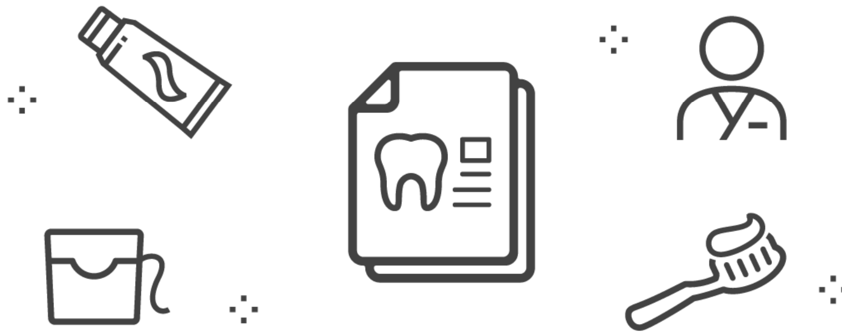
DELTA DENTAL®



2026

Oregon Group Dental Plan

The Nelson Trust
Active Participant Plan
Delta Dental PPO™ Plan Preventive First
January 1, 2026
Group Number: 10004450

Delta Dental Plan of Oregon provides dental claims payment service only and does not assume financial risk or obligation with respect to payment of claims

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SECTION 1. WELCOME TO DELTA DENTAL PLAN OF OREGON

This handbook will give you important information about the dental benefits, limitations and procedures under the Trust’s Active Participant Plan. It does not waive any of the conditions of the Plan as set out in the Plan Document. The Plan is self-funded and The Nelson Trust has contracted with Delta Dental Plan of Oregon to provide dental claims management and other administrative services.

If you have questions, call one of the numbers listed in section 2.1 or use the tools and resources on your Member Dashboard at www.deltadentalor.com. You can use it 24 hours a day, 7 days a week to get your plan information whenever it is convenient.

This handbook may be changed or replaced at any time without your agreement. You can find the most current handbook on your Member Dashboard. All plan provisions are governed by the Trust’s agreement with Delta Dental. This handbook may not contain every plan provision.

We may monitor telephone conversations and email communications you have with us. We will only do this when Delta Dental determines there is a legitimate business purpose for doing so, in accordance with applicable law.

IMPORTANT NOTICE

Refer to the Active Participant Plan Summary Plan Description for an explanation of eligibility requirements and eligibility rules. The dental benefits described herein supersede the dental benefits in any previous handbook.

The Trustees of The Nelson Trust established this Plan and funds benefits with contributions negotiated through collective bargaining. The benefits described in the handbook, while intended to remain in effect indefinitely, cannot be guaranteed for any definite period of time. The Plan will continue for present and future active Members as determined by the Trustees. Plan benefits are not guaranteed lifetime benefits.

The Trustees reserve the right, at any time, to make any changes in the Plan that they deem necessary including benefit and eligibility changes, termination of all, or a portion of, the coverage or to require or change monthly employee contributions.

This handbook is furnished for the purpose of giving a brief and clear summary of dental benefits available to Members under the Plan. It describes the dental coverages provided by the Plan in general terms. All benefits are governed by the terms of the Plan, which includes the agreement between Delta Dental and the Trust. Therefore, if there is ambiguity or conflict between this handbook and the Plan, the Plan will control.

Eligibility questions should be directed to the Plan Administrator (see next page).

The Trust does not guarantee the availability of any particular Dentist, Dental Provider or any services rendered under the Plan.

SECTION 2. MEMBER RESOURCES

2.1 CONTACT INFORMATION

Delta Dental Website (log in to your **Member Dashboard**)
www.DeltaDentalOR.com
Includes many helpful features, such as Find Care (which can be used to find an in-network dentist)

Dental Customer Service Department
Toll-free 888-217-2365
En español 877-299-9063

Appeals Department
P.O. Box 40384
Portland, OR 97240
Fax 503-412-4003

Telecommunications Relay Service for the hearing impaired
711

Delta Dental
P.O. Box 40384
Portland, Oregon 97240

The Nelson Trust's Plan Administrator:
Mailing Address:
The Nelson Trust
PMB #116
5331 S Macadam Avenue, Suite 258
Portland, OR 97239-3871

Physical Address:
BeneSys, Inc.
5331 S Macadam Avenue, Suite 220
Portland, Oregon 97239-3871
Phone 503-222-7696 toll-free 800-811-8853 fax 503-228-0149

Website:
www.nelsonbenefits.org

2.2 IDENTIFICATION CARD

After you enroll, we will send you ID (identification) cards that show your Delta Dental Group number and the subscriber identification number. Show your card each time you receive services, so your dentist will know you are a Delta Dental member. If you lose your ID card, you can get a new one through your Member Dashboard or by calling Customer Service.

2.3 NETWORK

Network Information (section 3.1) explains how networks work. This is the network for your Plan.

Dental networks
Delta Dental PPO™
Delta Dental Premier®

2.4 OTHER RESOURCES

You can find other general information about the Plan in Section 11.

SECTION 3. USING THE PLAN

If you have questions about the Plan, contact Customer Service. This handbook describes the benefits of the Plan. Review this handbook carefully. It is your responsibility to be aware of the Plan's limitations and exclusions.

At a first appointment, tell the dentist or dental provider that you have dental benefits administered by Delta Dental. You will need to provide your subscriber ID number and Delta Dental group number to the dentist or dental provider. These numbers are located on your ID card.

3.1 NETWORK INFORMATION

Delta Dental plans are easy to use and cost effective. This plan offers the same annual maximum plan payment limit, deductibles, and coinsurance whether you see an in-network dentist (Delta Dental PPO™ or Delta Dental Premier®) or an out-of-network dentist.

If you choose an in-network dentist (available on your Member Dashboard by using Find Care), all of the paperwork takes place between the dentist's office and us.

Out-of-Network dentists may not be willing to submit claims to Delta Dental. As a result, if you choose to see an out-of-network dentist, you may be required to submit claims and supporting documentation to Delta Dental for processing. Note that the dentist may ask for payment up front.

If you are outside Oregon, Delta Dental Plans Association provides offices and/or contacts in every state.

If you need dental care, you may go to any dental office. There are differences in how the Plan pays for in-network Delta Dental PPO dentists or Delta Dental Premier dentists and out-of-network dentists. You may choose to use any dentist, but we cannot guarantee that any particular dentist will be available.

3.1.1 In-Network Delta Dental Dentists

When using a Delta Dental PPO dentist or Delta Dental Premier dentist, the dentist may not charge you the difference between the plan allowance and the billed amount for covered services. The dentist may bill you for the entire cost of a noncovered or excluded service. Payment to a Delta Dental PPO dentist will be the lesser of the PPO fee schedule and the dentist's actual billed fees. Payment to a Delta Dental Premier dentist will be the lesser of the dentist's filed or contracted fee with Delta Dental and fees actually charged.

3.1.2 Out-of-Network Dentists

Payment to an out-of-network dentist or dental care provider is at the applicable coinsurance and limited to the amount in the PPO Fee Schedule. You may have to pay the difference between the PPO Fee Schedule amount and the billed charge.

