



**Food Employers Labor Relations
Association & United Food and
Commercial Workers VEBA Fund**

Group No: 21284

Effective Date: June 1, 2025

INTRODUCTION

This Evidence of Coverage ("EOC") provides information about Your dental benefits ("Plan") under Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund, provided by Dentegra Insurance Company ("Company"). To offer these Benefits, the Contractholder has entered into a Group Dental PPO Insurance Contract ("Contract") with Us.

This document, including the Contract, the Application, and any attachments, provides the terms and conditions of Your Plan's coverage. Read this document carefully for an explanation of Your coverage, including the *Definitions* section for any terms with special or technical meanings.

Terms such as "You," "Your" and "Yourself" means the individuals who are covered. "We," "Us" and "Our" refers to the Company or Our Third Party Administrator ("Administrator").

Identification Card (ID)

ID cards are not required to receive dental services. However, when You receive dental services, Your Enrollee identification ("ID") number should be provided to Your Provider. An ID card may be obtained by visiting Our website at dentegra.com.

Contract

The Benefit explanations contained in this EOC and the attachments are subject to all provisions of the Contract. In the event there is a conflict between the EOC and the Contract, the Contract prevails. This document is not a Summary Plan Description under the Employee Retirement Income Security Act ("ERISA").

Contact Us

For more information, visit Our website at dentegra.com or call Customer Service at 877-280-4204 or You may submit an inquiry to:

*Dentegra Insurance Company
P.O. Box 1850
Alpharetta, GA 30023-1850*



Michael G. Hankinson, Esq.
Executive Vice President, Chief Legal Officer

Notice

This EOC is a summary of Your Plan. This information is not a guarantee of covered Benefits, services, or payments.

This certificate is not a Medicare supplement certificate. It is not designed to fill the 'gaps' of Medicare. If you are eligible for Medicare, review the Medicare supplement buyer's guide available from the Company.

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DEFINITIONS

Terms when capitalized in this EOC have defined meanings, given in the section below or throughout the booklet sections.

Accepted Fee: the amount the attending Provider agrees to accept as payment in full for services rendered.

Benefits: dental services provided by Us as described in this EOC, under the terms of the Contract and any attachments.

Claim Form: the standard form used to file a claim or request Pre-Treatment Estimate for treatment.

Contract: the written agreement between Us and the Contractholder under which Benefits are provided.

Contractholder: the employer, union or other organization contracting to obtain Benefits.

Contract Term: the period during which the Contract is in effect; the 12 months starting on the Effective Date and each subsequent 12 month period thereafter.

Dentegra PPO Provider: a Provider who contracts with Us and agrees to accept Our Contracted Fees as payment in full for services provided under this Plan and to comply with Our administrative guidelines.

Dentegra PPO Contracted Fee: the fee for each Single Procedure Dentegra PPO Providers have contractually agreed to accept as payment in full.

Dependent (“Dependent Enrollee”): the Primary Enrollee’s eligible Dependents and any individuals eligible to enroll for Benefits because of their relationship with the Primary Enrollee. And includes:

- the Spouse of the Primary Enrollee eligible for Benefits.
- Unmarried dependent children from birth through the end of the calendar year in which they turn age 19.

Children include natural children, stepchildren, foster children, grandchildren, adopted children, children placed for adoption, incapacitated children, children to receive benefits required by court order, children of a partner as recognized by the Contractholder, and children under legal guardianship.

Dependent Enrollee: a Dependent enrolled to receive Benefits.

Effective Date: the date the Contract starts.

Enrollee: is a Primary Enrollee or a Dependent Enrollee enrolled to receive Benefits.

Enrollee Copayment: the amount that an Enrollee is responsible for paying for a covered service at the time that treatment is received. The amount is listed in *Attachment A*, Table of Enrollee Copayments, Deductibles, and Maximums.

Group: see the definition of Contractholder.

Maximum Contract Allowance: the reimbursement against which We calculate Our payment and Your financial obligation. The Maximum Contract Allowance for services provided:

- by Dentegra PPO Providers is the lesser of the Submitted Fee on the claim or the Dentegra PPO Contracted Fee; or
- by Non-Dentegra Providers is the lesser of the Submitted Fee on the claim or the Dentegra PPO Contracted Fee for a Dentegra PPO Provider in the same geographic area.

Non-Dentegra Provider: a Provider who has not contracted with Us and is not bound to abide by Our administrative guidelines and has not agreed to accept Dentegra PPO Contracted Fees. These Providers may balance bill for services not paid in full.

Open Enrollment Period: the period of the year during which the Contractholder will allow Primary Enrollees to change coverage for the next Contract Term.

Pre-Treatment Estimate: an estimation of the allowable Benefits for the services proposed.

Premium: the amounts payable by the Contractholder.

Primary Enrollee: an individual enrolled to receive Benefits; may also be referred to as “Enrollee”.

Procedure Code: the Current Dental Terminology (“CDT”) number assigned to a Single Procedure by the American Dental Association®.

Provider: a person licensed to practice dentistry when and where services are performed. A Provider will also include a dental partnership, dental professional corporation, or dental clinic.

Single Procedure: a dental procedure that is assigned a separate Procedure Code.

Special Enrollment Period: the period of time outside Your Open Enrollment Period during which eligible individuals who experience certain qualifying events may enroll in this plan.

Spouse: an individual who is a partner of the Primary Enrollee as:

- defined and as may be required to be treated as a Spouse by the laws of the state where the Contract is issued and delivered;
- defined and as may be required to be treated as a Spouse by the laws of the state where the Primary Enrollee resides; and
- as may be recognized by the Contractholder.

Submitted Fee: the amount the Provider bills and enters on a Claim Form for a specific procedure.

Table of Enrollee Copayments: the list of covered dental services showing the copayment amount to be paid by the Enrollee at the time treatment is received from a Dentegra PPO Provider for each covered Single Procedure. The list is provided in *Attachment A, Table of Enrollee Copayments, Deductibles, and Maximums*.

ELIGIBILITY AND ENROLLMENT – WHEN COVERAGE BEGINS

Eligibility Requirements

The Contractholder is responsible for establishing eligibility and reporting enrollment to Us. We process enrollment as reported. You are eligible for Benefits and eligible to enroll if You meet the eligibility requirements defined by the Contractholder.

Your Dependents are eligible to enroll on the same date that You enroll. Later-acquired Dependents become eligible as soon as they acquire Dependent status.

Overage Children

An overage unmarried Dependent child will be eligible if:

- The Dependent child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness or condition that began prior to reaching the limiting age;
- The Dependent child is chiefly dependent on the Primary Enrollee for support; and
- Proof of disability is provided within 31 days of request. Proof of disability will not be required more than one (1) time per year following a two year period after the Dependent child reaches the limiting age. Eligibility will continue as long as the Dependent child relies on the Primary Enrollee for support because of a physically or mentally disabling injury, illness or condition that began before the Dependent child reached the limiting age.

Enrollment Requirements

If the Contractholder is responsible for Your Premium, coverage will begin on the Contract's Effective Date.

A Dependent may not be enrolled under more than one Primary Enrollee.

A child who is eligible as a Primary Enrollee and a Dependent Enrollee can be insured as a Primary Enrollee or as a Dependent Enrollee but not both at the same time.

Special Enrollment Periods – Enrollment Changes

After Your Effective Date, You may change Your enrollment during an Open Enrollment Period or during a Special Enrollment Period as a result of a qualifying status change. Qualifying status changes include, but are not limited to, the following events:

- Marital status (marriage, divorce, legal separation, annulment, or death);
- Number of Dependents (a child's birth, adoption of a child or grandchild, placement of child grandchild for adoption, addition of a step or foster child or death of a child or grandchild, children under legal guardianship, addition of Dependent children after death of spouse, addition of Spouse or Dependent children due to loss of coverage under another group health insurance policy because of the involuntary termination of Spouse's employment other than for cause);
- Dependent child ceases to satisfy eligibility requirements;
- Residence (You move);
- Court order requiring Dependent coverage; or
- Any other current or future election changes permitted by Internal Revenue Code Section 125

Extension of Benefits

We will not pay for any services/treatment received after Your coverage ends. However, We will extend Benefits for at least 90 days after the date on which Your coverage ends or until the services are complete if the treatment: (1) begins before the date coverage terminates; and (2) requires two or more visits on separate days to a dentist's office.

- In the case of orthodontic procedures, notwithstanding any other limitation on orthodontic Benefits, We will extend Benefits: (1) for 60 days if the orthodontist has agreed to or is receiving monthly payments or (2) for 60 days or until the end of the quarter in progress, whichever is longer, if the orthodontist has agreed to or is receiving quarterly payments.

Continued Coverage under USERRA

- As required under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), if You are covered by the Contract on the date Your USERRA leave of absence begins, You may continue dental coverage for Yourself and any covered dependents. Continuation of coverage under USERRA may not extend beyond the earlier of:
- Twenty-four (24) months, beginning on the date the leave of absence begins, or;
- The date You fail to return to work within the time required by USERRA.

For USERRA leave that extends beyond 31 days, the premium for continuation of coverage will be the same as for COBRA coverage.

Continuation of Coverage Under COBRA

COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) provides a way for You to continue coverage for a period of time when employer-sponsored group health plan coverage is lost. COBRA does not apply to all companies, only those that meet certain size guidelines. See Your Human Resources Department for complete information.

We do not assume any of the obligations required by COBRA of the Contractholder or any employer (including the obligation to notify potential beneficiaries of their rights or options under COBRA).

CONDITIONS UNDER WHICH BENEFITS ARE PROVIDED

We will pay Benefits for the dental services described in *Attachments A and B* when a Provider provides the services and when they are necessary and customary under the standards of generally accepted dental practice. Claims will be processed according to Our standard processing policies. The processing policies may be revised at the beginning of a Contract Term to comply with annual CDT changes and to reflect changes in generally accepted dental practice standards. Advance notice will be provided to the Contractholder who then will distribute notice to You. We will use the processing policies that are in effect at the time the claim is processed. We may use dentists (dental consultants) to review treatment plans, diagnostic materials and/or prescribed treatments to determine generally accepted dental practices and to determine if treatment has a favorable prognosis. Limitations and Exclusions will be applied for the period You are an Enrollee under any of Our programs or prior dental care program provided by the Contractholder subject to receipt of such information from the Contractholder or at the time a claim is submitted. Additional waiting periods, if any, are listed in *Attachments A and B*. If you receive dental services from a Provider outside the state of Maryland, the Provider will be paid according to Our network payment provisions for said state according to the terms of the Contract.

If a primary dental procedure includes component procedures that are performed at the same time as the primary procedure, the component procedures are considered to be part of the primary procedure for purposes of determining the benefit payable under the Contract. Even if the Provider bills separately for the primary procedure and each of its component parts, the total benefit payable for all related charges will be limited to the maximum benefit payable for the primary procedure.

Enrollee Copayments

We will pay the Maximum Contract Allowance less the amount shown on the *Attachment A*, Table of Enrollee Copayments, Deductibles, and Maximums for covered services. You are responsible for paying the Enrollee Copayment at the time any treatment is received.

Depending on the type of Provider providing the service (see section titled "Selecting Your Provider") your out-of-pocket cost may vary. Providers are required to collect Enrollee Copayment for covered services. The Contractholder has chosen to require Enrollee Copayments as a method of sharing the costs of providing Benefits between the Contractholder and You.

If a Provider discounts, waives or rebates any portion of the Enrollee Copayment, We will be obligated to provide as Benefits only the applicable amounts of the Provider's fees or allowances as reduced by the amount of such fees or allowances that are discounted, waived or rebated.

It is to Your advantage to select Dentegra PPO Providers because they have agreed to accept the Maximum Contract Allowance as payment in full for covered services, which typically results in lower out-of-pocket costs for You. Please refer to the sections titled "Selecting Your Provider" and "How Claims Are Paid" for more information.

Pre-Treatment Estimates

Pre-Treatment Estimate requests are not required; however, Your Provider may file a Claim Form before beginning treatment, showing the services to be provided to You. We will estimate the amount of Benefits payable for the listed services. By asking Your Provider for a Pre-Treatment Estimate from Us before You agree to receive any prescribed treatment, You will have an estimate of what We will pay and the difference You will need to pay. The Benefits will be processed according to the terms of the Contract when the treatment is actually performed. Pre-Treatment Estimates are valid for 365 days, or until an earlier occurrence of any one of the following events. On the date:

- The Contract terminates;
- Benefits are amended and the services included in the Pre-Treatment Estimate are part of the amendment;
- Your coverage ends; or
- The Provider's agreement with Us ends.

A Pre-Treatment Estimate does not guarantee payment. It is an estimate of the amount We will pay if You are enrolled and eligible for Benefits at the time the treatment You have planned is completed.

COORDINATION OF BENEFITS

We coordinate the Benefits with Your Benefits under any other group or prepaid program or Benefit plan including another plan of Ours, with the exception of an individually underwritten and issued, guaranteed renewable, specified disease policy or intensive care policy that does not provide benefits on an expense-incurred basis. (This does not apply to a blanket school accident policy.) Benefits under one of the programs may be reduced so that Your combined coverage does not exceed the Provider's fees for the covered services.

