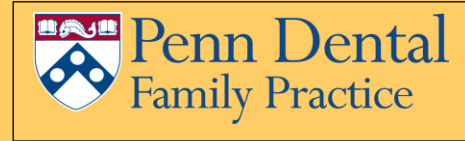


The Penn Dental Family Plan for UPHS Employees and their Families



Effective July 1, 2018

Introduction

The Penn Dental Family Plan of the University of Pennsylvania (“PFP” or “Penn Dental Plan”) is a program of comprehensive dental benefits provided by Penn Dental Family Practice (“PDFP”), a group of oral health professionals affiliated with the University Of Pennsylvania School Of Dental Medicine. You benefit from a team of experts who not only teach the next generation of dentists, but also practice using the latest techniques in patient care. All covered services are performed by members of the Penn Dental Family Practice, who provide general and specialty treatment under one roof at three office locations.

This document describes the benefits available under the Penn Dental Family Plan. The Plan is one dental coverage option that is offered through the University of Pennsylvania Health and Welfare Program (the “Health and Welfare Program”). For more information regarding the Health and Welfare Program, including eligibility information and important legal information regarding the Program and your rights under federal law, employees are encouraged to review the summary plan description (SPD) for the Health and Welfare Program, or contact the Employee Benefits Office.

1. Eligibility

The Penn Dental Family Plan is open to employees (and their eligible dependents) of the University of Pennsylvania Health System who satisfy the eligibility requirements for participating in the Health and Welfare Program. For a more complete description of the Health and Welfare Program’s eligibility rules, employees should refer to their enrollment material or the summary plan description (SPD) for the Health and Welfare Program.

2. Enrollment in the Penn Dental Family Plan

Eligible UPHS employees may enroll either upon or during the annual open enrollment period. Eligible new employees may enroll upon hire. With the exception of certain mid-year election changes described in Section 2.2, eligible dependents may be added to coverage only at the time that the employee enrolls or during an open enrollment period.

2.1 Effective Date of Coverage

For information regarding the effective date of coverage under the Health and Welfare Program, employees should refer to their enrollment materials of the SPD from the Health and Welfare Program.

2.2 Mid-Year Election Changes

Eligible employees are permitted to add or drop themselves and/or their eligible dependents from coverage under the Penn Dental Family Plan on account of certain events (such as birth, adoption, marriage, etc.)

provided that notice is given to the Benefits Office and Penn Dental within 30 days of the event. More information about change in status events can be found in the SPD for the Health and Welfare Plan.

3. Schedule of Benefits

The Penn Dental Plan provides the following coverage:

Type I Services – 100% Coverage

- Diagnostic and Preventive, including routine examinations and prophylaxis/cleanings (limited to not more than two times in a fiscal year July 1 through June 30), radiographs (excluding CBCT), fluoride applications and sealants (for children up to and including age 14), sealants covered 2 times in 14 fiscal years on permanent molars only, excluding wisdom teeth, and oral hygiene counseling.

Type II Services – 80-100% Coverage

- Basic restorations: Amalgam (silver-colored restorations) for back teeth and Composites (tooth-colored restorations) for front teeth cavities are covered at the **80%** rate. Composites for back teeth cavities are covered at **80%**. Coverage is contingent upon radiographic evidence showing the need for the composite for non-cosmetic purposes.
- Oral surgery (out of hospital only) including extractions, incision and drainage of abscesses, alveolectomy, and alveoloplasty, removal of oral cysts and tumors, and other routine oral surgical procedures performed in the office are covered at **90%**. The aforementioned services shall be covered by the Penn Dental Family Plan only if such services are not covered by the subscriber's medical coverage. The Plan covers full and partial bony impacted third molars and the directly-related diagnostic expenses, only if denied by medical coverage. Coordination of benefit rules apply and shall not exceed 100% of the treatment cost.
- Emergency treatment (palliative treatment for the relief of pain or discomfort) is covered at **100%**. Other services performed during emergency treatment will be covered at their usual benefit levels.

