LIFESPAN'S DENTAL PROGRAM

Your Coverage Options

The dental plans available through Lifespan benefits cover a variety of services, including preventive care and basic services. Dental insurance is a before-tax benefit.

You have the following options for dental coverage:

- Delta Dental Premier Plan A
- Delta Dental Premier Plan B
- No Coverage

Coverage for You and Your Dependents

When you enroll in dental coverage, you need to choose coverage based on the number of dependents you are eligible to cover:

- Individual (for you only)
- Dual (for you and one dependent)
- Family (for you and two or more dependents)

Dependents Who Are Eligible for Coverage

You can cover the following dependents for dental coverage:

- Your spouse
- Your unmarried dependent children through the calendar year in which they turn 19, or through the calendar year in which they turn 23 if they are full-time students at an accredited school. For all benefit programs, if full-time student status ends, coverage will terminate at the end of the month in which they cease to qualify as a full-time student. It is the employee's responsibility to inform the Benefits Department if their dependent ceases to be a full-time student.
- Your disabled dependent children over 19 who meet plan eligibility requirements
- Your same sex domestic partner* or common law spouse

Please refer to the "Lifespan Dependent Eligibility Guidelines" to determine which documents will be acceptable when providing proof of your relationship with your dependents.

*The IRS requires that the fair market value (FMV) of the dental coverage provided by the employer to a domestic partner under the Internal Revenue Code definition must be included in the employee's gross income as wages. The FMV will be the individual group rate less any payment by the employee for such coverage.

Costs for Coverage

The per pay period cost for each dental coverage option is shown on the "Employee Contributions" sheet enclosed as well as on your personalized enrollment form.

If You Choose No Coverage

If you choose no coverage, you can receive taxable cash-in-lieu of benefits in your paycheck throughout the course of the year.

How the Dental Options Pay For Services

Each option offers a variety of preventive, diagnostic and restorative services.

Using Delta Dental Premier

When you are covered by Delta Dental's Premier program, you have access to the nation's largest network of dentists. If you go to a participating dentist and show the office staff your identification card, Delta Dental will pay the dentist for the covered services. You will receive an Explanation of Benefits notice in the mail every time Delta Dental processes a claim for you or any covered dependent. The notice will explain what service the dentist billed for, the amount of the charge and the amount that Delta Dental paid. It will also show if you owe the dentist any money.

You also have the option of going to a non-participating dentist. If you do, however, you may have to file the claim yourself. You should pay the dentist his or her charges and mail the form to Delta Dental of Rhode Island, P. O. Box 1517, Providence, RI 02901-1517. It is important for you to know that when you go to a non-participating dentist it will usually cost you more money. You are expected to pay the difference between their full charge and Delta Dental's payment.

Dental Benefits at a glance for Rhode Island Hospital Employees

Type	Plan A	Plan B
Preventive & Diagnostic Services		
Oral Exam -1 per year	100%	100%
Cleanings -2 per year	100%	100%
Fluoride Treatments -1 per year	100%	100%
X-rays	100%	100%
Sealants	100%	100%
Minor Restorative Services		
Simple Extractions	100%	100%
Fillings	100%	100%
Root Canal Therapy for Front Teeth	100%	100%
Denture Repairs	100%	100%
Procedures to Relieve Pain	100%	100%
Biopsies	100%	100%
Major Restorative Services		
Oral Surgery	100%	100%
General Anesthesia	100%	100%
Crowns -Pre-treatment estimate recommended	100%	100%
Root Canal Therapy	100%	100%
Space Maintainers	100%	100%
Periodontics		
Pre-treatment estimate recommended	50%, $400 per year maximum	50%
Prosthodontics		
Pre-treatment estimate recommended	No Coverage	Yes
The construction of dentures & bridges, once every 5 years	No Coverage	50%
Orthodontia -dependents under age 19		
Pre-treatment estimate recommended	No Coverage	Yes
Coverage	No Coverage	50%
Lifetime Orthodontic Maximum	No Coverage	$1,200
Plan Guidelines		
Dependent Coverage	To age 19	To age 19
Student Coverage	To age 23	To age 23
Annual Maximum	$1,000	$1,200