If this is the "primary" program, We will not reduce Benefits, but if the other program is the primary one, We will reduce Benefits otherwise payable under this program. We will calculate the Benefits We would have paid on the claim in the absence of other coverage in accordance with the terms of the Contract (see Benefits and Limitations). We will apply that amount to the portion of the Provider's total fees for covered services unpaid by the other plan. We will reduce Our payment so that, when combined with the amount paid by the other plan, the total benefits paid or provided by all plans for the claim do not exceed the Provider's total fee for covered services. How do We determine which plan is the "primary" program?

- (1) If the other plan is not primarily a dental plan, this Plan is primary, except the Enrollee's medical plan, if any, will be primary for oral surgery procedures covered under such plan.
- (2) If the other plan is a dental program, the following rules are applied:
 - a) the plan covering You as an employee is primary over a plan covering You as a dependent.
 - b) the plan covering You as an employee is primary over a plan which covers the insured person as a dependent; except that: if the insured person is also a Medicare beneficiary, and as a result of the rule established by Title XVIII of the Social Security Act and implementing regulations, Medicare is:
 - i. secondary to the plan covering the insured person as a dependent and
 - ii. primary to the plan covering the insured person as other than a dependent (e.g. a retired employee), then the benefits of the plan covering the insured person as a dependent are determined before those of the plan covering that insured person as other than a dependent.
- (3) When this plan and another plan cover the same child as a dependent of different persons, called parents:
 - a) The benefits of the plan of the parent whose birthday falls earlier in a year are determined before those of the plan of the parent whose birthday falls later in that year, but
 - b) If both parents have the same birthday, the benefits of the plan which covered one parent longer are determined before those of the plan which covered the other parent for a shorter period of time.
 - c) In the case of a dependent child of legally separated or divorced parents, or parents who are not living together, whether or not they have ever been married, the order of benefits for the Enrollee is as follows:
 - i. The plan covering the custodial parent;
 - ii. The plan covering the custodial parent's spouse;
 - iii. The plan covering the non-custodial parent; and then
 - iv. The plan covering the non-custodial parent's spouse.

If there is a court decree which would otherwise establish financial responsibility for the health care expenses with respect to the child, the benefits of a plan which covers the child as a dependent of the parent with such financial responsibility will be determined before the benefits of any other policy which covers the child as a dependent child.

For a dependent child covered under more than one plan of individuals who are not the parents of the child, the order of benefits will be determined, as applicable as if those individuals were parents of the child.

For a dependent child who has coverage under either or both parents' plans and also has their own coverage as a dependent under a spouse's plan, then the plan coverage that is longer is primary.

In the event the dependent child's coverage under the spouse's plan began on the same date as the dependent child's coverage under either or both parents' plans, the order of benefits will be determined by applying the birthday rule of the dependent child's parent(s) and the dependent's spouse.

If the specific terms of a court decree state that the parents will share joint custody, without stating that one of the parents is responsible for the health care expenses of the child, the plans covering the child will follow the order of benefit determination rules (3) a) and (3) b).

- (4) The benefits of a plan which covers an insured person as an employee who is neither laid off nor retired are determined before those of a plan which covers that insured person as a laid off or retired employee. The same would hold true if an insured person is a dependent of a person covered as a retiree and an employee. If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this rule is ignored.
- (5) If an insured person whose coverage is provided under a right of continuation pursuant to federal or state law also is covered under another plan, the following will be the order of benefit determination:
 - a) First, the benefits of a plan covering the insured person as an employee or Primary Enrollee (or as that insured person's dependent);
 - b) Second, the benefits under the continuation coverage.
 - c) If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this rule is ignored.
- (6) If none of the rules (1) through (5) determine the order of benefits, the benefits of the plan which covered You longer are determined before those of the plan which covered You for the shorter term.

SELECTING YOUR PROVIDER

Free Choice of Provider

We recognize that many factors affect the choice of dentist and therefore support your right to freedom of choice regarding your Provider. This assures that You have full access to the dental treatment You need from the dental office of Your choice. You may see any Provider for your covered treatment, whether the Provider is a Dentegra PPO Provider or a Non-Dentegra Provider. In addition, You and Your dependents, if applicable may see different Providers.

Remember, you enjoy the greatest benefits—including out-of-pocket savings—when You choose a Dentegra PPO Provider. To take full advantage of Your benefits, We highly recommend You verify a dentist's participation status in the Dentegra network with Your dental office before each appointment. Review the section titled "How Claims Are Paid" for an explanation of Our payment procedures to understand the method of payments applicable to Your dentist selection and how that may impact Your out-of-pocket costs.

If You are diagnosed with a condition or disease that requires a specialist and no Dentegra PPO Provider has the specialized dental training and expertise to treat Your condition or disease or We cannot provide reasonable access to a Dentegra PPO Provider who is a specialist without unreasonable delay or travel, You may consult a specialist who is not a Dentegra Provider on Your own. For purposes of calculating any deductible, co-payment amount or co-insurance payable by You, the specialist will be considered a Dentegra PPO Provider for the treatment. Remember, if the dentist is not a Dentegra Provider, You may be required to pay all of the treatment cost at the time of service and submit a claim to Us for reimbursement.

Locating a Dentegra PPO Provider

There are two ways in which you can locate a Dentegra PPO Provider near you:

- You may access information through our website at dentegra.com. This website includes a Provider search function to locate Dentegra PPO Providers by location, specialty and network type; or
- You may also call our Customer Service Center toll-free at 877-280-4204 and one of Our representatives will assist. We will provide information regarding a Provider's network, specialty and office location.

Continuity of Care

At Your request or an Enrollee's parent, guardian, designee, or health care provider to the Customer Service Center at 877-280-4204, We will allow new Enrollees to continue to receive services for qualifying acute conditions and serious chronic conditions being rendered by a Non-Dentegra Provider at the time of transition to this Plan. You will be allowed to continue to receive services for these conditions for the lesser of the course of treatment or 90 days. Coverage for these services will be subject to the Benefits, limitations and exclusions described in this EOC. You will be liable for the same fees and/or Enrollee Copayment that You would pay to a Dentegra PPO Provider for the same treatment. If a Non-Dentegra Provider does not accept Our method of compensation nor any allowed alternative, the Non-Dentegra Provider is not required to continue to provide the services.

HOW CLAIMS ARE PAID

Payment for Services — Dentegra PPO Provider

Payment for covered services by a Dentegra PPO Provider is calculated based on the Maximum Contract Allowance, which is the lesser of the Submitted Fee on the claim or the Dentegra PPO Contracted Fee. Dentegra PPO Providers have agreed to accept the Dentegra PPO Contracted Fee as the full charge for covered services.

Our payment is sent directly to the Dentegra PPO Provider who submitted the claim. We advise of any charges not payable by Us for which You are responsible. These charges are generally Your Enrollee Copayment, as well as any deductibles, if applicable, charges where the maximum has been exceeded, if applicable, and/or charges for non-covered services.

Payment for Services — Non-Dentegra Provider

Payment for services performed by a Non-Dentegra Provider is also calculated based on the Maximum Contract Allowance. Non-Dentegra Providers have no agreement with Dentegra and are free to balance bill You for any difference between what We pay and the Submitted Fee.

When dental services are received from a Non-Dentegra Provider, Our Payment is sent directly to You. You are responsible for payment of the Non-Dentegra Provider's Submitted Fee. Non-Dentegra Providers will bill You for their normal charges, which may be higher than the Maximum Contract Allowance for the service. You may be required to pay the Provider and then submit a claim for reimbursement. Since Our payment for services may be less than the Non-Dentegra Provider's actual charges, Your out-of-pocket cost may be significantly higher.

How to Submit a Claim

We do not require special claim forms. However, most dental offices do have Claim Forms available. Dentegra PPO Providers will fill out and submit claim related paperwork for You. Some Non-Dentegra Providers may also provide this service upon Your request. If You receive services from a Non-Dentegra Provider who does not provide this service, You can submit Your own claim directly to Us. Please refer to the section titled "Notice of Claim Form" for more information.

Your dental office should be able to assist You in filling out the Claim Form. Fill out the Claim Form completely and send it to:

*Dentegra Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809*

COMPLAINTS, GRIEVANCES AND APPEALS

Our commitment to You is to ensure quality throughout the entire dental benefit process: from the courtesy extended to You by Our Customer Service representatives to the dental services provided by Our Providers. If You have questions about any services received, We recommend that You first discuss the matter with Your Provider. However, if You continue to have concerns, please call Our Customer Service Center. You can also email questions by accessing the “Contact Us” section of Our website at dentegra.com.

Complaints, grievances or appeals regarding eligibility, the denial of dental services or claims, the policies, procedures, or Our operations, or the quality of dental services performed by the Provider may be directed in writing to Us or by calling Us toll-free at 877-280-4204.

Please include the name of the Enrollee, the Primary Enrollee’s name and ID number, and telephone number on all correspondence. A copy of the Claim Form, claim statement, or other relevant information should also be included. For an explanation as to Your rights of appeal, please refer to the attached *Internal Appeal and Grievance Procedure Form*.

RENEWAL AND TERMINATION OF BENEFITS

This Plan renews on the anniversary of the Contract unless We provide notice of a change in Premiums or Benefits and the Contractholder does not accept the change. Your Benefits will terminate:

- As of the date that this Plan is terminated,
- You cease to be eligible under the terms of this Plan, or
- Your enrollment is canceled under the terms of this Plan.

If your Benefits terminate, We are not obligated to continue to provide Benefits to You or Your dependents except for completion of dental treatment started when this Plan was in effect.

Cancellation of Enrollment

Subject to the *Continued Coverage under USERRA* and *Continuation of Coverage under COBRA* provisions, Your enrollment may be canceled, or renewal of enrollment refused, in the following events:

- Immediately: upon loss of eligibility as described in this EOC.
- Upon 15 days written notice if:
 - The Premiums are not paid on behalf of You, on the date due. However, You may continue to receive Benefits during the grace period and may be reinstated during the term of the Contract upon payment of any unpaid Premium; or
 - You knowingly commit or permit another person to commit fraud or deception in obtaining Benefits under this Plan.
- Upon 30 days written notice if: the Contract is terminated or not renewed.

GENERAL PROVISIONS

Clinical Examination

Before approving a claim, We will be entitled to receive, to such extent as may be lawful, from any attending or examining Provider, or from hospitals in which a Provider’s care is provided, such information and records relating to attendance to or examination of, or treatment provided to You as may be required to administer the claim, or have You examined by a dental consultant retained by Us, in or near Your community or residence. If an examination is required, it will be performed at Our expense. We will in every case hold such information and records confidential.

Notice of Claim Form

We will give You or Your Provider, on request, a Claim Form to make claim for Benefits. The written notice of claim is not required before 20 days after the occurrence or commencement of the loss covered by the policy; and We may not invalidate or reduce the claim if it is shown that 1) it was not reasonably possible to give notice within 20 days, and 2) notice was given as soon as was reasonably possible. To make a claim, the form should be completed and signed by the Provider who performed the services and by the Enrollee (or the parent or guardian if the Enrollee is a minor) and submitted to Us at the address shown below:

Dentegra Insurance Company
P.O. Box 1850
Alpharetta, GA 30023

If the form is not furnished by Us within 15 days after requested by You or Your Provider, the requirements for proof of loss set forth in the next paragraph will be deemed to have been complied with upon the submission to Us, within the time established in said paragraph for filing proofs of loss, of written proof covering the occurrence, the character and the extent of the loss for which claim is made. You may download a Claim Form from Our website.

Written Notice of Claim/Proof of Loss

We must be given written proof of loss within 12 months after the date of the loss. If it is not reasonably possible to give written proof in the time required, the claim will not be reduced or denied solely for this reason, provided proof is filed as soon as reasonably possible. In any event, proof of loss must be given no later than the timeframe mentioned above, plus one year from such time (unless the claimant was legally incapacitated).

A Provider has a minimum of 180 days from the date a covered service is rendered to submit a claim for reimbursement for the service.

Time of Payment

Claims payable for any loss other than benefits for the loss of time will be paid no later than 30 days after written proof of loss is received; and subject to written proof of loss, all accrued indemnities for loss of time will be paid not less frequently than monthly during the continuance of the period for which We are liable, and any balance remaining unpaid at the termination of the period will be paid as soon as reasonably possible after receipt of proof.

We will notify You and Your Provider of any additional information needed to process the claim within this 30 day period.

To Whom Benefits Are Paid

Payment for Benefits will be provided to the Enrollee's Dentegra PPO Provider. Payment for Benefits for out-of-network services will be paid to the Primary Enrollee or Dependent Enrollee, or to Your estate, or to an alternate recipient as directed by court order, except that if the person is a minor or otherwise not competent to give a valid release, Benefits may be payable to their parent, guardian, or to any relative by blood or connection by marriage of the individual who is considered by Us to be equitably entitled to the Benefit, up to an amount not exceeding \$5,000.

Misstatements on Application; Effect

In the absence of fraud, all statements made by You or the Contractholder will be deemed representations and not warranties. No such statement will be used in defense to a claim, unless it is contained in a written instrument signed by You or the Contractholder, a copy of which has been furnished to You or the Contractholder, or Your beneficiary.

A statement made by any Enrollee relating to insurability may not be used in contesting the validity of the insurance with respect to which the statement was made after the insurance has been in force before the contest for a period of two (2) years during the Enrollee's lifetime.

Legal Actions

No action at law or in equity will be brought to recover on the Contract prior to expiration of 60 days after proof of loss has been filed in accordance with requirements of the Contract, nor will an action be brought at all unless brought within three (3) years from expiration of the time within which proof of loss is required by the Contract.