Type III Services – 80% Coverage

- Periodontics: Surgical and non-surgical periodontics including subgingival curettage, scaling and root planing, periodontal maintenance.
- Endodontics, including pulp treatment, root canal therapy, pulpotomy, and apicoectomy.

Type IV Services – 50-60% coverage

- Major restorations: including inlays, crowns (when necessary due to decay or fracture), and bridges are covered at **60%**.
- Dentures, including complete upper and/or lower dentures, partial dentures, and relining and repair of dentures are covered at **60%**.
- Space maintainers—prosthetic devices used in children to maintain the gap created by a missing tooth until the permanent tooth emerges are covered at **50%**.

- Implants: placement is covered at **50%**. Restorations on implants, including crowns and other prostheses, are covered at **60%**. The implant abutment (post that is placed in the implant fixture and anchors the crown), bone graft, and any other biological materials are excluded from coverage.
- The Plan will only cover crown restorations for implants that were placed at Penn Dental. Please refer to section 3.3 for limitations and exclusions. This implant benefit will be applied to the annual maximum Plan benefit of \$3,000.
- Occlusal Nightguards (processed in an outside laboratory or at Penn Dental) are covered at **50%** and are limited to 1 every 5 years.
- CT Scans for diagnostic purposes for dental procedures (when scanned at Penn Dental) are covered at **50%**.

Please refer to the limitations and exclusions section.

Type V Services – 60% coverage

- Orthodontics: includes one orthodontic treatment per lifetime for children and adults. Indications for orthodontics are an overbite of at least four millimeters, a crossbite, or protrusive or retrusive relationship of at least one cusp. Transfer of subscribers under treatment will be subject to a monthly treatment fee, which will be covered at the **60%** level. Subscribers in treatment when their Penn Dental Plan coverage is no longer in effect will have their orthodontic benefit prorated by the time remaining in treatment, subject to a \$2,000 lifetime maximum benefit.

Invisalign is included in this orthodontic benefit, subject to the \$2,000 lifetime maximum benefit. Subscribers must be a candidate for Invisalign as determined by Penn Dental.

The orthodontic benefit will be applied towards the annual maximum Plan benefit of \$3,000.

3.1 Co-payments and Deductibles

For Type II, III, and IV services, there is a \$50 Plan year (July 1-June 30) deductible that applies. The maximum deductible per individual per year is \$50 or \$150 per family. Co-payments are dependent on the type of services provided and are due at the time of treatment. For specific co-payments, contact your Penn Dental office.

3.2 Emergencies

Emergency care is provided for subscribers of the Penn Dental Family Plan on a 24-hour basis. If an emergency occurs outside of normal business hours, the subscriber should call (215) 898-PDFP (7337) or any Penn Dental office for a referral to the emergency provider on call.

3.2.1 Out-of-the-Area Emergency Care

In the event that an emergency occurs when the subscriber is more than 100 miles away from one of the Penn Dental offices, palliative treatment (treatment to alleviate the immediate discomfort) from a non-plan dentist is covered by the Penn Dental Plan. Examples of emergencies are pain, fever, swelling, bleeding, or loss of a tooth.

Treatment from a non-plan dentist should be limited to palliative treatment. Follow-up care must be provided by Penn Dental in order to be covered.

To receive reimbursement from the Penn Dental Family Plan, the subscriber must submit an itemized bill with procedure codes and receipt of payment from the dentist who provided the emergency treatment. If x-rays were taken, they must also be included or forwarded electronically.

The subscriber is responsible for all out of pocket expenses incurred for the emergency care treatment. The subscriber shall receive reimbursement from the Penn Dental Family Plan for the palliative emergency services at a rate equal to the Penn Dental Family Practice fee for the same or similar service, subject to the Plan coverage and limitations. The subscriber is responsible for any fees charged by the dentist who provided emergency treatment that are in excess of those charged by Penn Dental Family Practice.

3.3 Limitations and Exclusions

The maximum annual benefit per plan year (July 1-June 30) for each family member is \$3,000.