If you reside in California, the amount paid to an out-of-network dentist or dental care provider is determined as follows:

a. Delta Dental uses a pricing benchmark maintained by FAIR Health, an independent nonprofit source of pricing data.
b. FAIR Health collects pricing data for dental services nationally and in given geographic areas.
c. Out of network dentists and dental care providers are paid at 90% of the pricing benchmark in your area.
d. You may have to pay the difference between the amount paid by Delta Dental and the amount billed by the out-of-network dentist or dental care provider.

The explanation of benefits (EOB) issued after a claim is processed will show the maximum plan allowance and the amount owed to the dental provider. Retain the EOB so it can be compared against the dental provider's bill to confirm its accuracy.

3.2 PREDETERMINATION OF BENEFITS

For expensive treatment plans, we provide a predetermination service. While a predetermination is not required, this is a service available to you, if you would like to request one before treatment begins. Your dentist may send a predetermination request to Delta Dental which will process the request according to the Plan's current benefits and return it to your dentist with an estimate of what the Plan would pay. You and your dentist should review the information and the charges you are liable to pay before beginning treatment.

SECTION 4. BENEFITS AND LIMITATIONS

The Plan covers the services listed when performed by a dentist or dental care provider (licensed denturist or licensed hygienist). They are only covered when they are determined to be necessary and customary by the standards of generally accepted dental practice to prevent or treat oral disease or accidental injury. Our dental consultants and dental director determine these standards.

Payment of covered expenses is always limited to the maximum plan allowance (MPA) and annual maximum Plan payment limit. Benefits will never be paid for services that are beyond the scope of a dentist's or dental care provider's license, certificate or registration. Services covered by your medical plan are not covered on this Plan except when they are related to an accident.

Covered dental services are grouped in 3 classes that start with preventive care and advance into basic and major dental procedures. Limitations may apply to these services and are noted below. See Section 6 for exclusions.

Covered services, when generally accepted dental practices and standards determine they can be safely and effectively provided using teledentistry (audio, video or both), are covered when you get them from a provider using such telephone or internet conferencing. The application and technology used must meet all applicable state and federal standards for privacy and security of protected health information. Your dentist may provide virtual dental visits, or you can use Teledentistry.com. You may want a virtual visit when you:

a. Have an after-hours dental issue
b. Have a dental emergency and you do not have a regular dentist
c. Want a dental consultation without leaving home
d. Are traveling and need dental assistance

All annual or per year benefits or cost sharing accrue based on a calendar year (January 1 through December 31). Frequency limitations are calculated from the previous date of service or initial placement, unless otherwise specified.

Deductible: $50
Per member (not to exceed $150 per family) per year, or portion thereof
Deductible applies to covered Class II and Class III services

Annual maximum plan payment limit:
$1,500 per member per year, or portion thereof
All covered services apply to the annual maximum plan payment limit except:
a. Class I (other than cone beam x-rays)
You will have to pay any amount over the annual maximum plan payment limit.

4.1 CLASS I
COVERED SERVICES PAID AT 100% OF THE MAXIMUM PLAN ALLOWANCE

4.1.1 Diagnostic

a. Diagnostic Services:
   i. Exams
   ii. Consultations for covered dental procedures
   iii. Intra-oral x-rays to assist in determining required dental treatment

b. Diagnostic Limitations:
   i. Periodic (routine) or comprehensive exams (including problem focused comprehensive exams) or consultations are covered twice per year
   ii. Limited exams or re-evaluations are covered twice per year
   iii. Complete series x-rays or a panoramic film is covered once in any 5-year period
   iv. Supplementary bitewing x-rays are covered once in any 12-month period
   v. Separate charges to review a proposed treatment plan or for diagnostic aids such as study models and certain lab tests are not covered
   vi. Only these x-rays are covered by the Plan: complete series or panoramic, cone beam, periapical, occlusal, and bitewing

4.1.2 Preventive

a. Preventive Services:
   i. Prophylaxis (cleanings)
   ii. Periodontal maintenance
   iii. Topical application of fluoride
   iv. Interim caries arresting medicament application
   v. Sealants
   vi. Space maintainers

b. Preventive Limitations:
   i. Prophylaxis (cleaning) is covered twice per year†.
   ii. Periodontal maintenance is covered once in any 3-month period†
   iii. Adult prophylaxis is only covered if you are age 12 and over. Child prophylaxis is only covered if you are under age 12.
   iv. Topical application of fluoride is covered twice per year if you are under age 19. If you are age 19 and over, topical application of fluoride is covered twice per year if you have a recent history of periodontal surgery or a high risk of decay because of medical disease or chemotherapy or similar type of treatment (poor diet or oral hygiene is not a medical disease).
   v. Interim caries arresting medicament application is covered twice per tooth per year.
   vi. Sealants are only covered on the unrestored occlusal surfaces of permanent molars. Benefits are limited to one sealant per tooth during any 5-year period
   vii. Space maintainers are covered for one space per quadrant per lifetime if you are under age 14. Space maintainers for primary anterior teeth or missing permanent teeth, or if you are age 14 and over are not covered.

†Additional cleaning benefit is available if you have diabetes or are in the third trimester of pregnancy. To be eligible for this additional benefit, you must enroll in the Oral Health, Total Health program (see Section 5).

4.2 CLASS II

COVERED SERVICES PAID AT 80% OF THE MAXIMUM PLAN ALLOWANCE

4.2.1 Restorative

a. Restorative Services:

i. Amalgam fillings and composite fillings to treat decay
ii. Stainless steel crowns

b. Restorative Limitations:

i. Restorations are not covered within 2 months of interim caries arresting medicament application.
ii. Inlays are considered an optional service. We will pay an alternate benefit of a composite filling.
iii. Crown buildups are included in the crown restoration cost. A buildup is covered only if necessary for tooth retention.
iv. Prefabricated and indirectly fabricated post and core in addition to a crown are only covered when less than half of the coronal (above the gum) tooth structure remains.
v. Replacement of a stainless steel crown by the same dentist within 2 years of placement is not covered. The replacement is included in the charge for the original crown.
vi. See section 4.3.1 for additional limitations when teeth are restored with crowns or cast restorations.

4.2.2 Oral Surgery

a. Oral Surgery Services:

i. Extractions (including surgical)
ii. Other minor surgical procedures

b. Oral Surgery Limitations:

i. A separate, additional charge for alveoloplasty done along with removal of teeth is not covered.
ii. Surgery on larger lesions or malignant lesions is not considered minor surgery.
iii. A separate charge for post-operative care done within 30 days after an oral surgery is not covered. Post-operative care is included in the charge of the original surgery.
iv. Brush biopsy is covered once in any 6-month period. Benefits are limited to the sample collection. Pathology (lab) services are not covered.

4.2.3 Endodontic

a. Endodontic Services:

i. Procedures to treat teeth with diseased or damaged nerves (for example, pulpal therapy and root canal filling)

b. Endodontic Limitations:

i. A separate charge for cultures is not covered.
ii. A separate charge for pulp removal done with a root canal or root repair is not covered.
iii. A separate charge for pulp capping is not covered. Pulp capping is considered to be included in the fee for the final restoration.
iv. Retreatment of the same tooth by the same dentist within a 2-year period of a root canal is not covered. The cost retreatment by the same dentist is included in the charge for the original care.
v. A subsequent retrograde filling by the same dentist within a 2-year period of the initial retrograde filling is not covered.