Addition of Employees

Eligible new employees, members, or dependents may be added periodically to the group originally insured in accordance with the terms of the Contract and the Contractholder's eligibility rules.

Non-Discrimination

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We:

- Provide free aids and services to people with disabilities to communicate effectively with Us, such as:
 - Qualified sign language interpreter
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If You need these services, contact Customer Service at 800-471-0284.

If You believe that We have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, You can file a grievance electronically online, over the phone with a Customer Service representative, or by mail.

Dentegra Insurance Company
P.O. Box 1850
Alpharetta, GA 30023-1850
Telephone Number: 800-471-0284
Website Address: dentegra.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Attachment A – Table of Enrollee Copayments,
Deductibles, and Maximums
PPO Program A - Plan 1 (I)**

Group: Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund

Contract Term: Calendar Year

Effective Date: June 1, 2025

Deductibles:	In-Network	Out-of-Network
Per Enrollee Per Contract Term	None	None
For All Family Members Per Contract Term	None	None
Maximums:	In-Network	Out-of-Network
Orthodontic Lifetime Maximum per Enrollee	None	None
Contract Term Maximum per Enrollee for Non-Orthodontic Benefits	None	None

Table of Enrollee Copayments

The services listed in the Table of Enrollee Copayments are considered In-Network Benefits when provided by a Dentegra PPO Provider. When provided by a Dentegra PPO Provider, We will pay the Maximum Contract Allowance less the Enrollee Copayment for covered services listed in the Table of Enrollee Copayments.

When provided by a Non-Dentegra Provider, We will pay the Maximum Contract Allowance less the Enrollee Copayment. However, Non-Dentegra Providers have no agreement with Us and are free to balance bill You for any difference between what We pay and the Submitted Fee. Non-Dentegra Providers will bill You for their normal charges, which may be higher than the Maximum Contract Allowance for the service.

All covered services are subject to *Attachment B - Limitations and Exclusions*, the EOC and Contract.

Procedures not shown are not covered. If a condition can be treated by more than one procedure only the least costly professionally adequate service will be covered.

Notice: We reserve the right to review and amend the Table of Enrollee Copayments** annually to comply with annual Current Dental Terminology (“CDT”) changes made by the American Dental Association® (“ADA”).

D0100-D0999	I. DIAGNOSTIC	ENROLLEE COPAYS
D0120	Periodic oral evaluation – established patient	\$0.00
D0140	Limited oral evaluation – problem focused	\$0.00
D0150	Comprehensive oral evaluation – new or established patient	\$0.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$0.00
D0180	Comprehensive periodontal evaluation – new or established patient	\$30.00
D0210	Intraoral – complete series of radiographic images	\$0.00
D0220	Intraoral – periapical first radiographic image	\$0.00
D0230	Intraoral – periapical each additional radiographic image	\$0.00
D0240	Intraoral – occlusal radiographic image	\$0.00
D0270	Bitewing – single radiographic image	\$0.00
D0272	Bitewings – two radiographic images	\$0.00
D0273	Bitewings – three radiographic images	\$0.00
D0274	Bitewings – four radiographic images	\$0.00
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0.00

D0330	Panoramic radiographic image	\$0.00
D0340	2d cephalometric radiographic image – acquisition, measurement and analysis	\$0.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts	\$20.00

D1000-D1999 II. PREVENTIVE

ENROLLEE COPAYS

D1110	Prophylaxis – adult	\$0.00
D1120	Prophylaxis – child	\$0.00
D1206	Topical application of fluoride varnish	\$0.00
D1208	Topical application of fluoride – excluding varnish	\$0.00
D1510	Space maintainer – fixed, unilateral – per quadrant	\$10.00
D1516	Space maintainer – fixed – bilateral, maxillary	\$20.00
D1517	Space maintainer – fixed – bilateral, mandibular	\$20.00
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$0.00
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$0.00
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$0.00
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$0.00
D1557	Removal of fixed bilateral space maintainer – maxillary	\$0.00
D1558	Removal of fixed bilateral space maintainer – mandibular	\$0.00
D1575	Distal shoe space maintainer - fixed, unilateral – per quadrant	\$11.00

D2000-D2999 III. RESTORATIVE

ENROLLEE COPAYS

D2140	Amalgam – one surface, primary or permanent	\$0.00
D2150	Amalgam – two surfaces, primary or permanent	\$0.00
D2160	Amalgam – three surfaces, primary or permanent	\$0.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite – one surface, anterior	\$0.00
D2331	Resin-based composite – two surfaces, anterior	\$0.00
D2332	Resin-based composite – three surfaces, anterior	\$0.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$0.00
D2390	Resin-based composite crown, anterior	\$132.00
D2391	Resin-based composite – one surface, posterior	\$10.00
D2392	Resin-based composite – two surfaces, posterior	\$18.00
D2393	Resin-based composite – three surfaces, posterior	\$21.00
D2394	Resin-based composite – four or more surfaces, posterior	\$29.00
D2740	Crown – porcelain/ceramic substrate	\$125.00
D2750	Crown – porcelain fused to high noble metal	\$125.00
D2751	Crown – porcelain fused to predominantly base metal	\$125.00
D2752	Crown – porcelain fused to noble metal	\$125.00
D2753	Crown – porcelain fused to titanium and titanium alloys	\$125.00
D2790	Crown – full cast high noble metal	\$125.00
D2791	Crown – full cast predominantly base metal	\$125.00
D2792	Crown – full cast noble metal	\$125.00
D2920	Re-cement or re-bond crown	\$0.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$0.00
D2930	Prefabricated stainless steel crown – primary tooth	\$30.00

D2931	Prefabricated stainless steel crown – permanent tooth	\$30.00
D2932	Prefabricated resin crown	\$30.00
D2940	Protective restoration	\$0.00
D2941	Interim therapeutic restoration – primary dentition	\$0.00
D2950	Core buildup, including any pins when required	\$0.00
D2951	Pin retention – per tooth, in addition to restoration	\$0.00
D2952	Post and core in addition to crown, indirectly fabricated	\$0.00
D2954	Prefabricated post and core in addition to crown	\$0.00
D2980	Crown repair necessitated by restorative material failure	\$0.00

D3000-D3999 IV. ENDODONTICS
ENROLLEE COPAYS

D3110	Pulp cap – direct (excluding final restoration)	\$0.00
D3120	Pulp cap – indirect (excluding final restoration)	\$0.00
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$0.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$0.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$0.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$0.00
D3346	Retreatment of previous root canal therapy – anterior	\$76.00
D3347	Retreatment of previous root canal therapy – premolar	\$79.00
D3348	Retreatment of previous root canal therapy – molar	\$97.00
D3410	Apicoectomy – anterior	\$0.00
D3421	Apicoectomy – premolar (first root)	\$0.00
D3425	Apicoectomy – molar (first root)	\$0.00
D3426	Apicoectomy (each additional root)	\$0.00
D3430	Retrograde filling – per root	\$0.00
D3471	Surgical repair of root resorption - anterior	\$0.00
D3472	Surgical repair of root resorption - premolar	\$0.00
D3473	Surgical repair of root resorption – molar	\$0.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$0.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$0.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$0.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$110.00
D3921	Decoronation or submergence of an erupted tooth	\$0.00

D4000-D4999 V. PERIODONTICS
ENROLLEE COPAYS

D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$200.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$55.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$200.00
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$55.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$325.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$100.00

D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$200.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$200.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$70.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$35.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$0.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$0.00
D4910	Periodontal maintenance	\$35.00

D5000-D5899	VI. PROSTHODONTICS (REMOVABLE)	ENROLLEE COPAYS
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D5110	Complete denture – maxillary	\$30.00
D5120	Complete denture – mandibular	\$30.00
D5130	Immediate denture – maxillary	\$30.00
D5140	Immediate denture – mandibular	\$30.00
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$30.00
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$30.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$30.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$30.00
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$30.00
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$30.00
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$30.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$30.00
D5410	Adjust complete denture – maxillary	\$0.00
D5411	Adjust complete denture – mandibular	\$0.00
D5421	Adjust partial denture – maxillary	\$0.00
D5422	Adjust partial denture – mandibular	\$0.00
D5511	Repair broken complete denture base, mandibular	\$0.00
D5512	Repair broken complete denture base, maxillary	\$0.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$0.00
D5611	Repair resin partial denture base, mandibular	\$0.00
D5612	Repair resin partial denture base, maxillary	\$0.00
D5621	Repair cast partial framework, mandibular	\$0.00
D5622	Repair cast partial framework, maxillary	\$0.00
D5630	Repair or replace broken retentive clasping materials – per tooth	\$0.00
D5640	Replace broken teeth – per tooth	\$0.00
D5650	Add tooth to existing partial denture	\$0.00
D5660	Add clasp to existing partial denture – per tooth	\$0.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$0.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$0.00
D5730	Reline complete maxillary denture (chairside)	\$0.00

D5731	Reline complete mandibular denture (chairside)	\$0.00
D5740	Reline maxillary partial denture (chairside)	\$0.00
D5741	Reline mandibular partial denture (chairside)	\$0.00
D5750	Reline complete maxillary denture (laboratory)	\$0.00
D5751	Reline complete mandibular denture (laboratory)	\$0.00
D5760	Reline maxillary partial denture (laboratory)	\$0.00
D5761	Reline mandibular partial denture (laboratory)	\$0.00

D6200-D6999 IX. PROSTHODONTICS, FIXED

ENROLLEE COPAYS

D6210	Pontic – cast high noble metal	\$125.00
D6211	Pontic – cast predominantly base metal	\$125.00
D6212	Pontic – cast noble metal	\$125.00
D6240	Pontic – porcelain fused to high noble metal	\$125.00
D6241	Pontic – porcelain fused to predominantly base metal	\$125.00
D6242	Pontic – porcelain fused to noble metal	\$125.00
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$125.00
D6245	Pontic – porcelain/ceramic	\$125.00
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$50.00
D6740	Retainer crown – porcelain/ceramic	\$125.00
D6750	Retainer crown – porcelain fused to high noble metal	\$125.00
D6751	Retainer crown – porcelain fused to predominantly base metal	\$125.00
D6752	Retainer crown – porcelain fused to noble metal	\$125.00
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	\$125.00
D6783	Retainer crown – ¾ porcelain/ceramic	\$125.00
D6784	Retainer crown ¾ – titanium and titanium alloys	\$125.00
D6790	Retainer crown – full cast high noble metal	\$125.00
D6791	Retainer crown – full cast predominantly base metal	\$125.00
D6792	Retainer crown – full cast noble metal	\$125.00
D6930	Re-cement or re-bond fixed partial denture	\$0.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

ENROLLEE COPAYS

D7111	Extraction, coronal remnants – primary tooth	\$0.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$0.00
D7220	Removal of impacted tooth – soft tissue	\$0.00
D7230	Removal of impacted tooth – partially bony	\$0.00
D7240	Removal of impacted tooth – completely bony	\$0.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$0.00
D7250	Removal of residual tooth roots (cutting procedure)	\$0.00
D7251	Coronectomy – intentional partial tooth removal	\$0.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$0.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$0.00

D8000-D8999 XI. ORTHODONTICS

ENROLLEE COPAYS

D8070	Comprehensive orthodontic treatment of the transitional dentition	\$425.00
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D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$425.00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$425.00

D9000-D9999	XII. ADJUNCTIVE GENERAL SERVICES	ENROLLEE COPAYS
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$0.00
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$0.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$0.00
D9248	Non-intravenous conscious sedation	\$0.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0.00
D9932	Cleaning and inspection of removable complete denture, maxillary	\$0.00
D9933	Cleaning and inspection of removable complete denture, mandibular	\$0.00
D9934	Cleaning and inspection of removable partial denture, maxillary	\$0.00
D9935	Cleaning and inspection of removable partial denture, mandibular	\$0.00
D9999	Unspecified adjunctive procedure, by report	\$10.00

***The above codes and nomenclature are a copyright of the ADA and represent the codes and nomenclature excerpted from the version of CDT in effect at the date of this document's release.*

**Attachment A – Table of Enrollee Copayments,
Deductibles, and Maximums
PPO Program A - Plan 2 (I Retirees)**

Group: Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund

Contract Term: Calendar Year

Effective Date: June 1, 2025

Deductibles:	In-Network	Out-of-Network
Per Enrollee Per Contract Term	None	None
For All Family Members Per Contract Term	None	None
Maximums:	In-Network	Out-of-Network
Orthodontic Lifetime Maximum per Enrollee	None	None
Contract Term Maximum per Enrollee for Non-Orthodontic Benefits	None	None

Table of Enrollee Copayments

The services listed in the Table of Enrollee Copayments are considered In-Network Benefits when provided by a Dentegra PPO Provider. When provided by a Dentegra PPO Provider, We will pay the Maximum Contract Allowance less the Enrollee Copayment for covered services listed in the Table of Enrollee Copayments.

When provided by a Non-Dentegra Provider, We will pay the Maximum Contract Allowance less the Enrollee Copayment. However, Non-Dentegra Providers have no agreement with Us and are free to balance bill You for any difference between what We pay and the Submitted Fee. Non-Dentegra Providers will bill You for their normal charges, which may be higher than the Maximum Contract Allowance for the service.

