

**Delta Dental PPO (Point-of-Service)**  
**Summary of Dental Plan Benefits**  
**For Group# 0007344-0000, 0001, 0002, 0003, 0004, 0005**  
**Wright State University**

This Summary of Dental Plan Benefits should be read in conjunction with your Dental Care Certificate. Your Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. The percentages below will be applied to the lesser of the dentist's submitted fee and Delta Dental's allowance for each service. Delta Dental's allowance may vary by the dentist's network participation. PLEASE NOTE - If you choose a Nonparticipating Dentist, you will be responsible for any difference between the amount Delta Dental allows and the amount the Nonparticipating Dentist charges, in addition to any Copayment or Deductible.

**Control Plan** – Delta Dental of Ohio

**Benefit Year** – January 1 through December 31

**Covered Services -**

	PPO Dentist	Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Class I</b>			
<b>Diagnostic and Preventive Services</b> - includes exams, cleanings, fluoride, and space maintainers	100%	100%	80%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	100%	80%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	0%
<b>Radiographs</b> - X-rays	100%	100%	80%
<b>Class II</b>			
<b>Minor Restorative Services</b> - includes fillings	85%	80%	80%
<b>Periodontic Services</b> - to treat gum disease	85%	80%	80%
<b>Endodontic Services</b> - includes root canals	85%	80%	80%
<b>Oral Surgery Services</b> - extractions and dental surgery	85%	80%	80%
<b>Relines and Repairs</b> - to bridges and dentures	85%	80%	80%
<b>Other Basic Services</b> - misc. services	85%	80%	80%
<b>Class III</b>			
<b>Major Restorative Services</b> - includes crowns	60%	50%	50%
<b>Prosthodontic Services</b> - includes bridges, implants, and dentures	60%	50%	50%
<b>Class IV</b>			
<b>Orthodontic Services</b> - includes braces	60%	50%	50%
<b>Orthodontic Age Limit</b> -	To age 19	To age 19	To age 19

\*When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Fluoride treatments are payable twice per calendar year for people up to age 19.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.

- Sealants are only payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

Having Delta Dental coverage makes it easy for our enrollees to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** – \$1,000 per person total per benefit year on all services except orthodontics. \$1,000 per person total per lifetime on Orthodontic Services.

**Deductible** –

**PPO Dentist** - None.

**Premier Dentist** - \$50 deductible per person total per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, and orthodontics services.

**Nonparticipating Dentist** - \$50 deductible per person total per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, and orthodontic services.

**Waiting Period** – Employees who are eligible for and elect dental benefits within 30 days of the date of hire are automatically covered on the date of hire. Employees who are eligible and elect dental benefits during the employer's annual open enrollment period are covered on the effective date following the open enrollment period.

**Eligible People** – All employees of Wright State University: Bargaining Faculty (0000), Non-Bargaining Faculty (0001), Classified (0002), Unclassified (0003), Part-Time (0004), and Resident (0005) who are appointed to work more than 50% Annual Full Time Equivalency are eligible to enroll for this coverage with an employer contribution toward the cost of coverage. COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable are eligible to enroll for this coverage. The Contractor and Subscriber share the cost of this plan.

Also eligible at the employee's option are the employee's spouse and any of the unmarried children (until the child's 19th birthday) of the employee or the employee's spouse. An unmarried child of an eligible employee continues to be eligible for this coverage from the child's 19th birthday until the child's 25th birthday if the child is eligible to be claimed by the employee as a dependent under the U.S. Internal Revenue Code during the current calendar year. The University's medical, vision and Delta Dental plans are offered as a package. Employees enrolled in the University's medical plan are automatically enrolled in its dental and vision plans for the same type of coverage. For example, employees enrolled with single coverage under the medical plan are also enrolled for single coverage under the Delta Dental coverage and the University's vision coverage. If you and your spouse are each enrolled for family coverage under this contract as Wright State University employees, you will be enrolled both as a subscriber under your coverage and as a dependent under your spouse's coverage. Your dependent children will be enrolled as dependents for both coverages. Delta Dental will coordinate benefits between the two coverages.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application card and as a dependent on your spouse's application card. Your dependent children may be enrolled on both application cards as well. Delta Dental will coordinate benefits.