4.2.4 Periodontic

a. Periodontic Services:

i. Treatment of diseases of the gums and supporting structures of the teeth and/or implants

b. Periodontic Limitations:

i. Periodontal scaling and root planing is limited to once per quadrant in any 6-month period.
ii. Periodontal maintenance is covered under Class I, Preventive.
iii. A separate charge for post-operative care done within 6 months after periodontal surgery is not covered.
iv. Osseous surgery is covered for a maximum of 2 quadrants per visit.
v. Bone replacement grafts are covered once per single tooth or multiple teeth within a quadrant in a 3-year period.
vi. Additional periodontal surgical procedures by the same dentist to the same site within a 3-year period of an initial periodontal surgery are not covered.
vii. If you are under age 19, full mouth debridement is limited to once in a 2-year period. If you are age 19 or older, full mouth debridement is limited to once in a 2-year period, only if you have had no cleaning (prophylaxis, periodontal maintenance) within the last 2-years.

4.2.5 Anesthesia

a. General anesthesia or IV sedation

Covered only:

i. In conjunction with covered surgical procedures done in a dental office
ii. When necessary due to concurrent medical conditions

4.3 CLASS III
COVERED SERVICES PAID AT 60% OF THE MAXIMUM PLAN ALLOWANCE

4.3.1 Restorative

a. Restorative Services:

i. Cast restorations, such as crowns, onlays or lab veneers, necessary to restore decayed or broken teeth to a state of functional acceptability

b. Restorative Limitations:

i. Cast restorations (including pontics) are covered once in a 7-year period on any tooth. See 4.2.1 for limitations on buildups.
ii. Porcelain restorations are considered cosmetic dentistry if placed on the upper second or third molars or the lower first, second or third molars. We will pay for a gold restoration, and you will have to pay the difference.
iii. If your tooth can be restored by an amalgam or composite filling, but you or your dentist choose another type of restoration, the covered expense is limited to a composite. Crowns are only covered if the tooth cannot be restored by a routine filling.
iv. Restorations are not covered within 2 months of interim caries arresting medicament application
v. A separate, additional charge to repair a restoration done within 2 years of the original restoration is not covered
vi. Re-cement or re-bond of a crown, inlay, or veneer by the same dentist is limited to once per lifetime

4.3.2 Prosthodontic

a. Prosthodontic Services:

i. Bridges
ii. Partial and complete dentures
iii. Denture relines
iv. Repair of an existing prosthetic device
v. Implants and implant maintenance
vi. Surgical stent in conjunction with a covered surgical procedure

b. Prosthodontic Limitations:

i. A bridge or a full or partial denture is covered once in a 7-year period and only if the tooth, tooth site or teeth involved have not received a cast restoration benefit in the last 7 years
ii. Full, immediate and overdentures: If personalized or specialized techniques are used, the covered amount is limited to the cost for a standard full denture. Temporary (interim or provisional) complete dentures are not covered.
iii. Partial dentures: A temporary (interim) partial denture is only covered to replace missing anterior permanent teeth for members age 16 or under when placed within 2 months of the extraction of an anterior tooth. If a specialized or precision device is used, covered expense is limited to the cost of a standard cast partial denture.

Cast restorations for partial denture retainer teeth are not covered unless the tooth requires a cast restoration because it is decayed or broken.

iv. Denture adjustments, rebase, repairs and relines: A separate, additional charge for denture adjustments, repairs and relines done within 6 months after the initial placement is not covered. Subsequent relines are covered once per denture in a 12-month period.

v. Surgical placement and removal of implants are covered. Implant placement and implant removal are limited to once per lifetime per tooth space. Scaling and debridement of an implant is covered once in a 2-year period. Implant maintenance is limited to once every 3 years. The Plan will also cover:

   A. The final crown and implant abutment over a single implant. These benefits are limited to once per tooth or tooth space over the lifetime of the implant
   B. An alternate benefit per arch of a full or partial denture for the final implant-supported full or partial denture prosthetic device when the implant is placed to support a prosthetic device
   C. The final implant-supported bridge retainer and implant abutment, or pontic. This benefit is limited to once per tooth or tooth space over the lifetime of the implant
   D. Implant-supported bridges are not covered if 1 or more of the retainers is supported by a natural tooth
   E. This benefit or alternate benefits is not provided if the tooth, implant or tooth space received a cast restoration or prosthodontic benefit, including a pontic, within the previous 7 years

vi. Re-cementing or re-bonding an implant abutment supported crown or fixed partial denture is limited to once in a 12-month period

vii. Repair of an implant abutment supported prosthesis is limited to once in a 2-year period

viii. Porcelain restorations are considered cosmetic if placed on the upper second or third molars or the lower first, second or third molars. Coverage is limited to a corresponding metallic prosthetic. You will have to pay the difference.

ix. Fixed bridges or removable cast partial dentures are not covered if you are under age 16

4.3.3 Other

a. Other Services:

i. Athletic mouthguard

ii. Nightguard (occlusal guard)

b. Other Limitations:

i. An athletic mouthguard is covered once in any 12-month period for members age 15 and under and once in any 2-year period if you are age 16 and over. These time periods are calculated from the previous date of service. Over-the-counter athletic mouthguards are not covered.

ii. A nightguard (occlusal guard) is covered once every 5-year period at 100% up to $200 maximum with no deductible. You will have to pay for any amount above the $200 maximum. Repair or reline and adjustment of an occlusal guard is covered once every 12-month period following 6-months of initial placement. Over-the-counter nightguards are not covered.

4.4 GENERAL LIMITATION – OPTIONAL SERVICES

Some treatment options are more expensive than others. For example, treating a cavity with a filling instead of a crown. The Plan will pay the applicable percentage of the maximum plan allowance for the least costly treatment. Please check with the dentist about all the options and their costs or request a predetermination before treatment begins.

4.5 INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

For members with intellectual or developmental disabilities, we cover some extra services to help them get the dental care they need:

a. Visits before the first treatment, to help members learn what to expect
b. Up to 2 extra cleanings per year
c. Silver diamine fluoride to stop the progression of cavities for members who cannot tolerate the use of certain dental instruments
d. Sedation
e. Dental case management for members with special healthcare needs (such as sensory issues, behavioral challenges, severe anxiety) that make dental care difficult

Call Customer Service to find out how to get these extra benefits.

SECTION 5. ORAL HEALTH, TOTAL HEALTH BENEFITS

Visiting a dentist on a regular basis and keeping your mouth healthy is critical to keeping the rest of your body healthy. Studies have shown a relationship between periodontal disease, bacteria in the mouth and various health problems including pre-term, low birth weight babies and diabetes.

5.1 ORAL HEALTH, TOTAL HEALTH BENEFITS

The Plan offers a Delta Dental program that provides additional cleanings (prophylaxis or periodontal maintenance) for members based on this evidence. This benefit is for the cleaning only. Coverage for a routine exam and other services is subject to the frequency limitations described in Section 4.