All covered services are subject to *Attachment B - Limitations and Exclusions*, the EOC and Contract.

Procedures not shown are not covered. If a condition can be treated by more than one procedure only the least costly professionally adequate service will be covered.

Notice: We reserve the right to review and amend the Table of Enrollee Copayments** annually to comply with annual Current Dental Terminology (“CDT”) changes made by the American Dental Association® (“ADA”).

D0100-D0999	I. DIAGNOSTIC	ENROLLEE COPAYS
D0120	Periodic oral evaluation – established patient	\$0.00
D0140	Limited oral evaluation – problem focused	\$0.00
D0150	Comprehensive oral evaluation – new or established patient	\$0.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$0.00
D0210	Intraoral – complete series of radiographic images	\$0.00
D0220	Intraoral – periapical first radiographic image	\$0.00
D0230	Intraoral – periapical each additional radiographic image	\$0.00
D0240	Intraoral – occlusal radiographic image	\$0.00
D0270	Bitewing – single radiographic image	\$0.00
D0272	Bitewings – two radiographic images	\$0.00
D0273	Bitewings – three radiographic images	\$0.00
D0274	Bitewings – four radiographic images	\$0.00
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0.00
D0330	Panoramic radiographic image	\$0.00
D0340	2d cephalometric radiographic image – acquisition, measurement and analysis	\$0.00
D0460	Pulp vitality tests	\$0.00

D1000-D1999 II. PREVENTIVE**ENROLLEE COPAYS**

D1110	Prophylaxis – Adult	\$0.00
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D2000-D2999 III. RESTORATIVE**ENROLLEE COPAYS**

D2140	Amalgam – one surface, primary or permanent	\$0.00
D2150	Amalgam – two surfaces, primary or permanent	\$0.00
D2160	Amalgam – three surfaces, primary or permanent	\$0.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite – one surface, anterior	\$0.00
D2331	Resin-based composite – two surfaces, anterior	\$0.00
D2332	Resin-based composite – three surfaces, anterior	\$0.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$0.00
D2390	Resin-based composite crown, anterior	\$0.00
D2391	Resin-based composite – one surface, posterior	\$10.00
D2392	Resin-based composite – two surfaces, posterior	\$18.00
D2393	Resin-based composite – three surfaces, posterior	\$21.00
D2394	Resin-based composite – four or more surfaces, posterior	\$29.00
D2740	Crown – porcelain/ceramic substrate	\$125.00
D2750	Crown – porcelain fused to high noble metal	\$125.00
D2751	Crown – porcelain fused to predominantly base metal	\$125.00
D2752	Crown – porcelain fused to noble metal	\$125.00
D2753	Crown – porcelain fused to titanium and titanium alloys	\$125.00
D2790	Crown – full cast high noble metal	\$125.00
D2791	Crown – full cast predominantly base metal	\$125.00
D2792	Crown – full cast noble metal	\$125.00
D2920	Re-cement or re-bond crown	\$0.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$30.00
D2932	Prefabricated resin crown	\$30.00
D2940	Protective restoration	\$0.00
D2950	Core buildup, including any pins when required	\$0.00
D2951	Pin retention – per tooth, in addition to restoration	\$0.00
D2952	Post and core in addition to crown, indirectly fabricated	\$0.00
D2954	Prefabricated post and core in addition to crown	\$0.00
D2980	Crown repair necessitated by restorative material failure	\$0.00

D3000-D3999 IV. ENDODONTICS**ENROLLEE COPAYS**

D3110	Pulp cap – direct (excluding final restoration)	\$0.00
D3120	Pulp cap – indirect (excluding final restoration)	\$0.00
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$0.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$0.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$0.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$0.00
D3346	Retreatment of previous root canal therapy – anterior	\$76.00
D3347	Retreatment of previous root canal therapy – premolar	\$79.00

D3348	Retreatment of previous root canal therapy – molar	\$97.00
D3410	Apicoectomy – anterior	\$0.00
D3421	Apicoectomy – premolar (first root)	\$0.00
D3425	Apicoectomy – molar (first root)	\$0.00
D3426	Apicoectomy (each additional root)	\$0.00
D3430	Retrograde filling – per root	\$0.00
D3471	Surgical repair of root resorption – anterior	\$0.00
D3472	Surgical repair of root resorption – premolar	\$0.00
D3473	Surgical repair of root resorption – molar	\$0.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$0.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$0.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$0.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$110.00
D3921	Decoronation or submergence of an erupted tooth	\$0.00

D5000-D5899 VI. PROSTHODONTICS (REMOVABLE)

ENROLLEE COPAYS

D5110	Complete denture – maxillary	\$30.00
D5120	Complete denture – mandibular	\$30.00
D5130	Immediate denture – maxillary	\$30.00
D5140	Immediate denture – mandibular	\$30.00
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$30.00
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$30.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$30.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$30.00
D5410	Adjust complete denture – maxillary	\$0.00
D5411	Adjust complete denture – mandibular	\$0.00
D5421	Adjust partial denture – maxillary	\$0.00
D5422	Adjust partial denture – mandibular	\$0.00
D5511	Repair broken complete denture base, mandibular	\$0.00
D5512	Repair broken complete denture base, maxillary	\$0.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$0.00
D5611	Repair resin partial denture base, mandibular	\$0.00
D5612	Repair resin partial denture base, maxillary	\$0.00
D5621	Repair cast partial framework, mandibular	\$0.00
D5622	Repair cast partial framework, maxillary	\$0.00
D5630	Repair or replace broken retentive clasping materials – per tooth	\$0.00
D5640	Replace broken teeth – per tooth	\$0.00
D5650	Add tooth to existing partial denture	\$0.00
D5660	Add clasp to existing partial denture – per tooth	\$0.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$0.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$0.00
D5730	Reline complete maxillary denture (chairside)	\$0.00
D5731	Reline complete mandibular denture (chairside)	\$0.00

D5740	Reline maxillary partial denture (chairside)	\$0.00
D5741	Reline mandibular partial denture (chairside)	\$0.00
D5750	Reline complete maxillary denture (laboratory)	\$0.00
D5751	Reline complete mandibular denture (laboratory)	\$0.00
D5760	Reline maxillary partial denture (laboratory)	\$0.00
D5761	Reline mandibular partial denture (laboratory)	\$0.00

D6200-D6999	IX. PROSTHODONTICS, FIXED	ENROLLEE COPAYS
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D6210	Pontic – cast high noble metal	\$125.00
D6211	Pontic – cast predominantly base metal	\$125.00
D6212	Pontic – cast noble metal	\$125.00
D6240	Pontic – porcelain fused to high noble metal	\$125.00
D6241	Pontic – porcelain fused to predominantly base metal	\$125.00
D6242	Pontic – porcelain fused to noble metal	\$125.00
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$125.00
D6245	Pontic – porcelain/ceramic	\$125.00
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$50.00
D6740	Retainer crown – porcelain/ceramic	\$125.00
D6750	Retainer crown – porcelain fused to high noble metal	\$125.00
D6751	Retainer crown – porcelain fused to predominantly base metal	\$125.00
D6752	Retainer crown – porcelain fused to noble metal	\$125.00
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	\$125.00
D6783	Retainer crown – ¾ porcelain/ceramic	\$125.00
D6784	Retainer crown ¾ – titanium and titanium alloys	\$125.00
D6790	Retainer crown – full cast high noble metal	\$125.00
D6791	Retainer crown – full cast predominantly base metal	\$125.00
D6792	Retainer crown – full cast noble metal	\$125.00
D6930	Re-cement or re-bond fixed partial denture	\$0.00

D7000-D7999	X. ORAL AND MAXILLOFACIAL SURGERY	ENROLLEE COPAYS
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D7111	Extraction, coronal remnants – primary tooth	\$0.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$0.00
D7220	Removal of impacted tooth – soft tissue	\$0.00
D7230	Removal of impacted tooth – partially bony	\$0.00
D7240	Removal of impacted tooth – completely bony	\$0.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$0.00
D7250	Removal of residual tooth roots (cutting procedure)	\$0.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$0.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$0.00

D8000-D8999	XI. ORTHODONTICS	ENROLLEE COPAYS
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D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	\$425.00
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D9000-D9999	XII. ADJUNCTIVE GENERAL SERVICES	ENROLLEE COPAYS
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D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$0.00
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$0.00
D9248	Non-intravenous conscious sedation	\$0.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0.00
D9999	Unspecified adjunctive procedure, by report	\$10.00

***The above codes and nomenclature are a copyright of the ADA and represent the codes and nomenclature excerpted from the version of CDT in effect at the date of this document's release.*

Attachment A – Table of Enrollee Copayments, Deductibles, and Maximums PPO Program A - Plan 3 (X)

Group: Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund

Contract Term: Calendar Year

Effective Date: June 1, 2025

Deductibles:	In-Network	Out-of-Network
Per Enrollee Per Contract Term	None	None
For All Family Members Per Contract Term	None	None
Maximums:	In-Network	Out-of-Network
Contract Term Maximum per Enrollee	None	None

There are no Orthodontic Services under this Plan.

Table of Enrollee Copayments

The services listed in the Table of Enrollee Copayments are considered In-Network Benefits when provided by a Dentegra PPO Provider. When provided by a Dentegra PPO Provider, We will pay the Maximum Contract Allowance less the Enrollee Copayment for covered services listed in the Table of Enrollee Copayments.

When provided by a Non-Dentegra Provider, We will pay the Maximum Contract Allowance less the Enrollee Copayment. However, Non-Dentegra Providers have no agreement with Us and are free to balance bill You for any difference between what We pay and the Submitted Fee. Non-Dentegra Providers will bill You for their normal charges, which may be higher than the Maximum Contract Allowance for the service.

All covered services are subject to *Attachment B - Limitations and Exclusions*, the EOC and Contract.

Procedures not shown are not covered. If a condition can be treated by more than one procedure only the least costly professionally adequate service will be covered.

Notice: We reserve the right to review and amend the Table of Enrollee Copayments** annually to comply with annual Current Dental Terminology ("CDT") changes made by the American Dental Association® ("ADA").

D0100-D0999	I. DIAGNOSTIC	ENROLLEE COPAYS
D0120	Periodic oral evaluation – established patient	\$0.00
D0140	Limited oral evaluation – problem focused	\$0.00
D0150	Comprehensive oral evaluation – new or established patient	\$0.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$0.00
D0210	Intraoral – complete series of radiographic images	\$0.00
D0220	Intraoral – periapical first radiographic image	\$0.00
D0230	Intraoral – periapical each additional radiographic image	\$0.00
D0240	Intraoral – occlusal radiographic image	\$0.00
D0270	Bitewing – single radiographic image	\$0.00
D0272	Bitewings – two radiographic images	\$0.00
D0274	Bitewings – four radiographic images	\$0.00
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0.00
D0330	Panoramic radiographic image	\$0.00
D0460	Pulp vitality tests	\$0.00
D1000-D1999	II. PREVENTIVE	ENROLLEE COPAYS

D1110	Prophylaxis – adult	\$0.00
D1120	Prophylaxis – child	\$0.00
D1206	Topical application of fluoride varnish	\$0.00
D1208	Topical application of fluoride – excluding varnish	\$0.00

D2000-D2999	III. RESTORATIVE	ENROLLEE COPAYS
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D2140	Amalgam – one surface, primary or permanent	\$0.00
D2150	Amalgam – two surfaces, primary or permanent	\$0.00
D2160	Amalgam – three surfaces, primary or permanent	\$0.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite – one surface, anterior	\$0.00
D2331	Resin-based composite – two surfaces, anterior	\$0.00
D2332	Resin-based composite – three surfaces, anterior	\$0.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$0.00
D2390	Resin-based composite crown, anterior	\$0.00
D2940	Protective restoration	\$0.00

D3000-D3999	IV. ENDODONTICS	ENROLLEE COPAYS
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D3110	Pulp cap – direct (excluding final restoration)	\$0.00
D3120	Pulp cap – indirect (excluding final restoration)	\$0.00
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$0.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$225.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$225.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$350.00
D3346	Retreatment of previous root canal therapy – anterior	\$76.00
D3347	Retreatment of previous root canal therapy – premolar	\$79.00
D3348	Retreatment of previous root canal therapy – molar	\$97.00
D3410	Apicoectomy – anterior	\$0.00
D3421	Apicoectomy – premolar (first root)	\$0.00
D3425	Apicoectomy – molar (first root)	\$0.00
D3426	Apicoectomy (each additional root)	\$0.00
D3471	Surgical repair of root resorption - anterior	\$0.00
D3472	Surgical repair of root resorption – premolar	\$0.00
D3473	Surgical repair of root resorption – molar	\$0.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$0.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$0.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	\$0.00
D3430	Retrograde filling – per root	\$0.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$110.00
D3921	Decoronation or submergence of an erupted tooth	\$0.00

D7000-D7999	X. ORAL AND MAXILLOFACIAL SURGERY	ENROLLEE COPAYS
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D7111	Extraction, coronal remnants – primary tooth	\$0.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0.00

D9000-D9999	XII. ADJUNCTIVE GENERAL SERVICES	ENROLLEE COPAYS
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9999	Unspecified adjunctive procedure, by report	\$10.00

***The above codes and nomenclature are a copyright of the ADA and represent the codes and nomenclature excerpted from the version of CDT in effect at the date of this document's release.*

**Attachment A – Table of Enrollee Copayments,
Deductibles, and Maximums
PPO Program A - Plan 3A (X)**

Group: Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund

Contract Term: Calendar Year

Effective Date: June 1, 2025

Deductibles:	In-Network	Out-of-Network
Per Enrollee Per Contract Term	None	None
For All Family Members Per Contract Term	None	None
Maximums:	In-Network	Out-of-Network
Contract Term Maximum per Enrollee	None	None

Table of Enrollee Copayments

The services listed in the Table of Enrollee Copayments are considered In-Network Benefits when provided by a Dentegra PPO Provider. When provided by a Dentegra PPO Provider, We will pay the Maximum Contract Allowance less the Enrollee Copayment for covered services listed in the Table of Enrollee Copayments.