Benefits will cease on the last day of the month in which the employee is terminated.

Amending effective September 1, 2010 to change Eligible People and Waiting Period.

# NOTICE OF PRIVACY PRACTICES

Date of This Notice: September 1, 2009

**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 describes the privacy practices of Delta Dental Plan of Michigan, Delta Dental Plan of Ohio, Delta Dental Plan of Indiana, Renaissance Life & Health Insurance Company of America, Renaissance Health Insurance Company of New York, and Renaissance Systems & Services, LLC (collectively, "we" or "us" or the "Plan"). These entities have designated themselves as a single affiliated covered entity for purposes of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and each has agreed to abide by the terms of this Notice and may share protected health information with each other as necessary for treatment, payment or to carry out health care operations, or as otherwise permitted by law.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are committed to protecting your health information.

We comply with the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act. We maintain a breach reporting policy and have in place appropriate safeguards to track required disclosures and meet appropriate reporting obligations. In addition, we comply with the "Minimum Necessary" requirements of HIPAA and the HITECH amendments.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information" ("PHI"). Generally, PHI is individually identifiable health information, including demographic information, collected from you or received by a health care provider, a health care clearinghouse, a health plan or your employer on behalf of a group health plan that relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that we may use or disclose your PHI.

**For Treatment** We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose PHI about you to providers, including dentists, doctors, nurses, or technicians, who are involved in taking care of you. For example, we might disclose information about your prior dental x-ray to a dentist to determine if the prior x-ray affects your current treatment.

**For Payment** We may use or disclose PHI about you to obtain payment for your treatment and to conduct other payment related activities, such as determining eligibility for Plan benefits, obtaining customer payment for benefits, processing your claims, making coverage decisions, administering Plan benefits, and coordinating benefits.

**For Health Care Operations** We may use and disclose PHI about you for other Plan operations, including setting rates, conducting quality assessment and improvement activities, reviewing your treatment, obtaining legal and audit services, detecting fraud and abuse, business planning and other general administration activities.

**To Business Associates** We may contract with individuals or entities known as Business Associates to perform various functions or to provide certain types of services on the Plan's behalf. In order to perform these functions or provide these services, Business Associates may receive, create, maintain, use and/or disclose your PHI, but only if they agree in writing with the Plan to implement appropriate safeguards regarding your PHI. For example, the Plan may disclose your PHI to a Business Associate to administer claims or provide support services, such as utilization management, quality assessment, billing and collection or audit services, but only after the Business Associate enters into a Business Associate Agreement with the Plan.

**Health-Related Benefits and Services** We may use or disclose health information about you to communicate to you about health-related benefits and services. For example, we may communicate to you about health-related benefits and services that add value to, but are not part of, your health plan.

**To Avert a Serious Threat to Health or Safety** We may use and disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

**Military and Veterans** If you are a member of the armed forces, we may release PHI about you if required by military command authorities.

**Worker's Compensation** We may release PHI about you as necessary to comply with worker's compensation or similar programs.

**Public Health Risks** We may release PHI about you for public health activities, such as to prevent or control disease, injury or disability, or to report child abuse, domestic violence, or disease or infection exposure.

**Health Oversight Activities** We may release PHI to help health agencies during audits, investigations or inspections.

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

**Law Enforcement** We may release PHI if asked to do so by a law enforcement official:

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

**Coroners, Medical Examiners and Funeral Directors** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

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

**To Plan Sponsor** We may disclose your PHI to certain employees of the Plan Sponsor (i.e., the Company) for the purpose of administering the Plan. These employees will only use or disclose your PHI as necessary to perform Plan administrative functions or as otherwise required by HIPAA.

**Disclosure to Others** We may use or disclose your PHI to your family members and friends who are involved in your care or the payment for your care. We may also disclose PHI to an individual who has legal authority to make health care decisions on your behalf.

