Your total health is important to us, including your dental health. And Deseret Dental provides valuable protection. That should give you something to smile about!

**Keys to making the most of your coverage:**

**DENTAL INSURANCE**

- Always use contracted providers (visit [www.dmba.com](http://www.dmba.com) for a current list)
- Be aware of the annual max and the lifetime max for orthodontia

**A peek at what your Deseret Dental ID card looks like:**

<table>
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<tr>
<th>Name</th>
<th>JANE DOE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID No.</td>
<td>987654321</td>
</tr>
<tr>
<td>Group</td>
<td>DDENT</td>
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</table>

**YOUR Deseret Dental BENEFITS:**

- Preventive care copayment: $15
- Annual maximum benefit: $1,100
- Orthodontia lifetime max: $1,500

**THIS CARD DOES NOT GUARANTEE BENEFITS OR COVERAGE!**

**MEMBER:**
- For benefit questions: 1-801-578-5600 or 1-800-777-3622
- For information about Deseret Mutual contracted dentists and specialists: [www.dmba.com](http://www.dmba.com)

**PROVIDER:**
- To verify your patient’s eligibility: [www.dmba.com/provider](http://www.dmba.com/provider)
- Send all dental claims to:
  
  Deseret Mutual
  
  P.O. Box 45530
  
  Salt Lake City, UT 84145-0530

**Deseret Dental Table of Contents**

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Welcome to Deseret Dental. Your total health is important to us, including your dental health. And Deseret Dental provides valuable protection. That should give you something to smile about!

*This section of your Benefits Handbook outlines the major provisions of Deseret Mutual’s Deseret Dental as of January 1, 2014. This document also serves as your summary plan description, or SPD.*

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**Eligibility for Coverage**

You and your dependents are eligible for Dental Plan benefits as long as you remain actively employed. You and your dependents are eligible for benefits as soon as your coverage begins.

When you retire, you are no longer eligible for coverage. But you may be able to enroll in Deseret Mutual’s Senior Dental Plan (for more information, call Member Services).

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**Maximum Benefits**

The *annual maximum* benefit is $1,100 per person for you and each of your eligible dependents. For orthodontic benefits, the *lifetime maximum* benefit is $1,500 per person (see Orthodontic Procedures on page 2).

For information about other maximum benefits, see Supplemental Accident Benefit on page 5.

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**Copayments**

For each routine diagnostic exam, you pay a $15 copayment.

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**Deseret Mutual’s Dental Network**

Contracted dentists, including specialists, make up our dental network.

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**FINANCIAL PROTECTION**

When you receive care from members of our contracted dental network, you are financially protected. Contracted dentists accept what you pay (your copayments and coinsurance) and what Deseret Mutual pays as payment in full. In other words, they do not bill you for amounts that exceed our maximum allowable limits.

Please be aware, however, you are still responsible for charges considered ineligible or not covered by the plan.

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**DENTAL BENEFITS**

Our contracted arrangements do not change your dental benefits. They simply protect you from paying unnecessary expenses. That is, you can receive care from any licensed provider of your choice. But to take advantage of this financial protection, receive care from providers in our contracted dental network.

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**CONTRACTED DENTISTS**

For information about contracted dentists in your area, please visit our website or call Member Services.

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**Your Dental Benefits**

Generally, your dental benefits cover routine checkups, fluoride treatments, and cleanings at 100% after your $15 copayment. Most other services, such as restorative procedures (including fillings) and orthodontic procedures, are covered at 50%.

*Of course, all benefits are based on medical necessity and are subject to the maximum allowable limits determined by Deseret Mutual.* Charges are considered incurred on the date of service or the date treatment begins. One exception is for dentures; this service date is the date you receive the dentures.

Your Dental Plan benefits follow alphabetically starting on page 2.
ANESTHESIA

The plan pays 50%; you pay 50%

- General anesthesia expenses are covered when used as a part of oral surgery or in a case approved for the outpatient hospitalization benefit (see Outpatient Hospitalization on page 3)
- Generally, local anesthesia or relative analgesia are included in the cost of a complete procedure. If they are billed separately, they are not covered
- When general anesthesia is administered as part of an eligible outpatient hospitalization, expenses do not count toward your annual maximum benefit

ENDODONTIC PROCEDURES

The plan pays 50%; you pay 50%

- Pulpal and root canal therapy is covered
- Pulp caps are covered
- Generally, bases are included in the cost of a restorative or a prosthodontic procedure. If they're billed separately, they're not covered