When provided by a Non-Dentegra Provider, We will pay the Maximum Contract Allowance less the Enrollee Copayment. However, Non-Dentegra Providers have no agreement with Us and are free to balance bill You for any difference between what We pay and the Submitted Fee. Non-Dentegra Providers will bill You for their normal charges, which may be higher than the Maximum Contract Allowance for the service.

All covered services are subject to *Attachment B - Limitations and Exclusions*, the EOC and Contract.

Procedures not shown are not covered. If a condition can be treated by more than one procedure only the least costly professionally adequate service will be covered.

Notice: We reserve the right to review and amend the Table of Enrollee Copayments** annually to comply with annual Current Dental Terminology ("CDT") changes made by the American Dental Association® ("ADA").

D0100-D0999 I. DIAGNOSTIC

ENROLLEE COPAYS

D0120	Periodic oral evaluation – established patient	\$0.00
D0140	Limited oral evaluation – problem focused	\$0.00
D0150	Comprehensive oral evaluation – new or established patient	\$0.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$0.00
D0210	Intraoral – complete series of radiographic images	\$0.00
D0220	Intraoral – periapical first radiographic image	\$0.00
D0230	Intraoral – periapical each additional radiographic image	\$0.00
D0240	Intraoral – occlusal radiographic image	\$0.00
D0270	Bitewing – single radiographic image	\$0.00
D0272	Bitewings – two radiographic images	\$0.00
D0274	Bitewings – four radiographic images	\$0.00
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0.00
D0330	Panoramic radiographic image	\$0.00
D0340	2d cephalometric radiographic image – acquisition, measurement and analysis	\$0.00
D0460	Pulp vitality tests	\$0.00

D0470	Diagnostic casts	\$20.00
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D1000-D1999 II. PREVENTIVE

ENROLLEE COPAYS

D1110	Prophylaxis – adult	\$0.00
D1120	Prophylaxis – child	\$0.00
D1206	Topical application of fluoride varnish	\$0.00
D1208	Topical application of fluoride – excluding varnish	\$0.00
D1510	Space maintainer – fixed, unilateral – per quadrant	\$10.00
D1516	Space maintainer – fixed – bilateral, maxillary	\$20.00
D1517	Space maintainer – fixed – bilateral, maxillary	\$20.00
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$0.00
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$0.00
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$0.00

D2000-D2999 III. RESTORATIVE

ENROLLEE COPAYS

D2140	Amalgam – one surface, primary or permanent	\$0.00
D2150	Amalgam – two surfaces, primary or permanent	\$0.00
D2160	Amalgam – three surfaces, primary or permanent	\$0.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite – one surface, anterior	\$0.00
D2331	Resin-based composite – two surfaces, anterior	\$0.00
D2332	Resin-based composite – three surfaces, anterior	\$0.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$0.00
D2390	Resin-based composite crown, anterior	\$0.00
D2391	Resin-based composite – one surface, posterior	\$10.00
D2392	Resin-based composite – two surfaces, posterior	\$18.00
D2393	Resin-based composite – three surfaces, posterior	\$21.00
D2394	Resin-based composite – four or more surfaces, posterior	\$29.00
D2740	Crown – porcelain/ceramic substrate	\$125.00
D2750	Crown – porcelain fused to high noble metal	\$125.00
D2751	Crown – porcelain fused to predominantly base metal	\$125.00
D2752	Crown – porcelain fused to noble metal	\$125.00
D2790	Crown – full cast high noble metal	\$125.00
D2791	Crown – full cast predominantly base metal	\$125.00
D2792	Crown – full cast noble metal	\$125.00
D2920	Re-cement or re-bond crown	\$0.00
D2930	Prefabricated stainless steel crown – primary tooth	\$30.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$30.00
D2932	Prefabricated resin crown	\$30.00
D2940	Protective restoration	\$0.00

D2950	Core buildup, including any pins when required	\$0.00
D2951	Pin retention – per tooth, in addition to restoration	\$0.00
D2952	Post and core in addition to crown, indirectly fabricated	\$0.00
D2954	Prefabricated post and core in addition to crown	\$0.00
D2980	Crown repair necessitated by restorative material failure	\$0.00

D3000-D3999 IV. ENDODONTICS

ENROLLEE COPAYS

D3110	Pulp cap – direct (excluding final restoration)	\$0.00
D3120	Pulp cap – indirect (excluding final restoration)	\$0.00
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$0.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$225.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$225.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$350.00
D3346	Retreatment of previous root canal therapy – anterior	\$76.00
D3347	Retreatment of previous root canal therapy – premolar	\$79.00
D3348	Retreatment of previous root canal therapy – molar	\$97.00
D3410	Apicoectomy – anterior	\$0.00
D3421	Apicoectomy – premolar (first root)	\$0.00
D3425	Apicoectomy – molar (first root)	\$0.00
D3426	Apicoectomy (each additional root)	\$0.00
D3430	Retrograde filling – per root	\$0.00
D3471	Surgical repair of root resorption - anterior	\$0.00
D3472	Surgical repair of root resorption – premolar	\$0.00
D3473	Surgical repair of root resorption – molar	\$0.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$0.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$0.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption –molar	\$0.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$110.00
D3921	Decoronation or submergence of an erupted tooth	\$0.00

D4000-D4999 V. PERIODONTICS

ENROLLEE COPAYS

D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$200.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$55.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$200.00
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$55.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$325.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$100.00

D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$200.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$200.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$70.00
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$35.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$0.00
D4910	Periodontal maintenance	\$35.00

**D5000-D5899 VI. PROSTHODONTICS
(REMOVABLE)**

ENROLLEE COPAYS

D5110	Complete denture – maxillary	\$30.00
D5120	Complete denture – mandibular	\$30.00
D5130	Immediate denture – maxillary	\$30.00
D5140	Immediate denture – mandibular	\$30.00
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	\$30.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$30.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$30.00
D5410	Adjust complete denture – maxillary	\$0.00
D5411	Adjust complete denture – mandibular	\$0.00
D5421	Adjust partial denture – maxillary	\$0.00
D5422	Adjust partial denture – mandibular	\$0.00
D5511	Repair broken complete denture base, mandibular	\$0.00
D5512	Repair broken complete denture base, maxillary	\$0.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$0.00
D5611	Repair resin partial denture base, mandibular	\$0.00
D5612	Repair resin partial denture base, maxillary	\$0.00
D5621	Repair cast partial framework, mandibular	\$0.00
D5622	Repair cast partial framework, maxillary	\$0.00
D5630	Repair or replace broken retentive clasping materials – per tooth	\$0.00
D5640	Replace broken teeth – per tooth	\$0.00
D5650	Add tooth to existing partial denture	\$0.00
D5660	Add clasp to existing partial denture – per tooth	\$0.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$0.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$0.00
D5730	Reline complete maxillary denture (chairside)	\$0.00
D5731	Reline complete mandibular denture (chairside)	\$0.00
D5740	Reline maxillary partial denture (chairside)	\$0.00
D5741	Reline mandibular partial denture (chairside)	\$0.00
D5750	Reline complete maxillary denture (laboratory)	\$0.00
D5751	Reline complete mandibular denture (laboratory)	\$0.00

D5760	Reline maxillary partial denture (laboratory)	\$0.00
D5761	Reline mandibular partial denture (laboratory)	\$0.00

D6200-D6999 IX. PROSTHODONTICS, FIXED

ENROLLEE COPAYS

D6210	Pontic – cast high noble metal	\$125.00
D6211	Pontic – cast predominantly base metal	\$125.00
D6212	Pontic – cast noble metal	\$125.00
D6240	Pontic – porcelain fused to high noble metal	\$125.00
D6241	Pontic – porcelain fused to predominantly base metal	\$125.00
D6242	Pontic – porcelain fused to noble metal	\$125.00
D6245	Pontic – porcelain/ceramic	\$125.00
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$50.00
D6740	Retainer crown – porcelain/ceramic	\$125.00
D6750	Retainer crown – porcelain fused to high noble metal	\$125.00
D6751	Retainer crown – porcelain fused to predominantly base metal	\$125.00
D6752	Retainer crown – porcelain fused to noble metal	\$125.00
D6783	Retainer crown – ¾ porcelain/ceramic	\$125.00
D6790	Retainer crown – full cast high noble metal	\$125.00
D6791	Retainer crown – full cast predominantly base metal	\$125.00
D6792	Retainer crown – full cast noble metal	\$125.00
D6930	Re-cement or re-bond fixed partial denture	\$0.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

ENROLLEE COPAYS

D7111	Extraction, coronal remnants – primary tooth	\$0.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$0.00
D7220	Removal of impacted tooth – soft tissue	\$0.00
D7230	Removal of impacted tooth – partially bony	\$0.00
D7240	Removal of impacted tooth – completely bony	\$0.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$0.00
D7250	Removal of residual tooth roots (cutting procedure)	\$0.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$0.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$0.00

D8000-D8999 XI. ORTHODONTICS

ENROLLEE COPAYS

D8070	Comprehensive orthodontic treatment of the transitional dentition	\$425.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$425.00

D8090	Comprehensive orthodontic treatment of the adult dentition	\$425.00
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D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

ENROLLEE COPAYS

D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9222	Deep sedation/general anesthesia – first 15 minutes	\$0.00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$0.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$0.00
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$0.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$0.00
D9248	Non-intravenous conscious sedation	\$0.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0.00
D9999	Unspecified adjunctive procedure, by report	\$10.00

***The above codes and nomenclature are a copyright of the ADA and represent the codes and nomenclature excerpted from the version of CDT in effect at the date of this document's release.*

**Attachment A – Table of Enrollee Copayments,
Deductibles, and Maximums
PPO Program A - Plan 4 (XX)**

Group: Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund

Contract Term: Calendar Year

Effective Date: June 1, 2025

Deductibles:	In-Network	Out-of-Network
Per Enrollee Per Contract Term	None	None
For All Family Members Per Contract Term	None	None
Maximums:	In-Network	Out-of-Network
Contract Term Maximum per Enrollee	None	None

There are no Orthodontic Services under this Plan.

Table of Enrollee Copayments

The services listed in the Table of Enrollee Copayments are considered In-Network Benefits when provided by a Dentegra PPO Provider. When provided by a Dentegra PPO Provider, We will pay the Maximum Contract Allowance less the Enrollee Copayment for covered services listed in the Table of Enrollee Copayments.

When provided by a Non-Dentegra Provider, We will pay the Maximum Contract Allowance less the Enrollee Copayment. However, Non-Dentegra Providers have no agreement with Us and are free to balance bill You for any difference between what We pay and the Submitted Fee. Non-Dentegra Providers will bill You for their normal charges, which may be higher than the Maximum Contract Allowance for the service.

All covered services are subject to *Attachment B - Limitations and Exclusions*, the EOC and Contract.

Procedures not shown are not covered. If a condition can be treated by more than one procedure only the least costly professionally adequate service will be covered.

Notice: We reserve the right to review and amend the Table of Enrollee Copayments** annually to comply with annual Current Dental Terminology ("CDT") changes made by the American Dental Association® ("ADA").