5.1.1 Diabetes

If you have diabetes, elevated blood sugar levels can have a negative effect on your oral health. Diabetes increases the risk of cavities, gum disease, tooth loss, dry mouth and infection. Poor oral health can make diabetes more difficult to manage. Infections may cause your blood sugar to rise and require more insulin to keep it under control. Research confirms that regular visits to the dentist may help in the diagnosis and management of diabetes.

Diabetic members are eligible for a total of 4 cleanings per year.

5.1.2 Pregnancy

Keeping your mouth healthy during a pregnancy is important for you and your baby. According to the American Dental Association, if you are pregnant and have periodontal (gum) disease, you are more likely to have a baby that is born too early and too small.

Research suggests that periodontal disease triggers increased levels of biological fluids that induce labor. Data also suggests that people whose periodontal condition worsens during pregnancy have an even higher risk of having a premature baby. Dental visits during your third trimester of pregnancy may help prevent pre-term, low birth weight babies.

Talk to your dentist about scheduling a routine cleaning or periodontal maintenance during the third trimester of pregnancy. If you are pregnant, you are eligible for a cleaning in the third trimester of pregnancy regardless of when you had a previous cleaning.

5.2 HOW TO ENROLL

Enrolling in the Oral Health, Total Health program is easy. To enroll, contact Customer Service or complete and return the Oral Health, Total Health enrollment form found on your Member Dashboard. If you have diabetes, you must include proof of diagnosis.

SECTION 6. EXCLUSIONS

This section lists Plan exclusions. These are in addition to the limitations and exclusions that are described in other sections. These services, procedures and conditions are not covered, even if they are dentally necessary, if they relate to a condition that is otherwise covered, or if they are recommended, referred or provided by a dentist or dental care provider.

Analgesics
Substances used for pain relief

Anesthesia or Sedation
Local anesthetics, nitrous oxide, general anesthesia, other prescribed medications, and/or IV sedation except as stated in section 4.2.5

Behavior Management
Additional services, time or assistance to control the actions of a member (except as stated in section 4.5)

Benefits Not Stated
Services or supplies not specifically described in this handbook as covered services

Care Outside the United States
Except for care that is due to an urgent or emergency medical condition

Claims Not Submitted Timely
Claims submitted more than 12 months after the date of service

Congenital or Developmental Malformations
Includes treating cleft palate, maxillary and/or mandibular (upper and lower jaw) malformations, enamel hypoplasia and fluorosis (discoloration of teeth)

Coping
A thin covering over the visible part of a tooth, usually without anatomic conformity

Cosmetic Services
Any service or supply with the main purpose of changing or maintaining your appearance and that will not result in significant improvement in dental function. Examples include, tooth bleaching and enamel microabrasion

Duplication and Interpretation of X-rays or Records
Administrative and other services in support of covered dental services are not covered.

Experimental or Investigational Procedures
Including expenses related to or needed because of such procedures

Facility Fees
Including additional fees charged by the dentist for hospital, extended care facility or home care treatment

Gnathologic Recordings
Services to observe the relationship of opposing teeth, including occlusion analysis

Hypnosis
Inducing a state of consciousness in which a person is highly responsive to suggestion or direction for the purpose of changing behavior.

Illegal Acts
Services and supplies to treat an injury or condition caused by or arising directly from your illegal act

Inmates
Services and supplies you get while in the custody of any state, federal, county or municipal law enforcement authorities or while in jail or prison

Instructions or Training
Including tobacco cessation counseling, plaque control and oral hygiene or dietary instruction, except as described in section 4.5 for IDD

Localized Delivery of Antimicrobial Agents
Time released antibiotics to remove bacteria from below the gumline

Maxillofacial Prosthetics
Except surgical stents as stated in section 4.3.2

Medications
Substance used for the purpose of treating a condition.

Missed Appointment Charges
Fee charged for appointments missed without timely cancelling in advance.

Never Events
Services and supplies related to never events. These are events that should never happen while receiving services in a dental office, including removing a non-diseased tooth structure or performing a procedure on the wrong patient or wrong tooth.

Orthodontia
Services and supplies to correct malocclusioned teeth.

Over-the-Counter
Including over the counter occlusal guards and athletic mouthguards

Periodontal Charting
Measuring and recording the space between a tooth and the gum tissue

Precision Attachments
Devices to stabilize or retain a prosthesis when seated in the mouth

Rebuilding or Maintaining Chewing Surface; Stabilizing Teeth
Including services only to prevent wear or protect worn or cracked teeth, except occlusal or athletic mouthguards as provided in section 4.3.3. Excluded services include increasing vertical dimension, equilibration, and periodontal splinting.

Self-Treatment
Services you provide to yourself

Service Related Conditions
Treatment of any condition caused by or arising out of your service in the armed forces of any country or as a military contractor or from an insurrection or war, unless not covered by your military or veterans coverage.

Services on Tongue, Lip, or Cheek
Services provided on tongue, lip or cheek.

Services Otherwise Available
Someone else should have been responsible for the cost of these services or supplies. Examples include when payment or compensation should be provided by:

a. Workers' compensation or employer's liability laws
b. Any city, county, state or federal law, except Medicaid
c. Any municipality, county or other political subdivision or community agency without cost to you, except to the extent that such payments are insufficient to pay for the applicable covered dental services provided under the Plan
d. Separate contracts that are used to provide coordinated coverage and are considered parts of the same plan

Taxes
A sum of money collected by a government for its support or for specific facilities or services, levied upon incomes, property, sales, etc.

Teledentistry Fees
A separate charge for teledentistry is not covered. Teledentistry is covered in the normal charge for the service.

Third Party Claims
Services and supplies to treat illness or injury that a third party is or may be responsible for, to the extent of any recovery received from or on behalf of the third party (see section 7.3.2)

TMJ
Treatment of any disturbance of the temporomandibular joint (TMJ) and cone beam imaging related to TMJ

Translation and Sign Language Services
Included in the fees for overall patient management and are not covered separately

Treatment After Coverage Ends
Except for cast restorations and prosthodontic services that were ordered and fitted while you were still eligible, and then only if they are cemented within 31 days after your eligibility ends. This exception does not apply if the Trust transfers its plan to another administrator.

Treatment Before Coverage Begins
Services and supplies that were provided before your coverage under the Plan began.

Treatment Not Dentally Necessary
Including services and supplies that are:

a. Not dentally necessary to treat or prevent a dental injury or disease otherwise covered under the Plan
b. Inappropriate with regard to standards of good dental practice
c. Have a poor prognosis

The fact that a dentist or dental provider may recommend or approve a service or supply does not, of itself, make the charge a covered expense.

Treatment of Closed Fractures
Closed fractures of maxilla, mandible or other facial bones are not dental services.

SECTION 7. CLAIMS ADMINISTRATION & PAYMENT

7.1 SUBMISSION AND PAYMENT OF CLAIMS

What to know about sending us a claim:

a. We must receive your claim no more than 12 months after the date of service
b. We will not pay any claims we do not receive on time. The only exceptions are Medicaid claims or absence of legal capacity. Claims from Medicaid must be sent to us no more than 3 years after the date of service.

The date of service is the date you receive the service or supply. You must actually receive the service or supply before we will pay the claim.