ORAL SURGERY

The plan pays 50%; you pay 50%

- Extractions and other oral surgeries are covered:
  - Reimplanting knocked out teeth
  - Single tooth implants, replacing an implant once every five years (to the date)
- Generally, routine post-operative visits are included in the cost of the total surgical procedure. If they’re billed separately, they’re not covered. For tooth transplants, oral surgery expenses and other related expenses are not covered

ORTHODONTIC PROCEDURES

The plan pays 50%; you pay 50%

- The lifetime maximum benefit is $1,500 per person
- Benefits are paid on a monthly basis for the duration of the treatment. This includes 50% of the down payment (not to exceed $400) and 50% of the monthly payment up to the $1,500 maximum. To determine the monthly payment amount, we divide the remaining cost by the number of months of treatment
- Monthly payments stop when you or your dependent becomes ineligible or if you end treatment before it is completed
- Some charges for molds, X-rays, and exams in connection with orthodontic treatment are considered part of the treatment and are included in the benefit maximum
- Habit-control appliances, such as nightguards and finger-sucking appliances, are not covered

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
## OUTPATIENT HOSPITALIZATION

The plan pays 50%; you pay 50%

- Submit a doctor’s statement to Deseret Mutual, including the treatment plan, fees, and a description of medical necessity
- Outpatient hospital expenses for dental treatment may be covered if:
  - a medical problem exists that must be monitored in connection with general anesthesia and surgical procedures
  - general anesthesia is required because of extended work on a child younger than 5
  - dental or surgical procedures are performed on a patient who has a mental disability, such as Down Syndrome, or a sensory disability, such as deafness or blindness
- Eligible outpatient hospitalization expenses do not count toward your annual $1,100 maximum benefit

## PERIODONTAL PROCEDURES

The plan pays 50%; you pay 50%

- Periodontal maintenance is covered twice each calendar year
- Non-surgical procedures, including deep scaling, root planing, full mouth debridement, periodontal exams, and chemotherapeutic agents, are payable once every six months (to the date)
- Covered surgical procedures include gingivectomy, osseous surgery, and grafting

## PREVENTIVE / DIAGNOSTIC PROCEDURES

The plan pays 100% after your $15 office visit copayment

- Preventive care does not count toward your annual maximum benefit
- Cleaning (prophylaxis)
  - Twice each calendar year
- Exams
  - Twice each calendar year
  - Initial and routine exams by a general or a pediatric dentist
- Fluoride treatment
  - Topical application twice each calendar year
- Sealants (see *Sealants* on page 4)
- Space maintainers
  - Charges to replace lost or stolen space maintainers are not covered
- X-rays
  - Complete mouth X-rays or panorex X-rays once every three years (to the date)
  - A series of bitewing X-rays twice each calendar year
  - Periapical X-rays as necessary
**PROSTHODONTIC PROCEDURES**

The plan pays 50%; you pay 50%

- For most services, the service date is the date treatment begins. For dentures, the service date is the date you receive the dentures.
- Crowns, veneers, bridges, onlays, inlays, and partial and complete dentures are covered based on these guidelines:
  - Bridges, onlays, inlays, and partial and complete dentures are covered once every five years (to the date).
  - Crowns and veneers are covered once every seven years (to the date). A replacement may be covered sooner when it's justified by either a medical or dental problem that results in an unavoidably damaged crown or veneer. But all exceptions must be preapproved and meet Deseret Mutual's specific medical/dental criteria. Stainless steel crowns on permanent teeth are payable once every two years (to the date).
  - Charges for relining or rebasing dentures are eligible once every three years (to the date).
  - Separate payment is not made for tooth preparation, temporary restorations, impressions, analgesia, or local anesthesia. These procedures are normally included in the cost of the complete prosthodontic procedure.
- Charges to replace lost or stolen dentures are not covered.
- Before payment can be made, you must submit periapical X-rays for veneers.

**RESTORATIVE PROCEDURES**

The plan pays 50%; you pay 50%

- Amalgam, porcelain, composite or resin, and metal restorations are covered based on these guidelines:
  - One restoration per tooth surface every two years (to the date) or every five years (to the date) for gold restorations, no matter how many restorations are placed on the surface.
  - Separate payment is not made for tooth preparation, temporary restorations, cement bases, impressions, analgesia, or local anesthesia. These procedures are normally included in the cost of a complete restorative procedure.
- Changing restorations from amalgam to composite fillings because of amalgam/mercury sensitivity is not covered.

**RIDGE AUGMENTATION / EXTENSION**

The plan pays 80%; you pay 20%

- This benefit includes procedures to restore the alveolar ridge to accommodate dentures.
- These expenses do not apply toward your annual maximum benefit.