0100-D0999	I. DIAGNOSTIC	ENROLLEE COPAYS
D0120	Periodic oral evaluation – established patient	\$0.00
D0140	Limited oral evaluation – problem focused	\$0.00
D0150	Comprehensive oral evaluation – new or established patient	\$0.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$0.00
D0210	Intraoral – complete series of radiographic images	\$0.00
D0220	Intraoral – periapical first radiographic image	\$0.00
D0230	Intraoral – periapical each additional radiographic image	\$0.00
D0240	Intraoral – occlusal radiographic image	\$0.00
D0270	Bitewing – single radiographic image	\$0.00
D0272	Bitewings – two radiographic images	\$0.00
D0273	Bitewings – three radiographic images	\$0.00
D0274	Bitewings – four radiographic images	\$0.00
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0.00
D0330	Panoramic radiographic image	\$0.00
D0340	2d cephalometric radiographic image – acquisition, measurement and analysis	\$0.00
D0460	Pulp vitality tests	\$0.00

D1000-D1999 II. PREVENTIVE		ENROLLEE COPAYS
D1110	Prophylaxis – adult	\$0.00
D1120	Prophylaxis – child	\$0.00
D1206	Topical application of fluoride varnish	\$0.00
D1208	Topical application of fluoride	\$0.00
D2000-D2999 III. RESTORATIVE		ENROLLEE COPAYS
D2140	Amalgam – one surface, primary or permanent	\$0.00
D2150	Amalgam – two surfaces, primary or permanent	\$0.00
D2160	Amalgam – three surfaces, primary or permanent	\$0.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite – one surface, anterior	\$0.00
D2331	Resin-based composite – two surfaces, anterior	\$0.00
D2332	Resin-based composite – three surfaces, anterior	\$0.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$0.00
D2390	Resin-based composite crown, anterior	\$0.00
D2940	Protective restoration	\$0.00
D3000-D3999 IV. ENDODONTICS		ENROLLEE COPAYS
D3110	Pulp Cap – direct (excluding final restoration)	\$0.00
D3120	Pup Cap – indirect (excluding final restoration)	\$0.00
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$0.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$0.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$0.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$0.00
D3346	Retreatment of previous root canal therapy – anterior	\$76.00
D3347	Retreatment of previous root canal therapy – premolar	\$79.00
D3348	Retreatment of previous root canal therapy – molar	\$97.00
D3410	Apicoectomy – anterior	\$0.00
D3421	Apicoectomy – premolar (first root)	\$0.00
D3425	Apicoectomy – molar (first root)	\$0.00
D3426	Apicoectomy (each additional root)	\$0.00
D3471	Surgical repair of root resorption – anterior	\$0.00
D3472	Surgical repair of root resorption – premolar	\$0.00
D3473	Surgical repair of root resorption – molar	\$0.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$0.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$0.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	\$0.00
D3430	Retrograde filling – per root	\$0.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$110.00
D3921	Decoronation or submergence of an erupted tooth	\$0.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY		ENROLLEE COPAYS
D7111	Extraction, coronal remnants – primary tooth	\$0.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0.00
D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES		ENROLLEE COPAYS
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9999	Unspecified adjunctive procedure, by report	\$10.00

***The above codes and nomenclature are a copyright of the ADA and represent the codes and nomenclature excerpted from the version of CDT in effect at the date of this document's release.*

Attachment B – Limitations and Exclusions

Group: Food Employers Labor Relations Association and United Food and Commercial Workers VEBA Fund

Contract Term: Calendar Year

Effective Date: June 1, 2025

Any service that is not specifically listed as a covered dental service in *Attachment A* is excluded. In addition, the covered dental services are subject to the following exclusions and limitations:

Limitations

1. Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services". Optional Services also include the use of specialized techniques instead of standard procedures. Examples of Optional Services:

- A composite restoration instead of an amalgam restoration on posterior teeth;
- A crown where a filling would restore the tooth;
- An inlay/onlay instead of an amalgam restoration; or
- Porcelain, resin or similar materials for crowns placed on a maxillary second or third molar, or on any mandibular molar (an allowance will be made for a porcelain fused to high noble metal crown).

If You receive Optional Services, an alternate benefit will be allowed, which means We will base benefits on the lower cost of the customary service or standard practice instead of on the higher cost of the Optional Service. You will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

2. We will pay for oral examinations (except after-hour exams and exams for observation) and cleanings (including periodontal cleanings in the presence of inflamed gums or any combination thereof) no more than once in a six (6) month period. A full mouth debridement is allowed once in a lifetime and counts toward the cleaning frequency in the year provided. Note that periodontal cleanings, procedure codes that include periodontal cleanings and full mouth debridement are standardly covered as a Basic benefit, and routine cleanings are standardly covered as a Diagnostic and Preventive benefit.
3. X-ray limitations:
 - We will limit the total reimbursable amount to the provider's Accepted Fee for a complete intraoral series when the fees for any combination of intraoral x-rays in a single treatment series meet or exceed the Accepted Fee for a complete intraoral series.
 - When a panoramic film is submitted with supplemental film(s), We will limit the total reimbursable amount to the provider's Accepted Fee for a complete intraoral series.
 - If a panoramic film is taken in conjunction with an intraoral complete series, We consider the panoramic film to be included in the complete series.
 - A complete intraoral series and panoramic film are each limited to once every 60 months.
 - Bitewing x-rays are limited to two times in a calendar year when provided to enrollees under age 18 and one time each calendar year for enrollees age 18 and over. Bitewings of any type are disallowed within 12 months of a full mouth series unless warranted by special circumstances.
4. Topical application of fluoride solutions is limited to enrollees to age 19 and no more than twice in a calendar year.

5. Space maintainer limitations:
 - Space maintainers are limited to the initial appliance and are a benefit for an enrollee to age 14.
 - Recementation of space maintainer is limited to once per lifetime.
 - The removal of a fixed space maintainer is considered to be included in the fee for the space maintainer; however, an exception is made if the removal is performed by a different provider/provider's office.
6. Pulp vitality tests are allowed once per day when definitive treatment is not performed.
7. Cephalometric x-rays, oral/facial photographic images and diagnostic casts are covered once per lifetime only when orthodontic services are covered. If orthodontic services are covered, see limitations as age limits may apply.
8. Sealants are limited as follows:
 - To permanent first molars through age eight and to permanent second molars through age 15 if they are without caries (decay) or restorations on the occlusal surface.
 - Do not include repair or replacement of a sealant on any tooth within 24 months of its application.
9. Specialist consultations, screenings of patients, and assessments of patients are limited to once per lifetime per provider and count toward the oral exam frequency.
10. We will not cover replacement of an amalgam or resin-based composite restorations (fillings) or prefabricated resin and stainless steel crowns within 24 months of treatment if the service is provided by the same provider/provider office. Replacement restorations within 24 months are included in the fee for the original restoration.
11. Stainless steel crowns are allowed on baby (deciduous) teeth and permanent teeth up to age 16.
12. Therapeutic pulpotomy is limited to once per lifetime for baby (deciduous) teeth only and is considered palliative treatment for permanent teeth.
13. Root canal therapy and pulpal therapy (resorbable filling) are limited to once in a lifetime. Retreatment of root canal therapy by the same provider/provider office within 24 months is considered part of the original procedure.
14. Apexification is only benefited on permanent teeth with incomplete root canal development or for the repair of a perforation. Apexification visits have a lifetime limit per tooth of one initial visit, four interim visits and one final visit to age 19.
15. Retreatment of apical surgery by the same provider/provider office within 24 months is considered part of the original procedure.
16. Pin retention is covered not more than once in any 24-month period.
17. Palliative treatment is covered per visit, not per tooth, and the fee includes all treatment provided other than required x-rays or select Diagnostic procedures.
18. Periodontal limitations:
 - Benefits for periodontal scaling and root planing in the same quadrant are limited to once in every 24-month period.
 - Periodontal surgery in the same quadrant is limited to once in every 36-month period and includes any surgical re-entry or scaling and root planing.
 - Periodontal services, including bone replacement grafts, guided tissue regeneration, graft procedures and biological materials to aid in soft and osseous tissue regeneration are only covered for the treatment of natural teeth and are not covered when submitted in conjunction with extractions, periradicular surgery, ridge augmentation or implants.
 - If in the same quadrant, scaling and root planing must be performed at least six weeks prior to the periodontal surgery.

- Cleanings (regular and periodontal) and full mouth debridement are subject to a 30-day wait following periodontal scaling and root planing if performed by the same provider office.
19. Oral surgery services are covered once in a lifetime except removal of cysts and lesions and incision and drainage procedures, which are covered once in the same day.
 20. The following oral surgery procedure is limited to age 19: transseptal fiberotomy/supra crestal fiberotomy, by report.
 21. The following oral surgery procedures are limited to age 19 (or orthodontic limiting age) provided orthodontic services are covered: surgical access of an unerupted tooth, placement of device to facilitate eruption of impacted tooth, and surgical repositioning of teeth.
 22. Crowns and inlays/onlays are limited to enrollees age 12 and older and are covered not more often than once in any 60-month period except when We determine the existing crown or inlay/onlay is not satisfactory and cannot be made satisfactory because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues.
 23. When an alternate benefit of an amalgam is allowed for inlays/ onlays, they are limited to enrollees age 12 and older and are covered not more than once in any 60-month period.
 24. Core buildup, including any pins, are covered not more than once in any 60-month period.
 25. Post and core services are covered not more than once in any 60-month period.
 26. Crown repairs are covered not more than twice in any 60-month period.
 27. Denture repairs are covered not more than once in any six-month period except for fixed denture repairs which are covered not more than twice in any 60-month period.
 28. Prosthodontic appliances (including implants and/or implant supported prosthetics*) that were provided under any of Our plans will be replaced only after 60 months have passed, except when We determine that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Fixed prosthodontic appliances are limited to enrollees age 16 and older. Replacement of a prosthodontic appliance (and/or implant supported prosthesis*) not provided under one of Our plans will be made if We determines it is unsatisfactory and cannot be made satisfactory.

*Applicable if implants are indicated as covered on the proposed plan design: Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment. Our payment for implant removal is limited to one for each implant during the enrollee's lifetime whether provided under Our or any other dental care plan.
 29. When a posterior fixed bridge and a removable partial denture are placed in the same arch in the same treatment episode, only the partial denture will be a benefit.
 30. Recementation of crowns, inlays/onlays or bridges is included in the fee for the crown, inlay/onlay or bridge when performed by the same provider/provider office within six months of the initial placement. After six months, payment will be limited to one recementation in a lifetime by the same provider/provider office.
 31. We limit payment for dentures to a standard partial or complete denture (enrollee coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means and includes routine post-delivery care including any adjustments and relines for the first six months after placement.
 - Denture rebase is limited to one per arch in a 24-month period and includes any relining and adjustments for six months following placement.
 - Dentures, removable partial dentures and relines include adjustments for six months following installation. After the initial six months of an adjustment or reline, adjustments are limited to two per arch in a calendar year and relining is limited to one per arch in a six-month period.
 - Tissue conditioning is limited to two per arch in a 12-month period. However, tissue conditioning is not allowed as a separate benefit when performed on the same day as a denture, reline or rebase service.

- Recementation of fixed partial dentures is limited to once in a lifetime.

Exclusions

We do not pay benefits for:

1. Treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.
2. Cosmetic surgery or procedures for purely cosmetic reasons.
3. Maxillofacial prosthetics.
4. Provisional and/or temporary restorations (except an interim removable partial denture to replace extracted anterior permanent teeth during the healing period for children 16 years of age or under).
5. Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn children for medically diagnosed congenital defects or birth abnormalities.
6. Treatment to stabilize teeth, treatment to restore tooth structure lost from wear, erosion, or abrasion or treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion. Examples include but are not limited to: equilibration, periodontal splinting, complete occlusal adjustments or night guards/occlusal guards and abfraction.
7. Any single procedure provided prior to the date the enrollee became eligible for services under this plan.
8. Prescribed drugs, medication, pain killers, antimicrobial agents, or experimental/investigational procedures.
9. Charges for anesthesia, other than general anesthesia and IV sedation administered by a provider in connection with covered oral surgery or selected endodontic and periodontal surgical procedures.
10. Extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
11. Laboratory processed crowns for enrollees under age 12.
12. Fixed bridges and removable partials for enrollees under age 16.
13. Interim implants.
14. Indirectly fabricated resin-based inlays/onlays.
15. Treatment by someone other than a provider or a person who by law may work under a provider's direct supervision.
16. Charges incurred for oral hygiene instruction, a plaque control program, preventive control programs including home care times, dietary instruction, x-ray duplications, cancer screening, tobacco counseling or broken appointments.
17. Dental practice administrative services including, but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks or relaxation techniques such as music.
18. Procedures having a questionable prognosis based on a dental consultant's professional review of the submitted documentation.
19. Any tax imposed (or incurred) by a government, state or other entity, in connection with any fees charged for benefits provided under the Contract, will be the responsibility of the enrollee and not a covered benefit.
20. Deductibles, amounts over plan maximums and/or any service not covered under the dental plan.

21. Services covered under the dental plan but exceed benefit limitations or are not in accordance with processing policies in effect at the time the claim is processed.
22. Services for orthodontic treatment (treatment of malocclusion of teeth and/or jaws), unless otherwise indicated as covered on the proposed plan design.
23. Services for any disturbance of the Temporomandibular (jaw) Joints (TMJ) or associated musculature, nerves and other tissues, unless otherwise indicated as covered on the proposed plan design.
24. Endodontic endosseous implant.
25. Implants and related services, unless otherwise indicated as covered on the proposed plan design.
26. Claims, bills or other demands or requests for payment for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral.

DENTEGRA INSURANCE COMPANY'S INTERNAL APPEAL AND GRIEVANCE PROCEDURE

1130 Sanctuary Parkway

Alpharetta, GA 30009

(1) *Coverage Decision: Denial of payment based upon lack of coverage of benefit under the Contract or Enrollee's eligibility status made pursuant to Title 15, Subtitle 10D of the Maryland Insurance Article that is **not** considered an Adverse Decision under Title 15, Subtitle 10A of the Maryland Insurance Article.*

I. Definitions

- A. Appeal shall mean a protest filed by an Enrollee, an Enrollee's Representative, or a Provider with Dentegra under our internal appeal process regarding a Coverage Decision concerning an Enrollee.
- B. Appeal Decision shall mean a final determination by Dentegra that arises from an Appeal filed with Dentegra under our appeal process regarding a Coverage Decision concerning an Enrollee.
- C. Complaint shall mean a protest filed with the Commissioner involving a Coverage Decision other than that which is covered by the complaint process for Adverse Decisions or Grievances.
- D. Coverage Decision shall mean an initial determination by Dentegra that results in noncoverage of a Health Care Service; a determination by Dentegra that an Enrollee is not eligible for coverage under our health benefit plan; or any determination by Dentegra that results in the rescission of an Enrollee's coverage under a health benefit plan. Coverage Decision includes nonpayment of all or any part of a claim.
- E. Health Care Service shall mean a health or medical care procedure or service rendered by a Provider that: (1) provides testing, diagnosis, or treatment of a human disease or dysfunction; or (2) dispenses drugs, medical devices, medical appliances, or medical goods for the treatment of a human disease or dysfunction.