Usually, you can show your Delta Dental ID card to the dental office and they will bill us for you. We will pay the dentist and send a copy of our payment record to you. The dentist will then bill you for any charges that were not covered. If you choose a non-participating dentist or dental provider, claim forms are available on the Member Dashboard.

7.1.1 Explanation of Benefits (EOB)

We will tell you how we processed a claim in a document called an Explanation of Benefits (EOB). We may pay claims, deny them or apply the allowable expense toward satisfying any deductible. If all or part of a claim is denied, we will tell you why in the EOB. We encourage you to access your EOBs electronically by signing up through your Member Dashboard.

If you do not receive an EOB or an email telling you that an EOB is available within a few weeks of the date of service, this may mean that we did not receive the claim. Your claim will not be paid unless we receive it within the claim submission period explained in section 7.1.

7.1.2 Claim Inquiries

Customer Service can answer questions about how to file a claim, the status of a pending claim, or any action taken on a claim. We will respond to your inquiry within 30 days.

7.1.3 Time Frames for Processing Claims

You will hear from us no more than 30 days after we receive a claim.

a. If the claim is denied, we will send an EOB explaining the denial
b. If we need more time for reasons beyond our control, we will send you a notice of delay explaining those reasons. We will finish processing the claim no more than 45 days after we receive it.
c. If we need more information, the notice of delay will describe the information we need. Whoever is responsible for providing the additional information will have 45 days to send it to us. We will finish processing the claim no more than 15 days after we get the additional information.

We must receive all information we need to process your claim within the Plan’s claim submission period explained in section 7.1.

7.2 APPEALS

Before you file an appeal, call Customer Service. We may be able to resolve your problem over the phone.

7.2.1 Time Limit for Submitting Appeals

If your appeals are not on time, you will lose the right to any appeal.

a. You have **180 days** from the date you receive an adverse benefit determination to send us your first level appeal
b. You have **60 days** from the date of the first level appeal decision to send us your second level appeal

You can fill out an appeal form (in your Member Dashboard under Resources), or send us a letter including all of the identifying information from the appeal form (see "Filing an Appeal" in Section 11). Describe what happened and what outcome you are hoping for. Include dental records or other documentation that will help us investigate your appeal.

7.2.2 The Review Process

Delta Dental has a 2-level internal review process, a first level appeal and a second level appeal. Delta Dental's response time to an appeal is based on the nature of the claim.

You may review the claim file and submit written comments, documents, records and other information to support your appeal.

How First and Second Level Appeals Work

a. Submit your appeal in writing, on time. If you need help, ask Customer Service
b. Someone who was not involved in the original decision will investigate your appeal
c. We will send the decision to you within 30 days

Special Circumstances

The timelines for reviewing your appeal do not apply if:

a. You do not reasonably cooperate
b. Circumstances beyond your control or ours make it impossible. Whoever is unable to meet a timeline must give notice of the specific reason to the other when the issue arises

If you elect to request a second level appeal, any statute of limitation or timeline pertaining to rights for further review, such as a lawsuit under ERISA Section 502(a), will be tolled during the voluntary review process until a decision is made.

7.2.3 Third Step – Voluntary Appeal to Board of Trustees Claims Review Committee

You may appeal directly to the Claims Review Committee of the Board of Trustees. This is a voluntary appeal. You are not required to use this third step appeal process. However, if you elect to appeal to the Claims Review Committee any statute of limitations or timeline relating to rights for further review, such as a lawsuit under ERISA Section 503(a), will be tolled during this voluntary appeal process until a decision is made.

Refer to the Summary Plan Description provided by the Plan Administrator for the specific rules relating to an appeal to the Claims Review Committee.

7.2.4 Definitions
For purposes of section 7.2, the following definitions apply:

Adverse Benefit Determination is a letter or an Explanation of Benefits (EOB) from us telling you that you are not eligible for benefits or that benefits have not been fully paid. Reasons are:

a. Eligibility to participate in the Plan
b. Annual benefit limit or other limitation on otherwise Covered Services
c. Utilization review (described below)
d. Limitations or exclusions described in Section 4 or Section 6 including a decision that an item or service is experimental or investigational or not dentally necessary

Appeal is a written request by you or your representative for us to review an adverse benefit determination.

Utilization Review is how we review the dental necessity, appropriateness or quality of dental care services and supplies. These adverse benefit determinations are examples of utilization review decisions:

a. The care is not dentally necessary or appropriate
b. The care is investigational or experimental
c. The decision about whether a benefit is covered involved a dental judgment

7.3 BENEFITS AVAILABLE FROM OTHER SOURCES

Sometimes dental expenses may be the responsibility of someone other than the Plan.

7.3.1 Coordination of Benefits (COB)
Coordination of benefits applies when you have dental coverage under more than one plan. If you are covered by another plan or plans, the benefits under this Plan and the other plan(s) will be coordinated. This means one plan pays its full benefits first, then any other plans pay. The Plan follows the order of benefit determination rules in the Oregon Administrative Rules (Oregon COB Rules). These rules decide which plan is primary and pays a claim for benefits first.

COB can be very complicated. This is a summary of some of the more common situations where you may have double coverage. It is not a full description of the COB rules. If your situation is not described here, contact Customer Service for more information.

7.3.1.1 When this Plan Pays First
This Plan is primary and will pay first if the claim is for:

a. The subscriber's own dental expenses
b. Your covered child's expenses when you are the subscriber and
    i. Your birthday falls earlier in the year than the other parent's and you are married, domestic partners or living together, or if there is a court decree assigning joint custody without specifying that one parent is responsible for healthcare expenses
    ii. You are separated, divorced or not living together and you have informed us of a court decree that makes you responsible for the child's healthcare expenses
    iii. If you are separated, divorced or not living together. There is not a court decree, but you have custody of the child

If you are a covered child on this Plan and also covered by your spouse's or domestic partner's plan, the plan that has covered you the longest is primary.

7.3.1.2 How COB Works

When we are the primary plan, we will pay benefits as if there was not any other coverage.

If we are the secondary plan, the primary plan will pay its full benefits first. We will need a copy of your primary plan's EOB so we can see what they paid. If there are covered expenses that the primary plan has not paid, such as deductibles, copayments or coinsurance, we may pay some or all of those expenses

a. We will calculate the benefits we would have paid if you did not have any other dental coverage. We will apply that amount to any allowable expense that the primary plan did not pay
b. We will credit any amounts to the deductible that would have been applied if you did not have other dental coverage
c. We will reduce the benefits we pay so that payments from all plans are not more than 100% of the total allowable expense
d. If the primary plan did not cover an expense because you did not follow that plan's rules, we will not cover that expense either. An example is if you have a lower benefit from your primary plan because you did not use an in-network provider

If the primary plan is a closed panel plan (HMO is an example) and you use an out-of-network provider, we will provide benefits as if we are the primary plan, except for emergency services or authorized referrals that are paid or provided by the primary plan.

Any plan that does not follow Oregon's COB rules is always primary.

7.3.1.3 Credit Savings

Where this Plan does not have to pay its full benefits because of COB, the savings will be credited to you for the plan year. These savings would be applied to any unpaid allowable expense during the plan year.

7.3.1.4 COB and Plan Limits

If COB reduces the benefits payable under more than one plan provision, each benefit will be reduced proportionately. Only the reduced amount will be charged against any benefit limit in those plan provisions.

