

The Penn Dental Plan for Undergraduate and Graduate Students of the University of Pennsylvania

Effective August 1, 2018

Introduction

The Penn Dental Plan of the University of Pennsylvania (“Penn Dental Plan” or “Plan”) is a program of comprehensive dental benefits with Penn Dental Family Practice, a group of oral health professionals affiliated with the University of Pennsylvania Penn 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 practice, who provide general and specialty treatment under one roof.

This document describes the benefits available under the Penn Dental Plan.

1. Eligibility

The Penn Dental Plan is open to undergraduate and graduate students (and their eligible dependents) of the University of Pennsylvania who satisfy the eligibility requirements as defined by Student Health Services and the Penn Dental Faculty Practice.

2. Enrollment in the Penn Dental Plan

Eligible undergraduate and graduate students may enroll either upon or during the annual open enrollment period. 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 student enrolls or during an open enrollment period.

<u>Coverage Period</u>	<u>Coverage Start Date</u>	<u>Coverage End Date</u>	<u>Enrollment/Waiver Deadline</u>
Annual	08/1/2018	07/31/2019	09/30/2018

2.1 Effective Date of Coverage

The effective date of coverage for the Penn Dental Plan is August 1st, 2018.

2.2 Mid-Year Election Changes

Eligible undergraduate and graduate students are permitted to add or drop themselves and/or their eligible dependents from coverage under the Penn Dental Plan on account of certain major life events (such as birth, adoption, marriage, loss of coverage, etc.), at the discretion of Penn Dental Family Practice, provided that notice is given to Penn Dental within 31 days of the event. All premiums are non-refundable and not pro-rated.

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Mid-year	immediate	07/31/2019	01/30/2019

2.3 Late Enrollment

Coverage for late enrollees may be possible only under certain conditions. After the enrollment deadline, only those students who have involuntarily lost health insurance coverage through a “Qualifying Life Event” such as 1) removal from parent’s health insurance coverage after achieving a landmark birthday that disqualifies them from a parent’s health insurance plan or 2) losing private health insurance through loss of employment or divorce, may apply for late enrollment. A certificate of credible coverage stating the date of the involuntary loss of health coverage and a signed application must be submitted to the Student Health Insurance Office within 31 days of the qualifying life event. Please contact the Student Health Insurance Office at (215) 746-3535, option 3 for details.

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 12 month period), radiographs, fluoride applications and sealants (for children up to and including age 14), and oral hygiene counseling.
- Emergency treatment (palliative treatment for the relief of pain or discomfort). Other services performed during emergency treatment will be covered at their usual benefit levels.

Type II Services – 80% Coverage

- Basic restorations: Amalgams (silver colored restorations) and composites (tooth-colored restorations) for front and back teeth cavities are covered at the 80% rate. 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. The aforementioned services shall be covered by the Penn Dental Plan only if such services are not covered by the subscriber’s medical coverage. The Plan covers fully and partial bony impacted third molars and the directly-related diagnostic and anesthesia expenses, only if denied in full by any and all medical coverage. Coordination of benefit rules apply and shall not exceed 80% of the treatment cost.

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% coverage

- Major restorations: including inlays, crowns (when necessary due to decay or fracture), and bridges.

- Dentures, including complete upper and/or lower dentures, partial dentures, and relining and repair of dentures.
- Space maintainers—prosthetic devices used in children to maintain the gap created by a missing tooth until the permanent tooth emerges.
- Implants: surgery including restoration. Restorations on implants, including crowns and other prostheses, are covered at the usual level for that restoration. 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. The annual maximum benefit for implant surgery is \$1,500. This implant benefit will be applied to the annual maximum Plan benefit of \$1,500.
- Occlusal Nightguards (processed in an outside laboratory or at Penn Dental)

Please refer to the limitations and exclusions section.

Type V Services – 50% 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 50% 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 \$1,500 lifetime maximum benefit.

Subscribers must be a candidate for Invisalign as determined by a Penn Dental doctor.

The lifetime orthodontic benefit counts towards the annual maximum Plan benefit of \$1,500.

3.1 Copayments and Deductibles

For Type II, III, and IV services, there is a \$50 Plan year August 1-July 31 deductible that applies. The maximum deductible per individual per year is \$50. Copayments are dependent on the type of services provided and are due at the time of treatment. For specific copayments, contact your Penn Dental office. Arrangements can be made with the billing staff for individual payment plans through Care Credit, such as those for crown and bridge treatment and orthodontics.

3.2 Emergencies

Emergency care is provided for subscribers of the Penn Dental Plan on a 24-hour basis. If an emergency occurs outside of normal business hours, the subscriber should call (215) 898-4615 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 Family Practices, 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 Plan for palliative treatment, 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 Plan for the palliative emergency services at a rate equal to the Penn Dental 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.

3.3 Limitations and Exclusions

The maximum annual benefit per plan year (August 1-July 31) for each individual is \$1,500.

The Penn Dental 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 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.
- 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.

- 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.
- Oral surgery and related expenses in a hospital.
- Dentistry requiring hospitalization except preauthorized pediatric dentistry covered at Penn Dental Plan benefits.
- General anesthesia—Conscious (IV or Oral) sedation—for basic 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 over the age of 15, sealants covered to age 14 only.
- Fluoride treatments for subscribers older than 15 years of age.
- Oraquix (needle-free anesthetic) tissue anesthesia.

4. Cost of Coverage

Subscribers must pay the premium for coverage at the time of enrollment. Once student eligibility is established at the enrollment site you may enroll yourself and dependents and select credit card or student account billing for payment option.

5. Termination of Coverage

In general, coverage for the subscriber and eligible dependents will terminate if the subscriber ceases to be an eligible student of the University of Pennsylvania or if the Penn Dental Plan is discontinued by the University of Pennsylvania.

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 (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 Penn Dental of any changes in status affecting covered dependents.
- 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 Penn Dental 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 Plan will not pay more than it would have paid if there were 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 Student Health Services

As with any other coverage option, Student Health Services 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 Plan or has been denied a benefit under the Penn Dental Plan, the subscriber may file a written claim with:

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

11. Miscellaneous Information

Plan Administrator:

Erika N. Gross
Director, Finance, Administration and Risk Management
Student Health Services
3535 Market Street, Suite 100
Philadelphia, PA
215-746-0821 - direct

Plan Year:

The Plan year begins each August 1st and ends July 31st. Premiums paid by the subscriber for the Plan year are non-refundable.