

SERVICES NOT COVERED

Prescription drugs, premedication, relative analgesia.
 General anesthesia except with oral surgery.
 Charges for hospitalization, including hospital visits.
 Plaque control programs, including oral hygiene and dietary instruction.
 Procedures to correct congenital or developmental malformations except for children eligible at birth.
 Procedures, appliances or restorations primarily for cosmetic purposes.
 Increasing vertical dimension.
 Replacing tooth structure lost by attrition.
 Periodontal splinting.
 Gnathological recordings.
 Equilibration.
 Treatment of dysfunctions of the temporomandibular joint. (TMJ)
 Adult Orthodontics.
 Implantology.

SPECIAL NOTES

Orthodontic benefits may be pro-rated for treatment begun before the patient is eligible.

Dental benefits may be based on the least costly treatment that conforms to generally accepted dental practice.

ELIGIBLE MEMBERS

Employee/subscriber
 Employee's spouse
 Dependent children to age 19 (to age 25 if unmarried, full-time student)
 Dependent children physically or mentally unable to be self-supporting regardless of age.

CLAIMS ADMINISTERED BY BENEFIT ADMINISTRATORS INC. (BAI)

County of Erie--Group Number 128
 If you need a Subscriber ID Card, please contact our Enrollment Department at (814) 454-0167 or 1-800-777-2524.

COVERED BENEFITS

Diagnostic-Procedures to assist dentists to evaluate existing conditions and dental care required--to include visits, exams, diagnosis and x-rays (exams and bitewing x-rays, 2 in any 12-month period). Full-mouth series x-rays, or the equivalence of, 1 in any 36-month period.
Preventive-Prophylaxis (cleaning 2 in any 12-month period), fluoride treatments (limited to age 19) 2 in any 12-month period, space maintainers (limited to age 19). Sealants (limited to age 14) 1 per unfilled permanent 1st and 2nd molar in any 36-month period.
Basic Restorative-Amalgam and composite fillings (composite fillings limited to amalgam for posterior teeth).
Major Restorative-Crowns, inlays, onlays are benefited where above materials are not adequate.
Oral Surgery-Extraction and oral surgery procedures including pre-post-operative care.
Endodontic-Procedures for pulpal therapy and root canal filling.
Periodontic-Surgical and non-surgical procedures for treatment of gums and supporting structures of teeth.
Prosthodontic-Procedures for construction or repair of fixed bridges, partial or complete dentures.
Orthodontic-Procedures for straightening teeth (for eligible dependent children to age 19).

NOTE: Maximum benefit \$1,000 per person based on a Calendar Year. The Orthodontic Maximum is \$1,000 Lifetime per eligible dependent child.

PAYMENT SCHEDULE

BENEFIT	
DIAGNOSTIC	100% of BAI Allowances
PREVENTIVE	100% of BAI Allowances
BASIC RESTORATIVE	100% of BAI Allowances
MAJOR RESTORATIVE	50% of BAI Allowances
ORAL SURGERY	100% of BAI Allowances
ENDODONTIC	100% of BAI Allowances
PERIODONTIC	100% of BAI Allowances
PROSTHODONTIC	50% of BAI Allowances
ORTHODONTIC	80% up to Lifetime Max.

Payment for services performed will be made to the dentist (or to subscriber if you paid dentist in full) on the basis of the BAI Fee Allowance or the amount charged, whichever is less. If you elect to go to a non-participating provider, payment for services will be paid only up to the amount that would have been paid to a participating provider. In order to receive a discount to the BAI Allowance for covered services, you would need to use BAI Participating Dentists.

DESCRIPTION OF BENEFITS

GROUP DENTAL PROGRAM FOR EMPLOYEES OF COUNTY OF ERIE

CLAIMS ADMINISTERED BY:



BENEFIT ADMINISTRATORS, INC.
 1250 Tower Lane
 Erie, PA 16505-2533
 Phone (814) 454-1067 or
 (800)777-2524
 FAX (814) 459-2250

IMPORTANT

The benefit explanations contained herein are subject to all provisions of the Group Dental Summary Plan Description contract, and do not modify such contract in any way nor shall the subscriber accrue any rights because of any statement in or omission from this booklet.