7.3.1.5 Definitions

For purposes of section 7.3.1, the following definitions apply:

Plan is any of the following that provide benefits or services for medical or dental care or treatment:

a. Group or individual insurance contracts and group-type contracts
b. HMO (health maintenance organization) coverage
c. Coverage under a labor-management trusteed plan, a union welfare plan, an employer organization plan or an employee benefits plan
d. Medicare or other government programs, other than Medicaid, and any other coverage required or provided by law

e. Other arrangements of insured or self-insured group or group-type coverage

Each contract or other arrangement for coverage described above is a separate plan. If a plan has 2 parts and COB rules apply to only one of the 2, each of the parts is treated as a separate plan.

If separate contracts are used to provide coordinated coverage for covered persons in a group, the separate contracts are considered parts of the same plan and there is no COB among those separate contracts.

Plan does not include:

a. Fixed indemnity coverage
b. Accident-only or school accident coverage
c. Specified disease or specified accident coverage
d. Medicare supplement policies
e. Medicaid policies
f. Coverage under other federal governmental plans, unless permitted by law

Allowable expense is a dental expense, including cost sharing, that is covered at least in part by any plan you have coverage under. When a plan provides benefits in the form of a service instead of cash payments, the reasonable cash value of the service is considered an allowable expense and a benefit paid.

These are not allowable expenses:

a. Any expense is not covered by any plan covering you
b. Any expense a provider is not allowed to charge you

If a plan benefit has a visit limitation (such as cast restoration and prosthodontal benefits) and the limitation has been met, services in excess of the limitation will not be considered covered expenses for the purpose of this provision.

7.3.2 Third Party Liability

The rules for third party liability, including motor vehicle and other accidents, are complicated and specific. We have included some high-level information here. Contact Customer Service for more information.

The Plan does not cover benefits when someone else (a third party) is legally responsible. This may include a person, company or an insurer. Usually third party recovery takes a long time. During the third party recovery process, the Plan will pay your expenses if you agree to reimburse the Plan in full of what it pays on your expenses from any financial recovery you may receive. You will reimburse the Plan from what may be recoverable from a third party even if you have not been made whole.

You agree to do whatever is necessary to fully secure and protect the Plan’s right of recovery or subrogation. Subrogation refers to substituting one party for another in a legal setting. The Plan is entitled to all subrogation rights and remedies under common and statutory law, as well as under the Plan. You will cooperate with us to protect the Plan’s subrogation and recovery rights. This includes signing and delivering any documents we reasonably require to protect the Plan’s rights and providing any information or taking any actions that will help us recover costs from a third party. We have discretion to interpret these recovery and subrogation provisions.

a. If we pay claims that are, or are alleged to be, the responsibility of a third party, you hold any rights of recovery against the third party in trust for the Plan.

b. The Plan is entitled to be reimbursed for any benefits the Plan pays out of any recovery from a third party if there is any kind of settlement or judgment against the third party. This is so whether or not the third party admits liability or claims that you are also at fault. The Plan is entitled to receive the amount of benefits the Plan has paid whether the dental expenses are itemized or expressly excluded in the third party recovery.

c. The Plan is not responsible for and will not pay any fees or costs associated with your pursuing a claim against a third party. Neither the “made-whole” rule nor the “common-fund doctrine” rule applies under the Plan.

d. Even without your written authorization, we may release to, or obtain from, any other insurer, organization or person, any information we need to carry out the provisions of section 7.3.2.

e. If it is reasonable to expect that you will have future expenses for which the Plan might pay benefits, you will seek recovery of such future expenses in any third party claim.

f. Section 7.3.2 applies to you if the Plan advances benefits whether or not the event causing your injuries occurred before you became covered by Delta Dental.

If you or your representatives do not comply with the requirements in this section, then we may not advance payment or may suspend payment of any benefits, or recover any benefits we have advanced, for any sickness, illness, injury or dental/medical condition related to the third party claim. We may notify dental providers seeking payment that all payments have been suspended and may not be paid.

SECTION 8. ELIGIBILITY & ENROLLMENT

Eligibility and coverage rules for this dental Plan are governed by general Trust eligibility rules for active employees. You should refer to the Summary Plan Description provided by the Plan Administrator for an explanation of the Plan's eligibility rules.

SECTION 9. CONTINUATION OF DENTAL COVERAGE

Eligibility for Continuation of Dental Coverage and the terms under which dental coverage may be continued are the same as set forth in the Summary Plan Description available from the Plan Administrator.

SECTION 10. DEFINITIONS

Alveoloplasty is the shaping of the bone of the upper or the lower jaw. It is most commonly done in conjunction with the removal of a tooth or teeth so the gums heal smoothly for the placement of partial denture or full denture.

Amalgam is a silver-colored material used in restoring teeth.

Anterior refers to teeth located at the front of the mouth (tooth chart in Section 12).

Bicuspid is a premolar tooth, between the front and back teeth (tooth chart in Section 12).

Bridge is also called a fixed partial denture. A bridge replaces one or more missing teeth using a pontic (false tooth or teeth) permanently attached to the adjacent teeth. Retainer crowns (crowns placed on adjacent teeth) are considered part of the bridge.

Broken A tooth is considered broken when a piece or pieces of the tooth have been completely separated from the rest of the tooth. A tooth with cracks is not considered broken.

Cast Restoration includes crowns, inlays, onlays and any other restoration to fit your tooth that is made at a laboratory or dental office and cemented into the tooth.

Coinsurance is a percentage of covered expenses that you pay. If your coinsurance is 20%, you pay 20% of the covered charge and we pay the other 80%.

Composite is a tooth-colored material used in restoring teeth.

Cost Sharing is the share of costs you must pay when receiving a covered service. It includes deductible, copayments or coinsurance. Cost sharing does not include premiums, balance billing amounts for out-of-network providers or the cost of non-covered services.

Covered Service is a service that is specifically described as a benefit of the Plan.

Debridement is the removal of excess plaque. A periodontal pre-cleaning procedure done when there is too much plaque for the dentist to perform an exam.

Deductible is the amount of covered expenses you must pay per calendar year before the Plan starts paying.

Delta Dental refers to Delta Dental Plan of Oregon. Delta Dental Plan of Oregon is a business name used by Oregon Dental Service, a not-for-profit dental healthcare service contractor. Delta Dental is the claims administrator of the Plan. References to Delta Dental as paying claims or issuing benefits means that Delta Dental processes a claim and the Plan Sponsor reimburses Delta Dental any benefit issued. Where this book refers to “we”, “us”, or “our” it is referring to Delta Dental or its employees.

Dentally Necessary means services that, in the judgment of Delta Dental:

a. Are established as necessary for the treatment or to prevent a dental injury or disease otherwise covered under the Plan
b. Are appropriate with regard to standards of good dental practice in the service area
c. Have a good prognosis
d. Are the least costly of the alternative supplies or levels of service that can be safely provided. For example, coverage would not be allowed for a crown when a filling would be adequate to restore the tooth appropriately

The fact that a dentist may recommend or approve a service or supply does not, of itself, make the charge a covered expense.

Dentist is a licensed dentist operating within the scope of their license.

