay is in your best interest, Delta Dental of Iowa may require up to 10 business days to reply. We will notify you in the event we require additional days.

REVIEWING RECORDS

Upon your request, Delta Dental of Iowa will provide you free of charge, access to and copies of all documents, records and other information relevant to your claim for benefits. You can review records that deal with your request from 8 a.m. to 4:30 p.m., Central Standard Time, Monday through Friday, at Delta Dental of Iowa's Johnston, Iowa location. Since so many records are electronically filed, please call Delta Dental of Iowa in advance so we can have copies ready for you.

Send your request to: *Delta Dental of Iowa*
P.O. Box 9000
Johnston, IA 50131-900
or call 1-800-544-0718

RIGHT TO A N EXTERNAL REVIEW

If we continue to deny your claim (in whole or in part) after the appeal review or if you do not receive a decision within 30 days, **and** our decision is based on the lack of medical necessity or it was based on a determination that the services is investigational or experimental, you may have a right to have our decision reviewed by independent dental professionals who have no association with us. You must first exhaust the appeal process described above. External review is not available in all cases. If you have a dental condition that would seriously jeopardize your life, health or your ability to regain maximum function if treatment is delayed, you may be entitled to request an expedited external review without exhausting the appeal process. To initiate an external review request, you must contact the Iowa Insurance Division at 1-877-955-1212 or www.iid.state.ia.us/externat_review.

COMPLAINTS

Any complaint not satisfied through Delta Dental of Iowa may be submitted to the Office of the Iowa Commissioner of Insurance. To file a complaint with the Commissioner go to www.iid.state.ia.us for instructions.

YOUR CERTIFICATE

Our responsibilities to you, as well as the conditions of your coverage with us, are defined in the documents that make up your contract. Your contract includes any application you submitted to us or to your third party administrator, any agreement or group policy we have with your third party administrator, any application completed by your third party administrator, this benefits Certificate, and any riders or amendments. All of the statements made by your third party administrator or you in any of these materials will be treated by us as representations, not warranties. We will not use the statements to deny any claim unless we've furnished you with a copy of the statement.

COVERAGE ELIGIBILITY
ELIGIBLE ENROLLEES

An eligible enrollee is determined by the third party administrator.

TYPES OF COVERAGE

There is one type of coverage you may hold under this Certificate:

- With *single coverage*, the Certificate Holder is the only one covered.

WHEN COVERAGE BEGINS

Your coverage under this Certificate begins on your effective date.

If you fraudulently use your Certificate then we may terminate this Certificate.

WHEN COVERAGE ENDS

Your coverage will terminate at the end of the month for any of these reasons:

- You become ineligible for coverage under this Certificate
- Your third party administrator decides to discontinue coverage or replace this coverage.
- We decide to terminate coverage of all similar Certificates by giving written notice to your third party administrator 90 days prior to termination.

Authority to Terminate, Amend, or Modify

Your third party administrator has the authority to *terminate, amend or modify the coverage described in this Certificate at any time.* Any amendment or modification will be in writing and will be as binding as this Certificate. *If your contract is terminated, you may not receive benefits.*

QUESTIONS ABOUT ELIGIBILITY

If you have questions about your eligibility, please call ***hawk-i*** Customer Service at 1-800-257-8563 (TDD 1-888-422-2319).

AUTHORIZED CERTIFICATE CHANGES

No agent, employee, or representative of ours is authorized to vary, add to, change, modify, waive, or alter any of the provisions of this Certificate. This Certificate cannot be changed except by:

- *Written amendment* signed by an authorized officer and accepted by your third party administrator.

COVERAGE TERMINATION
EFFECTS OF TERMINATION

If your Certificate is terminated for fraud or misrepresentation:

- *We will not pay* for any services or supplies provided after the date the Certificate is terminated.
- We *will retain legal rights*. This includes the right to initiate a civil action based on fraud, concealment, or misrepresentation.
- We may, at our option, *declare the Certificate void.*

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

OUR RIGHT TO RECOVER PAYMENTS
PAYMENT IN ERROR

If for any reason we make payment under this Certificate in error, we may recover the amount we paid.