**SEALANTS**

The plan pays 100% based on these guidelines:

- Only patients younger than 16 are eligible for this benefit.
- The benefit covers permanent molars only.
- A molar sealant is covered once every five years (to the date).
Supplemental Accident Benefit

If you need dental treatment because of an accident, eligible charges will be covered according to regular Dental Plan benefits, based on the services performed. The maximum allowable limit is determined by Deseret Mutual. Benefits are based on the following guidelines:

- The injury must occur while covered by Deseret Mutual’s Dental Plan
- The cause of the condition must meet the definition of an accident as defined by the plan
- Benefits are determined by the date of the accident. Eligible expenses must be incurred within two years of the accident. Some additional benefits may be available beyond two years. Contact Deseret Mutual for more information
- Orthodontic expenses are not covered by the supplemental accident benefit
- The first $2,000 paid per accident does not count toward the annual maximum benefit
- If five or more teeth are involved, additional benefits may be available up to $5,000 per accident. They do not count toward your annual maximum benefit
- For more information about this benefit, please call Deseret Mutual

Filing Claims

You or your dental provider must submit claims within 12 months from the date of service. You are responsible to make this happen.

Your dentist completes a dental claim form and sends it to Deseret Mutual. If veneers are done, the dentist must also submit periapical X-rays.

Deseret Mutual will send you an Explanation of Benefits (EOB) statement when your claims have been processed. Please review your statements for accuracy.

Errors on Bills or EOBs

If you see services listed on an Explanations of Benefits (EOB) statement that were not performed or could be considered fraudulent, please call us at 1-801-578-5918 or 1-800-777-3622. For more information, see Fraud Policy Statement on page 6.

If you find an error on any of your bills after your claims have been processed and paid, please verify the charges with your provider. Then submit a written description of the error to Deseret Mutual at the following address:

Deseret Mutual
Overpayment Team
P.O. Box 45530
Salt Lake City, Utah 84145
This is called an audit reimbursement request. If the mistake is not otherwise detected, you can receive 50% of the eligible savings, up to $250 per incident, as defined by Deseret Mutual.

Because the error usually means the provider was overpaid, we must recover the money from the provider before we can return the savings to you. So please be patient while we correct the error.

If Deseret Mutual detects an error on a bill before you do, we cannot forward the savings to you because this would violate our obligations based on the Employee Retirement Income Security Act of 1974 (ERISA).

**Fraud Policy Statement**

It is unlawful to knowingly and intentionally provide false, incomplete, or misleading facts or information with the intent of defrauding Deseret Mutual. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial, or termination of benefits or coverage under the policy and to recovery of any amounts Deseret Mutual may have paid. Non-compliance with a contract prepared by Deseret Mutual addressing abuse of health-care benefits or systems may also lead to reduction, denial, or termination of benefits or coverage under the policy and to recovery of any amounts Deseret Mutual may have paid.

**Coordination of Insurance Benefits**

The Coordination of Benefits (COB) provision applies when you or your dependents have medical or dental coverage from more than one health benefit plan.

The purpose of coordinating benefits is to avoid duplication of insurance payments. It involves determining which insurer is required to pay benefits as the primary payer, which insurer must pay as the secondary payer and so on, until all insurers are considered in the correct payment order.

You must inform Deseret Mutual of other medical and/or dental coverage in force at the time of enrollment or when any other coverage becomes effective after your initial enrollment. If applicable, you may be required to submit court orders or decrees. You must also keep Deseret Mutual informed of any changes in the status of the other coverage.

**COORDINATION OF BENEFITS RULES**

When Deseret Mutual is the primary plan, eligible benefits are paid before those of the other health benefit plan and without considering the other health plan’s benefits.

When Deseret Mutual is the secondary plan, Deseret Mutual calculates the amount of eligible benefits it would normally pay in the absence of other coverage, including the application of credits to any policy maximums, and applies the payable amount to unpaid covered charges after eligible benefits have been paid by the primary plan.

This amount includes deductibles and copayments you may owe. Deseret Mutual will use its own deductible and copayments to calculate the amount it would have paid in the absence of other coverage. In no event will Deseret Mutual pay more than the member is responsible to pay after the primary carrier has paid the claim.

**Subrogation**

If you have an injury or illness that is the liability of another party and you have the right to recover damages, Deseret Mutual must be reimbursed for any amount it has paid when damages are recovered from the third party.

In addition, if you do not attempt to recover damages from the third party as described above, Deseret Mutual has the right to step into your shoes and initiate legal action against the liable third party to recover the amount it has paid for your injuries.

For more information about subrogation, please see the General Information section of your Benefits Handbook.