Denture Repair is a procedure done to fix a complete, immediate or partial denture. This includes adding a tooth to a partial denture, replacing a broken tooth in a denture, or fixing broken framework and/or base.

Dependent is any person who is or may become eligible for coverage under the terms of the Plan because of their relationship to the subscriber.

Eligible Person means a person who is eligible to receive a benefit under the Plan, as determined by the Group.

Emergency Services are services for a dental condition with acute symptoms of sufficient severity that requires immediate treatment. Emergency services Include services to treat acute infection, acute abscess, severe tooth pain, unusual swelling of the face or gums or a knocked out tooth.

Enrollment Date is, for new hires and others who enroll when first eligible, the date coverage begins or, if earlier, the first day of the waiting period. For all others, the enrollment date is the date the plan coverage actually begins.

Group refers to The Nelson Trust, a trust organized for the purpose of providing health and welfare benefits to eligible Members.

Implant is an artificial, permanent tooth root replacement used to replace a missing tooth or teeth. It is surgically placed into the upper or lower jaw bone and supports a single crown, fixed bridge, or partial or full denture.

Implant Abutment is an attachment that connects an implant and an implant supported prosthetic device.

Implant Supported Prosthetic is a crown, bridge or removable partial or full denture that is supported by or attached to an implant.

In-Network Delta Dental PPO Dentist is a licensed dentist who contracts in the preferred provider network (PPO) to provide dental care to you.

In-Network Delta Dental Premier Dentist is a licensed dentist who contracts in the Premier network to provide dental care to you.

Limited Exam is an examination of a specific oral health problem or complaint.

Maximum Plan Allowance (MPA) is the maximum amount the Plan will reimburse providers. For a Delta Dental PPO dentist and for out-of-network dentists or dental care providers, the MPA is based on the PPO fee schedule. For a Delta Dental Premier dentist, the MPA is the dentist's filed or contracted fee with Delta Dental.

If you reside in California, for a Delta Dental PPO dentist, the MPA is based on the PPO fee schedule. For a Delta Dental Premier dentist, the MPA is the dentist's filed or contracted fee with Delta Dental. For out-of-network dentists or dental care providers, the MPA is the 90th percentile of fees commonly charged for a given procedure in a given area, based on a national database.

When you use an out-of-network dentist or dental care provider, you will have to pay any amount over the MPA.

Member is subscriber or dependent of a subscriber who is enrolled for coverage under the terms of the Plan. Where this book refers to "you" or "your" it is referring to a member.

Out-of-Network Dental Provider means a licensed dentist, denturist or hygienist practicing within the scope of their license as required under the law within the state or states in which they practice, who have not entered into a contract with Delta Dental.

Periodic Exam is a routine exam (check-up), commonly done every 6 months.

Periodontal Maintenance is a periodontal procedure done when you have been treated for periodontal disease. This is a more comprehensive service than a regular cleaning (prophylaxis), where surfaces below the gum-line are also cleaned.

The **Plan** is the dental benefit plan sponsored and funded by the Group. Delta Dental is contracted to provide its claims and other administrative services for the Plan.

Plan Sponsor means the Trust.

Pontic is an artificial tooth that replaces a missing tooth and is part of a bridge.

Posterior refers to teeth located toward the back of the mouth (tooth chart in Section 12).

PPO Fee Schedule is the amount negotiated between Delta Dental and a participating Delta Dental PPO dentist.

Prophylaxis is cleaning and polishing the visible surfaces of all teeth.

Reline is the process of resurfacing the tissue side of a denture with new base material.

Restoration is treatment that repairs a broken or decayed tooth. Restorations include fillings and crowns.

Retainer is a tooth used to support a prosthetic device (bridges, partial dentures or overdentures). Also see "**Implant Abutment".**

Subscriber is any eligible person who is enrolled in the Plan.

Veneer is a layer of tooth-colored material attached to the surface of an anterior tooth to repair chips or cracks, fix gaps and change the shape and size of teeth. A **chairside veneer** is a restoration created in the dentist's office. A **laboratory veneer** is a restoration that is created (cast) at a laboratory. Chairside and laboratory veneers may be paid at different benefit levels.

SECTION 11. GENERAL PROVISIONS & LEGAL NOTICES

11.1 MISCELLANEOUS PROVISIONS

Confidentiality of Member Information
Keeping your protected health information (PHI) confidential is very important to us. PHI includes enrollment, claims, and medical and dental information. We use this information to pay your claims. It is also used for referrals, case management and quality management programs. We do not sell your information. The Group's Notice of Privacy Practices has more detail about how the Trust uses your PHI. Contact the Group if you have other questions about privacy.

Right to Collect and Release Needed Information
You must give us, or authorize a provider to give us, any information we need to pay benefits under the Plan. We may release to or collect from any person or organization information needed to process the claim.

Transfer of Benefits
Only members are entitled to benefits under the Plan. These benefits are not assignable or transferable to anyone else except to the provider.

Correction of Payments or Recovery of Benefits Paid by Mistake
If Delta Dental makes a payment for a member to which they are not entitled or pays a person who is not eligible for payments at all, the Plan has the right to recover the payment from the person paid or anyone else who benefited from it, including a provider. The Plan's right to recovery includes the right to deduct the amount paid from future benefits we would provide for a member even if the mistaken payment was not made on that member's behalf. Once a mistake has been identified in any of the provisions of the Plan, it can be rectified immediately. Any prior mistake does not permanently change the Plan

If benefits that this Plan should have paid are instead paid by another plan, this Plan may reimburse the other plan. Amounts reimbursed are plan benefits and are treated like other plan benefits in satisfying the Plan's liability.

No Waiver
Any waiver of any provision of the Plan or any performance under the Plan must be in writing and signed by the waiving party. Any such waiver shall not operate as, or be deemed to be, a waiver of any prior or future performance or enforcement of that provision or any other provision. If we delay or fail to exercise any right, power or remedy provided in the Plan, including a delay or omission in denying a claim, that shall not waive Delta Dental's rights to enforce the provisions of the Plan.

Trust is the Agent
The Trust is the members' agent for all purposes under the Plan. The Trust is not the agent of Delta Dental.

Responsibility for Quality of Dental Care
You always have the right to choose your dental provider. We are not responsible for the quality of your dental care. Your dentists act as independent contractors. We cannot control the detail, manner or methods by which a participating dentist provides care.

We cannot be held liable for the negligence of any dentist providing services to you. Nothing contained in the Plan shall be construed as obligating Delta Dental to provide dental services to you.

Provider Reimbursements
Dentists contracting with Delta Dental to provide services to you agree to look only to the Plan for payment of the part of the expense that is covered by the Plan. They may not bill you if the Plan fails to pay the dentist for whatever reason. The dentist may bill you for applicable cost sharing (such as coinsurance or deductible) or non-covered expenses except as may be restricted in the provider contract.

Governing Law
To the extent the Plan is governed by state law, it shall be governed by and construed in accordance with the laws of the state of Oregon.

Where any Legal Action Must be Filed
Any legal action arising out of the Plan must be filed in either state or federal court in the state of Oregon, in Multnomah County.