II. Coverage Decision

- A. If a post-service claim¹ is denied in whole or in part, Dentegra shall notify the Enrollee, the Enrollee's Representative, and the attending dentist of the Coverage Decision in writing within thirty (30) calendar days after the claim is filed.
- B. The Coverage Decision notice will state in detail in clear, understandable language, the specific factual bases for Dentegra's decision, and include the following information:
 - 1. That the Enrollee, the Enrollee's Representative, or a Provider acting on behalf of the Enrollee has a right to file an Appeal with us;
 - 2. That the Enrollee, the Enrollee's Representative, or a Provider acting on behalf of the Enrollee may file a Complaint with the Commissioner without first filing an Appeal, if the Coverage Decision involves an urgent medical condition for which care has not been rendered;
 - 3. The Commissioner's address, telephone number, and facsimile number;

¹ Dentegra does not condition receipt of a benefit, in whole or in part, upon approval of the benefit in advance of obtaining dental care. Additionally, Dentegra does not conduct concurrent review relating to continued or extended Health Care Services, or additional services for an insured undergoing a course of continued treatment.

4. That the Health Advocacy Unit is available to assist the Enrollee or the Enrollee's Representative in both mediating and filing an Appeal under Dentegra's internal appeal process; and
5. The address, telephone number, facsimile number, and electronic mail address of the Health Advocacy Unit.

In addition:

- a. The notice will include a statement that an Enrollee has the right to bring a civil action under ERISA.
- b. The notice will be provided in a culturally and linguistically appropriate manner as described in the Affordable Care Act.
- c. The notice will refer to any internal rule, guideline, and protocol that was relied upon (and that a copy will be provided free of charge upon request).

III. Appeal

- A. If the Enrollee, the Enrollee's Representative, or the attending dentist wants to file an Appeal, the Enrollee, the Enrollee's Representative, or the attending dentist must write to Dentegra within one hundred eighty (180) days after receipt of the Coverage Decision notice. In the notice, the Enrollee, the Enrollee's Representative, or attending dentist should state why the claim should not have been denied. Also any other documents, data, information or comments which are thought to have bearing on the claim should accompany the Appeal. The Enrollee, the Enrollee's Representative, or the attending dentist is entitled to receive upon request and free of charge reasonable access to and copies of all documents, records, and other information relevant to the denied claim. The review will take into account all comments, documents, records, or other information, regardless of whether such information was submitted or considered in the initial benefit determination.
- B. The review of the Appeal shall be conducted on behalf of Dentegra by a person who is neither the individual who made the Coverage Decision that is the subject of the review, nor the subordinate of such individual.
- C. Dentegra will render a final decision in writing to an Enrollee, an Enrollee's Representative, and a Health Care Provider acting on behalf of the Enrollee within 60 working days after the date on which the Appeal is filed.

IV. Appeal Decision

- A. Within 30 calendar days after the Appeal Decision has been made, Dentegra will send to the Enrollee, the Enrollee's Representative, and the Provider a written notice of the Appeal Decision.
- B. The Appeal Decision notice will state in detail in clear, understandable language the specific factual bases for Dentegra's decision; and include the following information:
 1. That the Enrollee, the Enrollee's Representative, or a Provider acting on behalf of the Enrollee has a right to file a Complaint with the Commissioner within 4 months after receipt of Dentegra's Appeal Decision;
 2. The Commissioner's address, telephone number, and facsimile number;

3. A statement that the Health Advocacy Unit is available to assist the Enrollee in filing a Complaint with the Commissioner; and
 4. The address, telephone number, facsimile number, and electronic mail address of the Health Advocacy Unit.
- C. The notice will be provided in a culturally and linguistically appropriate manner as described in the Affordable Care Act.
 - D. The notice will also include that the Enrollee, the Enrollee's Representative, or attending dentist is entitled to receive, upon request and free of charge, reasonable access to, and copies of all documents, records and other information relevant to the Enrollee's claim for benefits. The notice shall refer to any internal rule, guideline and protocol that were relied upon (and that a copy will be provided free of charge upon request). The notice shall also state that the Enrollee has a right to bring an action under ERISA and shall state: "You and your plan may have other voluntary dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance agency."
 - E. If in the opinion of the Enrollee, the Enrollee's Representative, or attending dentist, the matter warrants further consideration, the Enrollee, the Enrollee's Representative, or the attending dentist acting on behalf of the Enrollee can immediately file a Complaint with the Commissioner or advise Dentegra in writing as soon as possible, while still retaining the right to file a Complaint with the Commissioner within 4 months of the Appeal Decision. The matter shall then be immediately referred to Dentegra's Dental Affairs Committee. This stage can include a hearing before Dentegra's Dental Affairs Committee if requested by the Enrollee, the Enrollee's Representative, or the attending dentist. The Dental Affairs Committee will render a decision within thirty (30) days of the request for further consideration. The notice of decision will state the specific factual bases for the decision. The decision of the Dental Affairs Committee shall be final insofar as Dentegra is concerned. Recourse thereafter would be to the Maryland Insurance Commissioner, or to the courts with an ERISA or other civil action.

(2) *Denial of a covered benefit where the service is not dentally necessary, appropriate or efficient, i.e. claim benefit determinations that are considered Adverse Decisions - under Title 15, Subtitle 10A of the Maryland Insurance Article.*

I. Definitions

- A. Adverse Decision shall mean a utilization review determination by a Private Review Agent, a carrier, or a Health Care Provider acting on behalf of a carrier that: (1) a proposed or delivered Health Care Service covered under the Enrollee's contract is or was not medically necessary, appropriate, or efficient; and (2) may result in non-coverage of Health Care Service. An Adverse Decision does not include a decision concerning an Enrollee's status.
- B. Compelling Reason shall mean to show that potential delay imposed by filing with Dentegra could result in: loss of life; serious impairment to a bodily function; serious dysfunction of a bodily organ; the Enrollee remaining seriously mentally ill or using intoxicating substances with symptoms that cause the Enrollee to be in danger to self or others; or the Enrollee continuing to experience severe withdrawal symptoms.
- C. Complaint shall mean a protest filed with the Commissioner involving an Adverse Decision or Grievance Decision concerning an Enrollee.
- D. Enrollee shall mean a person entitled to health care benefits under a policy, plan, or certificate issued or delivered in Maryland by Dentegra. Unless preempted by federal law, Enrollee includes a Medicare recipient. Enrollee does not include a Medicaid recipient.

- E. Enrollee's Representative shall mean a person who has been authorized by the Enrollee to file a Grievance or a Complaint on behalf of the Enrollee.
- F. Filing Date shall mean the earlier of five (5) days after the date of mailing or the date of receipt.
- G. Grievance shall mean a protest filed by an Enrollee, an Enrollee's Representative, or a Health Care Provider on behalf of an Enrollee with Dentegra through Dentegra's internal grievance process regarding an Adverse Decision concerning the Enrollee.
- H. Grievance Decision shall mean a final determination by Dentegra that arises from a Grievance filed with Dentegra under its internal grievance process regarding an Adverse Decision concerning an Enrollee.
- I. Health Advocacy Unit shall mean the Health Education and Advocacy Unit in the Division of Consumer Protection of the Office of Attorney General established under Commercial Law Article, Title 13, Subtitle 4A, Annotated Code of Maryland.
- J. Health Care Provider shall mean: (1) an individual who is licensed under the Health Occupations Article to provide Health Care Services in the ordinary course of business or practice of a profession and is a treating provider of the Enrollee; or (2) a hospital, as defined in section 19-301 of the Health-General Article.
- K. Health Care Service shall mean a health or medical care procedure or service rendered by a Health Care Provider including: (1) testing, diagnosis, or treatment of a human disease or dysfunction; (2) dispensing drugs, medical devices, medical appliances, or medical goods for the treatment of a human disease or dysfunction; and (3) any other care, service, or treatment of disease or injury, the correction of defects, or the maintenance of the physical and mental well-being of an individual.
- L. Private Review Agent shall mean: (1) a non-hospital affiliated person or entity performing utilization review that is either affiliated with, under contract with, or acting on behalf of a Maryland business entity or a third party that provides or administers hospital benefits to citizens of Maryland including a health maintenance organization, a health insurer, nonprofit health service plan, health insurance service organization, or preferred provider organization authorized to offer health insurance policies or contracts in Maryland; or (2) any person or entity including a hospital-affiliated person performing utilization review for the purpose of making claims or payment decisions on behalf of the employer's or labor union's health insurance plan under an employee assistance program for employees other than the employees employed by the hospital; or employed by a business wholly owned by the hospital.

II. Adverse Decision

- A. Rendering of an Adverse Decision: When Dentegra renders an Adverse Decision² on all or part of a post-service claim³, Dentegra shall:
 - 1. Provide oral communication of the decision to the Enrollee, the Enrollee's Representative, or the attending dentist;

² All Adverse Decisions i.e., decisions which are based upon whether a service was medically necessary, appropriate, or efficient, shall be made by a licensed dentist, or a panel of other appropriate Health Care Service reviewers with at least one licensed dentist on the panel.

³ Dentegra does not condition receipt of a benefit, in whole or in part, on approval of the benefit in advance of obtaining dental care. Additionally, Dentegra does not conduct concurrent review relating to continued or extended Health Care Services, or additional services for an insured undergoing a course of continued treatment.

2. Document the Adverse Decision in writing after Dentegra has provided oral communication of the decision to the Enrollee, the Enrollee's Representative, or the attending dentist.
- B. Notice of Adverse Decision: Within 5 working days after the Adverse Decision has been made, Dentegra shall send a written notice to the Enrollee, the Enrollee's Representative, and the attending dentist that:
1. States in detail in clear, understandable language the specific factual bases for the carrier's decision;
 2. References the specific criteria and standards, including interpretive guidelines, on which the decision was based, and may not solely use generalized terms such as "experimental procedure not covered", "service included under another procedure", or "not medically necessary";
 3. States the name, business address, and business telephone number of the designated Dentegra employee or representative who is responsible for Dentegra's internal grievance process as follows:

Manager, Professional Services
Dentegra Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809
(877) 280-4204

4. Gives written details of Dentegra's internal grievance process and procedures as follows:

If you, your Representative, or your attending dentist want the Adverse Decision reviewed, you, your Representative, or your attending dentist must contact Dentegra, either in writing or by calling Dentegra's toll-free number, 1-800-932-0783, **within one hundred eighty (180) days after receipt of the Adverse Decision**. You, your Representative, or your attending dentist should state why the claim should not have been denied. Also, any other documents, data, information or comments which are thought to have bearing on the claim including the denial notice, should accompany the request for review. You, your Representative, and your attending dentist are entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the denied claim. The review will take into account all comments, documents, records, or other information, regardless of whether such information was submitted or considered initially.

The review shall be conducted for Dentegra by a licensed dentist who is neither the licensed dentist who made the claim denial that is the subject of the review, nor the subordinate of such individual. The review shall be conducted by a licensed dentist, or a panel of appropriate Health Care Service reviewers with at least one dentist on the panel who is a licensed dentist. Dentegra shall consult with a dentist who has appropriate training and experience in the pertinent field of dentistry who is neither the Dentegra dental consultant who made the claim denial nor the subordinate of such dental consultant. The identity of such dental consultant is available upon request whether or not the advice was relied upon. In making the review, Dentegra will not afford deference to the initial Adverse Decision.

If after review, Dentegra continues to deny the claim, Dentegra shall notify you, your Representative, and your attending dentist in writing of the Grievance Decision within thirty (30) days of the date the Grievance is filed for a

prospective denial, and within forty-five (45) days of the date the request is received for retrospective denials. Dentegra shall send you, your Representative, and your attending dentist a notice, similar to this notice. If in the opinion of you, your Representative, or your attending dentist, the matter warrants *further* consideration, you may file an action in the courts pursuant to section 502(a) of ERISA. If you are a fully insured Enrollee, you, your Representative, or your attending dentist also have the option to file a Complaint with the Maryland Insurance Administration within four (4) months after receipt of Dentegra's Grievance Decision. A Complaint may be filed without first filing a Grievance if: (1) Dentegra has waived the requirement that its internal grievance process be exhausted; (2) Dentegra failed to comply with any of the requirements of the internal grievance process; or (3) You, your Representative, or your attending dentist can demonstrate a Compelling Reason to do so as determined by the Maryland Insurance Administration.