The Penn Dental Family Plan will NOT cover:

- An appliance or modification of one, where an impression was made before the subscriber was covered.
- Root canal therapy if the pulp chamber was opened before the subscriber was covered.
- Fixed prosthetics (including implants) and full or partial denture at any stage of fabrication prior to coverage. In the case of out-of-area emergency treatment for these partially-completed procedures, coverage is subject to the approval of the Clinical Director.

Other procedures not covered by the Penn Dental Family Plan include, but are not limited to, the following:

- Services, procedures, or supplies not provided by Penn Dental, except for emergency services covered in Section 3.2.1.
- Services provided under any government program or law under which the individual is, or could be, covered as determined by the Penn Dental Plan Administrators.
- Coverage for a restoration (bridge, crown, removable denture or implant) of a tooth or teeth missing or extracted prior to enrollment in the Penn Dental Plan is subject to the approval of the Clinical Director and may be denied.
- Unserviceable appliances that meet all of the other criteria for replacement will be replaced by same-type appliances or an alternative benefit for enhanced prosthetic choices can be applied at the discretion of the Penn Dental Plan Administrator.
- Replacement or upgrade of a previous restoration (bridge, crown, removable denture or implant) that is less than 60 months old. If the restoration was not performed in one of the Penn Dental offices, the subscriber is responsible for obtaining documentation of the restoration's age.
- Temporary provisional crowns.
- For implants that were placed by Penn Dental within the past five years, the Plan will not cover a removable partial denture placed in the same immediate area.
- Occlusal appliances, other than for bruxism or any occlusal guard that is less than 5 years old.
- Procedures necessary to alter the vertical dimension or to restore occlusion by splinting.

- Splinting teeth with permanent restorations (crowns) for periodontal purposes.
- Services necessitated by an accident related to employment or disease covered under the workers' compensation or similar law.
- Abutments, bone grafts and biological materials, such as membranes, for dental implants (which must be paid for before delivery of such materials).
- Prosthetic superstructure over implants (crowns, bridges, attachments, dentures) if the implant itself was not covered under the Penn Dental Plan).
- Replacement of lost or broken orthodontic appliances.
- Orthodontic appliances, including retainers are limited to 1 replacement every 3 years and are subject to the \$2000 lifetime orthodontic maximum.
- Oral surgery and related expenses in a hospital.
- Dentistry requiring hospitalization except preauthorized pediatric dentistry covered at Penn Dental Plan level of benefits.
- General anesthesia—Conscious (IV or Oral) sedation—for dentistry services (i.e. fillings, extractions, etc.). For complex extractions, the Penn Dental Plan Office will submit to your medical carrier for coverage.
- Treatment of temporomandibular (TMJ) dysfunction. No TMJ appliances.
- Dentistry primarily for cosmetic purposes.
- A service provided while the subscriber's coverage is not in effect, except as provided under Section 5.1.
- Nitrous oxide.
- Preventive sealants on adults are not covered. Sealants are covered to age 14 only and are limited to coverage 2 times in 14 fiscal years on permanent molars only and exclude wisdom teeth.
- Fluoride treatments for subscribers 15 years of age and older.
- Oraquix (needle-free anesthetic) tissue anesthesia.
- Whitening procedures.

4. Cost of Coverage

Subscribers are expected to pay their share of the cost of services, if any, at the time of their visit. Arrangements can be made with the billing staff for individual payment plans, such as those for crown and bridge treatment and orthodontics.

4.1 Employee Contribution

Employees should refer to their enrollment materials for information on what, if any, employee contribution is required for coverage under the Penn Dental Plan. Contributions are deducted from pay before any federal income tax; FICA (Social Security) tax and Medicare Insurance tax are withheld. The state tax treatment will differ from state to state. There are exceptions to the pre-tax status of your contributions for a same-sex partner and a partner's child(ren) who are not your tax dependents. See the SPD for the Health and Welfare Plan for more information about these special situations.