Time Limit for Filing a Lawsuit
Any legal action arising out of, or related to, the Plan and filed against the Plan by a member or any third party must be filed in court no more than 3 years after the date the claim was filed (see section 7.1). All internal levels of appeal under the Plan must be exhausted before filing a legal action in court.

Notices
Any notice to you, to a provider or to the Group that we are required to provide is considered properly given if written notice is deposited in the U.S. mail or with a private carrier. Notices will be addressed to the last known address in our records. If we receive a U.S. Postal Service change of address form, we will update our records with that new address. We may forward a notice for you to the Group if we become aware that we do not have a valid mailing address for you. Any notice you are required to send to us may be mailed to our Customer Service address. Notice to us is not considered given to us and received by us until we have physically received it.

Filing an Appeal
You can file an appeal or complaint by writing a letter to Delta Dental. Include the following information:

a. Member name and date of birth
b. Subscriber ID number
c. Contact information (phone, email, mailing address)
d. Provider(s) involved
e. Date(s) of service

f. Dental records from the provider, if applicable
g. Reason for the appeal/complaint
h. Description of what happened
i. Desired outcome

Customer Service can help you if needed. Complete information about the appeal process is in section 7.2.

Rescission
Rescission means canceling (rescinding) coverage back to the effective date, as if it had not existed. The Plan may rescind your coverage, or deny claims at any time, for fraud or intentional material misrepresentation.

Examples of fraud and material misrepresentation include but are not limited to:

a. Enrolling someone who is not eligible
b. Giving false information or withholding information that is the basis for eligibility or employment
c. Submitting false or altered claims

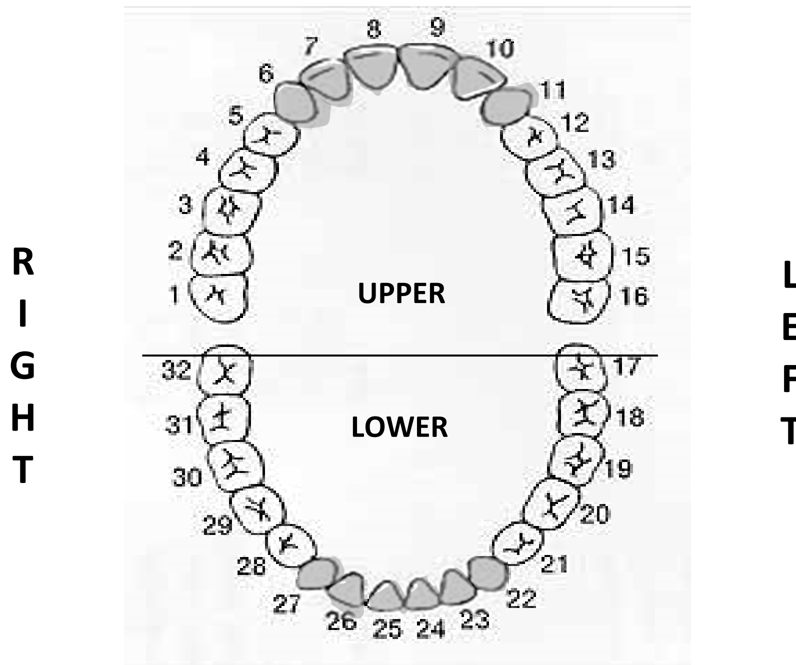
You will be told of a rescission decision 30 days before your coverage is canceled.

11.2 ERISA Duties

The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). You should refer to the Summary Plan Description provided by the Plan Administrator for an explanation of ERISA rights and protections.

SECTION 12. TOOTH CHART

The Permanent Arch



Anterior teeth are shaded gray.

The Permanent Arch		
Tooth #		Description of Tooth
Upper	Lower	
1	17	3rd Molar (wisdom tooth)
2	18	2nd Molar (12-yr molar)
3	19	1st Molar (6-yr molar)
4	20	2nd Bicuspid (2nd premolar)
5	21	1st Bicuspid (1st premolar)
6	22	Cuspid (canine/eye tooth)
7	23	Lateral Incisor
8	24	Central Incisor
9	25	Central Incisor
10	26	Lateral Incisor
11	27	Cuspid (canine/eye tooth)
12	28	1st Bicuspid (1st premolar)
13	29	2nd Bicuspid (2nd premolar)
14	30	1st Molar (6-yr molar)
15	31	2nd Molar (12-yr molar)
16	32	3rd Molar (wisdom tooth)

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, religion, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call:

888-217-2365 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Delta Dental of Oregon and Alaska
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

Scott White coordinates our nondiscrimination work:

Scott White,
Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

If you need help filing a complaint, please call Customer Service.

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

U.S. Department of Health
and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201

800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

DeltaDentalAK.com | DeltaDentalOR.com

Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association.

Delta Dental of Oregon & Alaska

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-605-3229 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-605-3229 (TTY: 711) o hable con su proveedor.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (Người khuyết tật: 1-877-605-3229 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电（文本电话：1-877-605-3229 (TTY: 711) ）或咨询您的服务提供商。

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-605-3229 (TTY: 711))번으로 전화하거나 서비스 제공업체에 문의하십시오.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-605-3229 (TTY: 711) или обратитесь к своему поставщику услуг.

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-605-3229 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-605-3229 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-605-3229 (TTY: 711) o makipag-usap sa iyong provider.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-605-3229 (TTY: 711) або зверніться до свого постачальника».

ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-877-605-3229 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-877-605-3229 (TTY: 711) ama la hadal bixiyahaaga.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-605-3229 (TTY: 711) ou parlez à votre fournisseur.

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບ

ແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-877-605-3229 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

หมายเหตุ: หากคุณใช้ภาษา ไทย
เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-605-3229 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ - (1-877-605-3229 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔"

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-877-605-3229 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-877-605-3229 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

ശ്രദ്ധിക്കുക: നിങ്ങൾ മലയാളം ഭാഷ സംസാരിക്കുമെങ്കിൽ, സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ നിങ്ങൾക്ക് ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകാനുള്ള ഉചിതമായ അനുബന്ധ സഹായങ്ങളും സേവനങ്ങളും കൂടെ സൗജന്യമായി ലഭ്യമാണ്. 1-877-605-3229 (TTY: 711) ലേക്ക് വിളിക്കുക അല്ലെങ്കിൽ നിങ്ങളുടെ ദാതാവിനോട് സംസാരിക്കുക.

PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-877-605-3229 (TTY: 711) wenno makisarita iti mangipapaay kenka.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-605-3229 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-877-605-3229 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 877-605-3229 (TTY: 711) أو تحدث إلى مقدم الخدمة".

AKIYESI: Ti o ba sọ Yorùbá, awọn iṣẹ iranlọwọ ede ọfẹ wa fun ọ. Awọn iranlọwọ iranlọwọ ti o yẹ ati awọn iṣẹ lati pese alaye ni awọn ọna kika wiwọle tun wa laisi idiyele. Pe 1-877-605-3229 (TTY: 711) tabi sọrọ si olupese rẹ.

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-877-605-3229 (TTY: 711) au zungumza na mtoa huduma wako.

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-605-3229 (TTY: 711) ou fale com seu provedor.

For help, call us directly at 888-217-2365
(En español: 877-299-9063)

P.O. Box 40384
Portland, OR 97240