HOW TO USE YOUR DENTAL PROGRAM

Dental Claim Forms are available at the BAI website at www.hbkw.net or at dental offices and will be completed and submitted by participating dental offices and many non-participating dental offices. Your dentist will complete an examination and recommend needed treatment. If treatment is to be extensive, your dentist may send the claim form to BAI in advance (see Predetermination of Benefits section). When services are completed, you will be asked to sign the claim form and your dentist will submit it to BAI.

Timely submission of claims is important. Claims submitted 6 months or more beyond the date of service would not be eligible for payment.

FREE CHOICE OF DENTIST

BAI recognizes that many factors affect the choice of dentist, and therefore support your right to freedom of choice regarding your dentist. Note the explanation of BAI Payment for Services to understand the method of payments applicable to your dentist selection.

PLEASE REMEMBER...

If you and your dentist are unsure of your contract benefits for a specific course of treatment, make sure with Predetermination of Benefits.

PARTICIPATING DENTISTS

These are licensed dentists in the tri-state area who have entered into an agreement with BAI to abide by BAI policies regarding services, your portion of the charged fees and other matters pertinent to BAI obligations to the subscribers. Please visit our website at www.hbkw.net for the BAI Directory of Participating Dental Providers, or call the BAI Customer Service Department.

PREDETERMINATION OF BENEFITS

Predetermination is recommended for treatment plans exceeding \$300 and should be sent to BAI by the dentist. Predetermination is used by BAI to determine eligibility of the member and to review the treatment plan to determine the extent of coverage. BAI will act promptly in returning a predetermination voucher to you and the attending dentist with verification of the patient's current eligibility and current availability of benefits with appropriate maximums. The availability of benefits may change subsequent to the date of the voucher due to a change in eligibility status, exhaustion of applicable benefit maximums or application of frequency or procedure limitations.

PAYMENT FOR SERVICES

Payment for services performed will be made on the basis of the BAI Fee Allowance or the amount charged by the dentist, whichever is less. If you elect to go to a non-participating provider, payment for services will be paid only up to the amount that would have been paid to a participating provider. In order to receive a discount to the BAI Fee Allowance for covered services, you would need to use BAI Participating Dentists. BAI advises the subscriber of any charges not payable by the Group Dental contract for which the subscriber is responsible. These are generally the subscriber's percentage of co-payments, charges where maximums have been exceeded, services not covered by the Group Dental contract, or the difference between the amount charged by a non-participating dentist and the BAI Fee Allowance.

COORDINATION OF BENEFITS

If separate dental benefits are available to the employee, spouse or dependent children under other programs, there are specific conditions applicable to determine payment. The ratio of each carrier's liability to total cost incurred is reviewed. Payment is made according to the "birthday" rule adopted by most insurance carriers, but in no case does BAI process claims in excess of the total Dental contractual obligation, if it were the only carrier involved. If the other carrier determines benefits first, BAI will process any billable allowable difference between the amount paid by the other carrier and the charge for the covered services, to the extent of the Dental contract benefit for the given procedure.

CLAIMS AND APPEAL PROCEDURES

BAI attempts to process all claims within a reasonable processing time. If a claim will be delayed more than 30 days, BAI will send notification in writing stating the reason for delay.

Routine claims questions can be handled by writing to BAI or by calling BAI at (814)454-0167 or toll free at (800) 777-2524.

Any dissatisfaction with adjustments made or denials of payment should be brought to the attention of the Claims Administrator, BAI; and if unresolved to the Plan Administrator, the County of Erie. The Group Dental contract indicates your rights of appeal or other recourse.

NOTE

Complete definition of benefits, limitations, and exclusions is contained in the Group Dental contract on file with your employer. This explanation is informational only.

Benefits subject to all terms and conditions of the Group Dental contract on file with the Employer, Trust Fund, or other entity.

Be sure to provide your dentist with your Social Security Number or your ID Number.

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