#### **REQUIRED DISCLOSURES**

The following is a description of disclosures of your PHI the Plan is required to make:

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

**Government Audits** The Plan is required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with HIPAA.

**Disclosures to You** Upon your request, the Plan is required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits.

#### **WRITTEN AUTHORIZATION**

We will use or disclose your PHI only as described in this Notice. It is not necessary for you to do anything to allow us to disclose your PHI as described here. If you want us to use or disclose your PHI for another purpose, you must authorize us in writing to do so. For example, we may use your PHI for research purposes if you provide us with written authorization to do so. You may revoke your authorization in writing at any time. When we receive your revocation, it will be effective only for future uses and disclosures. It will not be effective for any PHI that we may have used or disclosed in reliance upon your written authorization.

#### **YOUR RIGHTS REGARDING PHI THAT WE MAINTAIN**

You have the following rights regarding PHI we maintain about you:

**Your Right to Inspect and Copy Your PHI** You have the right to inspect and copy your PHI. You must submit your request in writing and if you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

The Plan may deny your request to inspect and copy PHI in certain limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed by submitting a written request to the Contact Person listed below.

**Your Right to Amend Incorrect or Incomplete Information** If you believe that the PHI the Plan has about you is incorrect or incomplete, you may request that we change your PHI by submitting a written request. You also must provide a reason for your request. We are not required to amend your PHI but if we deny your request, we will provide you with information about our denial and how you can disagree with the denial.

**Your Right to Request Restrictions on Disclosures to Health Plans.** Where applicable, you may request that restrictions be placed on disclosures of your PHI.

**Your Right to an Accounting of Disclosures We Have Made** You may request an accounting of disclosures of your PHI that we have made, except for disclosures we made to you or pursuant to your written authorization, or that were made for treatment, payment or health care operations, national security or incident to other permissible disclosures. You must submit your request in writing. Your request should specify a time period of up to six years but may not include dates before April 14, 2003. We will provide one list of disclosures to you per 12-month period free of charge; we may charge you for additional lists.

**Your Right to Request Restrictions on Uses and Disclosures** You have the right to request restrictions or limitations on the way that we use or disclose PHI. You must submit a request for such restrictions in writing, including the information you wish to limit, the scope of the limitation and the persons to whom the limits apply. We may deny your request.

**Your Right to Request Confidential Communications Through a Reasonable Alternative Means or at an Alternative Location** You may request that we direct confidential communications to you in an alternative manner (i.e., by facsimile or e-mail). You must submit your request in writing. We are not required to agree to your request.

#### **Your Right to a Paper Copy of This Notice**

To obtain a paper copy of this Notice or a more detailed explanation of these rights, send us a written request at the address listed below. You may also obtain a copy of this Notice at one of our Websites:

[www.deltadentalmi.com](http://www.deltadentalmi.com),  
[www.deltadentaloh.com](http://www.deltadentaloh.com),  
[www.deltadentalin.com](http://www.deltadentalin.com),  
[www.renaissancefamily.com](http://www.renaissancefamily.com), or  
[www.rss-llc.com](http://www.rss-llc.com).

#### **CHANGES TO THIS NOTICE**

We may amend this Notice of Privacy Practices at any time in the future and make the new Notice provisions effective for all PHI that we maintain. We will advise you of any significant changes to the Notice. We are required by law to comply with the current version of this Notice.

#### **COMPLAINTS**

If you believe your privacy rights or rights to notification in the event of a breach of your PHI have been violated, you may file a complaint with us or with the Office of Civil Rights. Complaints about this Notice or about how we handle your PHI should be submitted in writing to the Contact Person listed below.

A complaint to the Office of Civil Rights should be sent to Office of Civil Rights, U.S. Department of Health & Human Services, 233 N. Michigan Ave. - Suite 240, Chicago, IL 60601, (312) 886-2359; (312) 353-5693 (TDD), (312) 886-1807 (fax). You also may visit OCR's website at <http://www.hhs.gov/ocr/privacyhowtofile.htm> for more information.

You will not be penalized, or in any other way retaliated against for filing a complaint with us or the Office of Civil Rights.

**SEND ALL WRITTEN REQUESTS REGARDING THIS PRIVACY NOTICE TO:**

**Jonathan S. Groat**  
**Chief Privacy Officer**  
**P.O. Box 30416**  
**Lansing, MI 48909-7916**  
**517-347-5451**