5. Termination of Coverage

In general, coverage for the subscriber and family members will terminate if the subscriber ceases to be an eligible employee of the University of Pennsylvania Health System or if the Penn Dental Plan is discontinued by the University of Pennsylvania Health System. More detailed information about when and how coverage under the Penn Dental Plan may end is set forth in the SPD for the Health and Welfare Plan.

5.1 Extension of Benefits

If coverage under the Penn Dental Plan is terminated for the subscriber or a family member, the protection will be extended to cover treatment in progress or basic services received within the next 30 days provided that these services would have been covered had the Penn Dental Plan remained in effect. Payment for treatment received after this extension period will be on a fee-for-service basis.

6. Subscriber Responsibilities

Subscribers to the Penn Dental Plan are expected to:

- Seek all dental care from Penn Dental Family Practice (this Plan is not accepted at the School of Dental Medicine student clinics).
- Pay deductibles and their co-payments for covered services at the time of the visit.
- Notify the Benefits Office of any changes in status affecting covered dependents.
- Request treatment plan recommendations in a printed format.
- Give at least 24 hours' notice for cancellation of appointments. If a subscriber or his/her dependents fail to give advance notice (minimum 24 hours), a letter will be sent notifying the subscriber that future failed or broken appointments (less than 24 hours) will generate a fee. This fee will increase with future failed or broken appointments. Subscribers must pay all failed or broken appointment fees before scheduling future appointments for dental treatment.
- Notify their provider at their next appointment of any changes in medical history, including medications.
- Be present for the entire visit when a minor child is having dental treatment and sign a treatment plan for the child.
- Be on time for all appointments.
- Maintain good dental health habits.

7. Changes in Family Status

Notify the Benefits Office of any changes in family status affecting covered dependents.

8. Coordination with Other Plans

The Penn Dental Plan contains a provision that coordinates the benefits it pays on behalf of an individual with payments that may be made under other plans covering the individual so that the total benefits available will not exceed 100% of the allowable expenses.

An allowable expense is any necessary, reasonable, and customary expenses covered, at least in part, by one of the "plans." For this purpose, the terms "plans" refer to the following types of medical and dental care benefit programs: (a) coverage under a government program or coverage required by statute, including no-fault coverage to the extent required in policies or contracts by a motor vehicle insurance statute or similar

legislation; and (b) group insurance through employment or other coverage obtained through an educational institution above the high school level.

When a claim is made, the primary plan pays its benefits without regard to any other plans. The secondary plans adjust their benefits so that the total benefits available will not exceed the allowable expenses. The Penn Dental Family Plan will not pay more than it would have paid if there was no other plan. A plan without a coordination provision is always the primary plan. If all plans have a coordination provision, the plan covering the subscriber directly, rather than as a dependent, is the primary plan. If both parents cover a dependent child, except for situations where the parents are separated or divorced, the plan of the parent whose date of birth (month, day) falls earlier in the calendar year is the primary plan for that child. If both parents have the same birth date, the plan that covered the parent longer shall be primary.

9. Statement of Rights of UPHS

As with any other coverage option provided under the Health and Welfare Plan, UPHS (acting through its Executive Committee or a duly authorized delegate) reserves the right to amend or terminate the Penn Dental Plan, in whole or in part, at any time.

10. Resolution of Questions Regarding Services and Billing

If a subscriber believes that he/she has not been provided with sufficient information about the Penn Dental Family Plan or has been denied a benefit under the Penn Dental Family Plan, the subscriber may file a written claim with:

Penn Dental Plan Administrator
240 S. 40th Street
Schattner Building – Suite 307
Philadelphia, PA 19104
askPDFP@dental.upenn.edu

Detailed information about filing claims and appealing denied claims for benefits under the Penn Dental Plan is set forth in the SPD for the Health and Welfare Plan.

11. Miscellaneous Information

Plan Administrator:

The Associate Vice President
Human Resources
Hospital of the University of Pennsylvania
3400 Spruce Street
Philadelphia, PA 19104
(215) 615-2675

Plan Year:

The Plan year begins each July 1st and ends June 30th.