5. Includes the following information:

- a. That, if the Enrollee is fully insured, the Enrollee, the Enrollee's Representative, or attending dentist has a right to file a Complaint with the Commissioner within four (4) months after receipt of Dentegra's Grievance Decision;
- b. That a Complaint may be filed without first filing a Grievance if the Enrollee, the Enrollee's Representative, or a Health Care Provider filing a Grievance on behalf of the Enrollee can demonstrate a Compelling Reason to do so as determined by the Commissioner;
- c. The address, telephone number, and facsimile number of the Commissioner:

Maryland Insurance Administration
Attn: Consumer Complaint Investigation
Life and Health/Appeals and Grievance
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Phone: 1-800-492-6116 or 410-468-2000
TTY: 1-800-735-2258
Fax: 410-468-2270 or 410-468-2260

- d. The Health Advocacy Unit is available to assist the Enrollee or the Enrollee's Representative in both mediating and filing a Complaint with the Commissioner;
- e. The address, telephone number, facsimile number, and email address of the Health Advocacy Unit of Maryland's Consumer Protection Division:

Office of the Attorney General
200 St. Paul Place, 16th Floor
Baltimore, MD 21202
Phone: 410-528-1840
Toll Free: 877-261-8807
TTY: 1-800-576-6372
Fax: 410-576-6571
Email: heau@oag.state.md.us

III. Internal Grievance Procedure

- A. Informal Inquiry Option: If a claim is denied in whole or in part, an Enrollee, an Enrollee's Representative, or his or her attending dentist may make an informal inquiry regarding general program, eligibility questions and Adverse Decisions by contacting Dentegra via its toll-free number at 1-800-932-0783. Every caller has access to a supervisor if dissatisfied with the response.
- B. Non-emergency Appeals of Adverse Decisions: In lieu of making an informal inquiry, an Enrollee, an Enrollee's Representative, or his or her attending dentist may choose to Appeal the Adverse Decision. The Enrollee, Enrollee's Representative or Health Care Provider may do so within one hundred eighty (180) days after receipt of the Adverse Decision, either by writing to Dentegra or by calling Dentegra at its toll-free number. Written acknowledgement of the filing of the Appeal to the appealing party will be provided to the Enrollee, the Enrollee's Representative, or the attending dentist within five (5) days of the filing of the Appeal. The letter or oral request for Appeal should state why the claim should not have been denied. Also any other documents, data, information or comments which are thought to have bearing on the claim including the denial notice, should accompany the request for review. The Enrollee, the Enrollee's Representative, or the attending dentist are entitled to receive upon request and free of charge reasonable access to and copies of all documents, records, and other information relevant to the denied claim.
- C. Notification of Information Necessary to Conduct the Internal Grievance Process: If Dentegra requires information necessary to conduct the internal grievance process, Dentegra shall notify the Enrollee, the Enrollee's Representative, or the attending dentist, in writing within five (5) working days of receipt of the Appeal, to identify and request the necessary information. In the event that only a portion of such necessary information is received, Dentegra shall request the missing information, in writing, within five (5) working days of receipt of the partial information. Dentegra will assist the Enrollee, the Enrollee's Representative, or the Health Care Provider in gathering the necessary information without further delay.
- D. The Review: The review shall be conducted for Dentegra by a dental consultant who is neither the dental consultant who made the claim denial that is the subject of the review, nor the subordinate of such individual. The review will take into account all comments, documents, records, or other information, regardless of whether such information was submitted or considered in the initial benefit determination. The review shall be conducted by a licensed dentist, or a panel of appropriate Health Care Service reviewers with at least one dentist on the panel who is a licensed dentist. Dentegra shall consult with a dentist who has appropriate training and experience in the pertinent field of dentistry and who is neither the Dentegra dental consultant who made the claim denial nor the subordinate of such consultant. The identity of the Dentegra dental consultant whose advice was obtained in connection with the denial of the claim whether or not the advice was relied upon in making the benefit determination is also available on request. In making the review, Dentegra will not afford deference to the initial Adverse Decision. A clinical examination at Dentegra's cost may be implemented, along with discussion among dentist consultants. At this point, the Enrollee may also request a hearing.
- E. Grievance Decision: For prospective denials, Dentegra shall make a Grievance Decision within thirty (30) days of the date the Grievance is filed. For retrospective denials, Dentegra shall make a Grievance Decision within forty-five (45) days of the date the Grievance is filed. However, Dentegra may extend these periods with the written consent of the Enrollee, the Enrollee's Representative, or the attending dentist who filed the Grievance on behalf of the Enrollee, for a period of no longer than thirty (30) working days. Dentegra shall document the Grievance Decision in writing after Dentegra has provided oral communication of the decision to the Enrollee, the

Enrollee's Representative, and the attending dentist. Within five (5) days after the Grievance Decision has been made, Dentegra shall send a written notice to the Enrollee, the Enrollee's Representative, or the attending dentist in accordance with Section IV below. The Grievance Decision shall be final insofar as Dentegra is concerned. Recourse thereafter would be to the courts with an ERISA or other civil action, or to the Maryland Insurance Administration.

- F. Complaints: An Enrollee, an Enrollee's Representative, or the attending dentist has a right to file a Complaint with the Commissioner within four (4) months after receipt of Dentegra's Grievance Decision. When filing a Complaint with the Commissioner, the Enrollee or the Enrollee's Representative will be required to authorize the release of any medical records of the Enrollee that may be required to be reviewed for the purpose of reaching a decision on the Complaint.

IV. Distribution of Information to Enrollees/Enrollees' Representatives/Attending Dentists Upon Entry of Grievance Decision. The paragraphs below outline the contents of the Notification of Grievance Decision.

- A. Content and Notification of Grievance Decision. If after the claim is reviewed, Dentegra continues to deny the claim, Dentegra shall send the Enrollee, the Enrollee's Representative, and the attending dentist a notice, which contains:
1. A clear statement in understandable language containing the specific factual basis for Dentegra's decision;
 2. A clear statement that the notice constitutes Dentegra's final Grievance Decision;
 3. Reference to the specific criteria and standards, including interpretive guidelines, on which the decision was based (without using only generalized terms such as "experimental procedure not covered", "cosmetic procedure not covered", "service included under another procedure", or "not medically necessary");
 4. The name, business address, and business telephone number of the designated employee or Dentegra representative who has responsibility for Dentegra's internal grievance process as follows:

Manager, Professional Services
Dentegra Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809
(877) 280-4204
 5. A statement that a fully insured Enrollee, Enrollee's Representative, or Health Care Provider who has filed the Grievance on behalf of a fully insured Enrollee, has a right to file a Complaint with the Commissioner within four (4) months after receipt of Dentegra's Grievance Decision;
 6. The Commissioner's address, telephone number and facsimile number as follows:

Maryland Insurance Administration
Attn: Consumer Complaint Investigation
Life and Health/Appeals and Grievance
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Phone: 1-800-492-6116 or 410-468-2000
TTY: 1-800-735-2258
Fax: 410-468-2270 or 410-468-2260

7. A statement that the Health Advocacy Unit is available to assist the Enrollee or the Enrollee's Representative in filing a Complaint with the Commissioner;
8. The address, telephone number, facsimile number, and email address of the Health Advocacy Unit of Maryland's Consumer Protection Division as follows:

Office of the Attorney General
200 St. Paul Place, 16th Floor
Baltimore, MD 21202
Phone: 410-528-1840
Toll Free: 877-261-8807
TTY: 1-800-576-6372
Fax: 410-576-6571
Email: heau@oag.state.md.us

9. Notices will be provided in a culturally and linguistically appropriate manner as described in the Affordable Care Act.

A handwritten signature in black ink, appearing to read "Michael G. Hankinson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael G. Hankinson, Esq.
Executive Vice President, Chief Legal Officer



HIPAA Notice of Privacy Practices

CONFIDENTIALITY OF YOUR HEALTH INFORMATION

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.

This notice is required by law to inform you of how Dentegra and its affiliates ("Dentegra") protect the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as individually identifiable information regarding a patient's health care history, mental or physical condition or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Dentegra receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

We follow the privacy practices described in this notice and federal and state privacy requirements that apply to our administration of your benefits. Dentegra reserves the right to change our privacy practice effective for all PHI maintained. We will update this notice if there are material changes and redistribute it to you within 60 days of the change to our practices. We will also promptly post a revised notice on our website. A copy may be requested anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of enrollment in a Dentegra program and will be informed on how to obtain a copy at least every three years.

PERMITTED USES AND DISCLOSURES OF YOUR PHI

Uses and disclosures of your PHI for treatment, payment or health care operations

Your explicit authorization is not required to disclose information about yourself for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or plan sponsor to administer your benefits. As permitted by law, we may disclose PHI to third-party affiliates that perform services for Dentegra to administer your benefits, and who have signed a contract agreeing to protect the confidentiality of your PHI, and have implemented privacy policies and procedures that comply with applicable federal and state law.

Some examples of disclosure and use for treatment, payment or operations include: processing your claims, collecting enrollment information and premiums, reviewing the quality of health

care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Some other examples are:

- Uses and/or disclosures of PHI in facilitating treatment. *For example, Dentegra may use or disclose your PHI to determine eligibility for services requested by your provider.*
- Uses and/or disclosures of PHI for payment. *For example, Dentegra may use and disclose your PHI to bill you or your plan sponsor.*
- Uses and/or disclosures of PHI for health care operations. *For example, Dentegra may use and disclose your PHI to review the quality of care provided by our network of providers.*

Other permitted uses and disclosures without an authorization

We are permitted to disclose your PHI upon your request, or to your authorized personal representative (with certain exceptions), when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with the law, and when otherwise required by law. Dentegra may disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations.

Some other examples include: to notify or assist in notifying a family member, another person, or a personal representative of your condition; to assist in disaster relief efforts; to report victims of abuse, neglect or domestic violence to appropriate authorities; for organ donation purposes; to avert a serious threat to health or safety; for specialized government functions such as military and veterans activities; for workers' compensation purposes; and, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting, provided it does not contain genetic information. Information can also be de-identified or summarized so it cannot be traced to you and, in selected instances, for research purposes with the proper oversight.

Disclosures Dentegra makes with your authorization

Dentegra will not use or disclose your PHI without your prior written authorization unless permitted by law. If you grant an authorization, you can later revoke that authorization, in writing, to stop the future use and disclosure. The authorization will be obtained from you by Dentegra or by a person requesting your PHI from Dentegra.

YOUR RIGHTS REGARDING PHI

You have the right to request an inspection of and obtain a copy of your PHI.

You may access your PHI by contacting Dentegra at the address at the bottom of this notice. You must include (1) your name, address, telephone number and identification number, and (2) the PHI you are requesting. Dentegra may charge a reasonable fee for providing you copies of your PHI. Dentegra will only maintain that PHI that we obtain or utilize in providing your health care benefits. Most PHI, such as treatment records or x-rays, is returned by Dentegra to the dentist after we have completed our review of that information. You may need to contact your health care provider to obtain PHI that Dentegra does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact Dentegra as noted below if you have questions about access to your PHI.

You have the right to request a restriction of your PHI.

You have the right to ask that we limit how we use and disclose your PHI, however, you may not restrict our legal or permitted uses and disclosures of PHI. While we will consider your request, we are not legally required to accept those requests that we cannot reasonably implement or comply with during an emergency. If we accept your request, we will put our understanding in writing.

You have the right to correct or update your PHI.

You may request to make an amendment of PHI we maintain about you. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. For example, we may refer you to your dentist to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact the privacy office as noted below if you have questions about amending your PHI.

You have rights related to the use and disclosure of your PHI for marketing.

Dentegra agrees to obtain your authorization for the use or disclosure of PHI for marketing when required by law. You have the opportunity to opt-out of marketing that is permitted by law without an authorization. Dentegra does not use your PHI for fundraising purposes.

You have the right to request or receive confidential communications from us by alternative means or at a different address.

Alternate or confidential communication is available if disclosure of your PHI to the address on file could endanger you. You may be required to provide us with a statement of possible danger,

as well as specify a different address or another method of contact. Please make this request in writing to the address noted at the end of this notice.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

You have a right to an accounting of disclosures with some restrictions. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons, certain law enforcement purposes or disclosures made as part of a limited data set. Please contact us at the number at the end of this notice if you would like to receive an accounting of disclosures or if you have questions about this right.

You have the right to get this notice by email.

A copy of this notice is posted on the Dentegra website. You may also request an email copy or paper copy of this notice by calling our Customer Service number listed at the bottom of this notice.

You have the right to be notified following a breach of unsecured protected health information.

Dentegra will notify you in writing, at the address on file, if we discover we compromised the privacy of your PHI.

COMPLAINTS

You may file a complaint with Dentegra and/or with the U. S. Secretary of Health and Human Services if you believe Dentegra has violated your privacy rights. Complaints to Dentegra may be filed by notifying the contact below. We will not retaliate against you for filing a complaint.

Contacts

You may contact Dentegra at 877-280-4204, or you may write to the address listed below for further information about the complaint process or any of the information contained in this notice.

Dentegra Insurance Company
P.O. Box 1850
Alpharetta, GA 30023-1850

This notice is effective on and after January 1, 2017.

Note: Dentegra's privacy practices reflect applicable federal law as well as known state law and regulations. If applicable state law is more protective of information than the federal privacy laws, Dentegra protects information in accordance with the state law.

Last Significant Changes to this notice:

- Clarified that Dentegra does not use your PHI for fundraising purposes. Effective January 1, 2016
- Clarified that Dentegra's privacy policy reflect federal and state requirements. – effective January 1, 2015
- Updated contact information (mailing address and phone number) – effective July 1, 2013
- Updated Dentegra's duty to notify affected individuals if a breach of their unsecured PHI occurs – effective July 1, 2013
- Clarified that Dentegra does not and will not sell your information without your express written authorization – effective July 1, 2013
- Clarified several instances where the law requires individual authorization to use and disclose information (e.g., fundraising and marketing as noted above) – effective July 1, 2013