SUBROGATION

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

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

You and your family agree to all of the following:

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

OTHER INFORMATION

NOTICE

If a specific address has not been provided elsewhere in this Certificate, you may send any notice to our home office:

Delta Dental of Iowa
P.O. Box 9000
Johnston, IA 50131-9000

Any notice from us to you is valid when sent to your address as it appears on our records or the address of the group through which you are enrolled.

NONASSIGNMENT

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

GOVERNING LAW

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

LEGAL ACTION

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

GLOSSARY

Benefit Category refers to a grouping of benefits related to a specific type of dental service. For example, **BENEFIT CATEGORY: CHECK-UPS AND TEETH CLEANING** includes the following diagnostic and preventive services:

- Dental Cleaning
- Oral Evaluations
- Topical Fluoride Applications
- X-rays
- Sealant Applications
- Space Maintainers

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

Benefit Period Maximum is the maximum benefit the member is eligible to receive for certain covered services during a benefit period.

Benefits mean those dentally necessary and dentally appropriate procedures that qualify for payment under this program.

Cast means a laboratory procedure in which a restoration is pre-constructed from a material such as gold or porcelain.

Cast Restorations restore teeth to acceptable form and function when the tooth cannot be restored with a routine filling.

Certificate Holder is a child who has been certified by the Agency as eligible for the *hawk-i* program and who is eligible to enroll in a participating dental plan.

Contract Limitations are amounts that are your liability based on your contractual obligations with us. Examples of contract limitations include services that are not covered; services that are not dentally necessary; and services that are subject to dental limitations.

Coordination of Benefits (COB) applies when you are covered by more than one group contract or commercial insurance policy providing benefits for like services. COB is a method of limiting insurance coverage to no more than 100 percent of either our payment arrangement amount or the other carrier's payment arrangement amount.

Covered Person

Covered Person means any individual eligible for dental benefits under a dental program that is insured or administered by Delta Dental (or by a Delta Dental Member Company).

Covered Services are those dentally necessary and dentally appropriate procedures listed in the Benefits section of this Certificate.

Delta Dental Dentist is a dentist who holds a valid participating agreement with Delta Dental at the time you receive services.

Delta Dental Member Company
Delta Dental Member Company means a company that is an active member or affiliate member of Delta Dental Plans Association, as defined in the Delta Dental Plans Association Bylaws.

Dentally Appropriate means:

- The treatment is the most appropriate procedure for your individual circumstances.
- The treatment is consistent with and meets professionally recognized standards of dental care and complies with criteria adopted by Delta Dental.
- The treatment is not more costly than alternative services that would be equally effective for treatment or maintenance of your teeth and their supporting structures.

Dentally Necessary means:

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

Dentist means an individual who is licensed to practice dentistry under the laws of Iowa or who is licensed in the state where you receive services.

Effective Date is the date upon which this coverage goes into effect.

Emergency Dental Condition
Emergency dental condition means those dental services delivered to address relief of significant pain, infection, bleeding or traumatic injury to the oral cavity and supporting structures. (An example of traumatic injury is knocked out teeth.) Treatment of Emergency Dental Condition is covered by Participating and non-participating dentists inside and outside of your enrollment area. Delta Dental will directly reimburse the Dental Provider rendering emergency services to you.

Endodontics is the treatment or removal of injured or infected tissue within the crown and root of the tooth.

hawk-i Only Orthodontic Provider Panel Dentist is a dentist or orthodontic provider who holds a valid participating agreement with Delta Dental at the time you receive orthodontic services.

Harmful Habit Appliance is a fixed or removable appliance designed to prevent potentially deforming finger, lip, or tongue habits and/or correct malformation of the teeth and bones caused by a documented habit.

High Risk Patients are plan members who possess certain clinical factors, as assessed and documented by the dentist using a caries risk assessment form, that cause them to be highly susceptible to acquiring dental decay.

