

DeltaPreferred Option Plan with Point of Service (POS) EMPLOYEE INFORMATION SHEET

YOUR DENTAL CARE BENEFITS PROVIDED BY *Smithsonian Institution*

FEATURES OF DELTAPREFERRED OPTION WITH POS

- Cost-saving safety net that expands your access to Delta participating dentists.
- Two dentist networks that can limit your out-of-pocket payments.
- Freedom to choose any dentist, but non-participating dentists do not contract with Delta to limit their fees.

HOW YOU CAN SAVE MONEY

You'll save:

- Most if you go to a DeltaPreferred Option dentist.
- Considerably if you go to a DeltaPremier dentist.
- Least if you go to a non-participating dentist.

Summary of services covered and benefits provided under your dental program:

Dentist Visited	Annual Deductible Per Person	Deductible for Diagnostic and Preventive Services	Annual Maximum Per Person	Orthodontic Lifetime Maximum Per Patient
DeltaPreferred Option	\$50	waived	\$1,500	\$2,000
DeltaPremier or Non-Participating	\$50	waived	\$1,500	\$2,000

The following table illustrates copayment percentages for each covered procedure in accordance with Delta's payout level:

Note: Percentages are based on applicable Delta allowances and not the dentist's actual fees.

Service	Examples of Procedures	DeltaPreferred Option Dentist		DeltaPremier Dentist		Non-Participating Dentist	
		— Percent Paid Based On Delta's Allowance —					
		Delta	Patient	Delta	Patient	Delta	Patient
Diagnostic	exam & x-rays	100%*	0%*	100%*	0%*	100%*	0%*
Preventive	fluoride treatments to age 19, teeth cleaning, sealants to age 14	100%*	0%*	100%*	0%*	100%*	0%*
Basic Restorative	fillings	80%*	20%*	80%*	20%*	80%*	20%*
Oral Surgery	extractions	80%*	20%*	80%*	20%*	80%*	20%*
Endodontics	root canal therapy	80%*	20%*	80%*	20%*	80%*	20%*
Periodontics	treatment of gum disorders	80%*	20%*	80%*	20%*	80%*	20%*
Prosthodontics	dentures, bridgework	50%*	50%*	50%*	50%*	50%*	50%*
Major Restorative	crowns	50%*	50%*	50%*	50%*	50%*	50%*
Orthodontics	straightening of teeth	50%*	50%*	50%*	50%*	50%*	50%*
Orthodontics is a benefit for eligible dependent children to age 19.							
Denture Repair	repair to existing dentures	80%*	20%*	80%*	20%*	80%*	20%*
Denture Relining	relining of existing dentures	80%*	20%*	80%*	20%*	80%*	20%*

* Percentage is based on applicable Delta Allowance or the dentist's actual fee, whichever is less (the Allowed Amount). (See pg 2 for more details)

PAYMENT FOR SERVICES

The following illustrates payment responsibilities depending on your choice of dentist:

Dentist Status	Allowance	Payment Responsibilities
DeltaPreferred Option Participating	Dentists are paid the DeltaPreferred Option Maximum Plan Allowances.	The benefit payment is sent directly to the dentist. By agreement, participating dentists must accept Delta's allowances as payment in full for covered services. Delta's benefit is a percentage of the applicable Maximum Plan Allowance, which may require a copayment. Deductibles may also apply.
DeltaPremier Participating	Dentists are paid the DeltaPremier Maximum Plan Allowances.	
Non-Participating	Claims for services rendered by a non-participating dentist will be processed using a maximum fee level that may be higher than Delta's Maximum Plan Allowance.	Delta sends its payment directly to you. You are responsible for payment of the Non-Participating Dentist's total fee, which may include amounts in addition to Delta's payment, such as copayments and deductibles as well as services not covered.

DELTA'S ALLOWED AMOUNT

Percentage is based on applicable Delta Allowance or the dentist's actual fee, whichever is less (the Allowed Amount). The Delta payment under the program, plus the patient payment, equals the Allowed Amount, which is accepted by Delta participating dentists as full payment. Participating dentists are paid directly by Delta, and by agreement cannot bill you more than the applicable copayment, deductible or charges where maximums have been exceeded for covered services. By selecting a participating dentist, you always limit your out-of-pocket costs. For services performed by non-participating dentists, Delta sends the benefit payment directly to you. You are responsible for paying the non-participating dentist's total fee, which may include amounts in addition to your share of Delta's Allowed Amount. Out-of-pocket costs may also include applicable copayments, deductibles, charges where maximums have been exceeded, and services not covered by the Group Dental Service Contract.

ELIGIBILITY

Eligible for coverage are employees, spouses, and dependent children to age 23.

LIMITATIONS AND EXCLUSIONS

There are certain limitations and exclusions which apply to your dental plan. For example, dentistry that is performed for appearance only, preventive plaque control programs, periodontal splinting, and services provided or devices started prior to the effective date of the program are not covered. Adult orthodontics is not a covered benefit.

PREDETERMINATION

If the cost of care to be provided to any one patient is expected to exceed \$300, Delta recommends that you ask your dentist to submit the claim form in advance of treatment. Delta will review the claim and return a predetermination voucher to both you and the dentist indicating the services that are covered, how much of the proposed treatment will be paid by Delta and how much is your responsibility. This understanding can make it easier to plan an appropriate course of treatment. Predetermination also can be helpful for any service for which you would like an advance breakdown of the coverages and the charges.

ONLINE SERVICES

Visit Delta Dental's web site, www.MidAtlanticDeltaDental.com, to locate participating dentists and to check your eligibility and benefits. Delta's online dentist directory helps you find the dentists most convenient to you or to find out if your current dentist is a participating dentist with Delta.

CUSTOMER SERVICE

If you or your dentist have questions about claim status or filing procedures, please contact Delta's Customer Service Department at:

Delta Dental
One Delta Drive
Mechanicsburg, Pennsylvania 17055

Phone Number: 717-766-8500
Toll-Free WATS Number: 800-932-0783
TTY/TDD: 888-373-3582
Web site: www.MidAtlanticDeltaDental.com

IMPORTANT – The benefit explanations contained herein are subject to all provisions of the Group Dental Contract, and do not modify such contract in any way, nor shall the subscriber accrue any rights because of any statement in or omission from this information sheet.