**Exclusions**

Services that do not meet the definition of eligible, as previously defined, are not eligible for coverage. In addition, the following services and their associated costs are excluded from coverage:

**Cosmetic**

1.1 Surgery or dentistry done for cosmetic reasons

1.2 Services for primarily non-therapeutic purposes

**Diagnostic & Experimental Services**

2.1 Dental treatments or procedures that on the effective date or renewal date of this policy are:

- considered dental research
- investigative/experimental technology
- not recognized by the U. S. dental profession as usual and/or common
- determined by Deseret Mutual not to be usual and/or common dental practice
- illegal

That a dentist might prescribe, order, recommend, or approve services or dental equipment does not, of itself, make it an allowable expense, even though it is not specifically listed as an exclusion.

Investigative/experimental technology means a treatment, procedure, facility, equipment, drug, device, or supply that does
not, as determined by Deseret Mutual on a case-by-case basis, meet all of this criteria:

- The technology has final approval from all appropriate governmental regulatory bodies, if applicable
- The technology is available in significant numbers outside the clinical trial or research setting
- The available research about the technology is substantial. For plan purposes, substantial means sufficient to allow Deseret Mutual to conclude:
  - the technology is both necessary and appropriate for the covered person’s treatment
  - the technology is safe and efficacious
  - more likely than not, the technology will be beneficial to the covered person’s health
  - the technology is generally recognized as appropriate by the regional dental community as a whole

Procedures or treatments falling in these categories continue to be excluded from Deseret Mutual’s Dental Plan until they are specifically included in the Dental Plan.

**Education**

3.1 Expenses for educational programs, plaque control, myofunctional therapy, and oral hygiene or dietary instruction

**Government / War**

4.1 Services furnished by a hospital or facility owned or operated by the United States Government or agency thereof

4.2 Services required as a result of war or act of war, or service in the military forces of any country at war, declared or undeclared, except when the employee is actively engaged in pursuing a specific assignment given and authorized by the employer. War includes hostilities conducted by force or arms by one country against another country, or between countries or factions within a country, either with or without a formal declaration of war

**Legal Exclusions**

5.1 Services the patient is not charged or is not legally obligated to pay

5.2 Services that began before the patient was covered by this plan

5.3 Treatment or care done after termination of benefits

5.4 Services incurred in connection with injury arising from participation in or attempt at committing an assault or felony

5.5 Other dental treatment, except as outlined

**Miscellaneous**

6.1 Charges that exceed Deseret Mutual’s maximum allowable limits

6.2 Failure to keep a scheduled dentist appointment

6.3 Completing claim forms

6.4 Unfinished dental work

6.5 Care and treatment by anyone who:
  - ordinarily resides in the same household with you or your dependents
  - has legal responsibility for financial support and maintenance of you or your dependents

**Other Insurance / Worker’s Compensation**

7.1 Injuries or conditions that are compensable by workers’ compensation, no-fault auto insurance, employment liability laws, or services provided by a federal or state government agency. Services provided by a group, franchise, or other insurance or prepayment program approved through an employer, union, trust, or association

**Replacements**

8.1 Lost or stolen dentures, bridges, or appliances

8.2 Replacing fillings less than two years old (to the date) replacing dentures or bridges less than five years old (to the date), or crowns or veneers less than seven years (to the date) unless otherwise covered by the plan

**Specific Products & Services**

9.1 Services or supplies not furnished and/or prescribed by a dentist or physician (for example, denturist services), except cleaning, scaling, or fluoride treatments that may be performed by a licensed dental hygienist under the dentist’s supervision

9.2 Tooth preparation, temporary restorations, cement bases, impressions, or acid etching

9.3 Appliances, restorations, or treatment, other than full dentures, whose primary purpose is to alter vertical dimension or restore occlusion

9.4 Protective athletic mouthguards or habit-control appliances, such as nightguards or finger-sucking appliances

9.5 Fluoride rinse, toothpaste, toothbrush, or other products or supplies intended for use at home by the patient

9.6 Study models or photos, unless used for orthodontic treatment

9.7 Emergency room services

9.8 Infection control

9.9 General anesthesia other than for oral surgery, unless otherwise covered by the plan

9.10 Treatment of disturbances of the temporomandibular joint

**Definitions**

For definitions of words and terms applicable to the Deseret Dental plan, please refer to the Definitions section of your Benefits Handbook.

**Notification of Discretionary Authority**

Deseret Mutual has full discretionary authority to interpret the plan and to determine eligibility. Also, Deseret Mutual has the sole right to construe plan terms. All Deseret Mutual decisions relating to plan terms or eligibility are binding and conclusive.

**Notification of Benefit Changes**

Deseret Mutual is subject to the Employee Retirement Income Security Act (ERISA) and reserves the right to amend or terminate this plan at any time. If benefits change, we will notify you at least 30 days before the effective date of change.