Identification Card is a card issued to you by Delta Dental. You should carry your identification card with you at all times and present it to your provider at the time you receive care.

Implants are surgically placed devices which will eventually support a fixed or removable prosthesis.

Limitation is a certain condition placed on a benefit that limits coverage.

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

"Medically Necessary" Orthodontic Services is an orthodontic procedure that addresses a harmful habit (e.g. tongue thrust) that is causing deformative changes to the teeth and/or jaw structure, or is one of the automatically qualifying clinical conditions (cleft palate or craniofacial deformity), or is limited, interceptive, or comprehensive orthodontic treatment that treats a handicapping malocclusion and meets a Salzmann Index score of 26 or greater based on the documentation by the provider of the magnitude of teeth mal-alignment, missing teeth, angle classification, overjet and overbite, and crossbite. A Salzmann Index score of 26 or greater will be used as criteria for "medically necessary" orthodontic benefits.

Member means the plan member.

Member Coinsurance is the amount, calculated using a fixed percentage, you pay each time you receive certain Covered Services.

Nonparticipating Dentist is a dentist who does not hold a valid participating agreement with Delta Dental at the time you receive covered services. *There is no benefit when you seek services from a dentist who is **not** a Delta Dental Dentist;* except as stated under Benefit Category: Emergency Dental Services.

Occlusal Adjustment (Complete) is a complex procedure which requires several appointments and is intended to revise or alter the functional relationships between your upper and lower teeth. Mounting study casts on an articulating instrument is necessary for pre-treatment analysis.

Occlusal Adjustment (Limited) is a procedure to reshape the biting surfaces of one or more teeth.

Orthodontics is treatment to straighten the teeth.

Our means Delta Dental of Iowa.

Participating Dentist is a dentist who holds a valid participating agreement with Delta Dental at the time you receive services.

Periodontal Services means treatment for gum and bone diseases.

Practitioner means any individual recognized by Delta Dental, licensed and/or accredited to provide covered services.

Prosthetics is the replacement of missing permanent teeth by fixed or removable devices such as bridges and dentures.

Provider means a practitioner or facility.

Root is the anatomic portion of the tooth that is covered by cementum and is normally contained in the socket (alveolus).

Root Canal is the portion of the pulp cavity inside the root of a tooth which houses nerves and blood vessels.

Root Planing is removal of infected cementum from the root surface of a tooth.

Root Scaling is removal of disease-causing substances from the root surface of a tooth.

Salzmann Index is an assessment tool used for diagnosing "medically necessary" orthodontics. This assessment tool was created by J. A. Salzmann, DDS, in 1968.

Single Coverage means coverage for the plan member only.

Straighter Teeth see Orthodontics.

Subrogation means our rights when you, the member, receive benefits of this Certificate required as the result of illness or injury and you have a lawful claim against another party or parties for compensation, damages or other payment.

Termination Date is the date your coverage ends under this Certificate. See *When Coverage Ends* in: YOUR CERTIFICATE section.

Treatment Plan describes the treatment your dentist has recommended for you and helps us determine if the procedure is a benefit of your coverage as well as dentally necessary and dentally appropriate.

Us means Delta Dental of Iowa.

We means Delta Dental of Iowa.

X-rays (Bitewing) show the visible part of the teeth of both the upper and lower jaws and are used to detect cavities and periodontal disease.

X-rays (Extraoral) show the jaw and are used for orthodontic analysis or to detect fractures, jaw disorders, or other abnormalities. These x-rays are taken from outside the mouth.

X-rays (Full Mouth) include a series of periapical and bitewing x-rays showing the teeth and underlying structures of the entire mouth.

X-rays (Occlusal) show the underlying structures of the teeth and are used to detect cysts and pathologies. These types of x-rays are taken from inside the mouth.

X-rays (Periapical) show the tooth and underlying structures for one or more teeth.

You indicates the child who is eligible for coverage under this Certificate.

Delta Dental of Iowa
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