

Dental Plan

Good dental habits are an important part of safeguarding your general health, and can also help you reduce dental bills. Diageo NA’s dental coverage, provided by Delta Dental of New Jersey, is designed to encourage good preventive care to help you maintain healthy teeth and gums.



Under this coverage, you have three options available to you and your eligible dependents that cover various types and levels of dental services. All options are designed to encourage preventive care, such as regular checkups, to correct minor dental problems before they become more serious and costly. Delta Dental offers you a broad range of services when treatment is needed.

For More Information

For details about eligibility for benefits, when you can change your coverage, and how you pay for coverage, see *Participating in the Benefits Plans*. For information about your legal rights under ERISA, general information on claims review and appeal procedures, and other important administrative details, see *Administration*.

IN THIS SECTION

SEE PAGE

How the Delta Dental Plans Works	2
Dental Coverage at a Glance	4
Benefits Covered by the Delta Dental Plans	4
Benefits Not Covered by the Delta Dental Plans	6
Filing an Out-of-Network Dental Claim	7



How the Delta Dental Plans Works

There are three levels of dental coverage you may choose from:

- Option 1
- Option 2
- Option 3

When you need to receive dental care, you may go to any licensed dentist you choose. If you choose to see a dentist in the DeltaPreferred or DeltaPremier network, your out-of-pocket expenses will usually be less. The plan will pay benefits for covered expenses based on the allowable charges.

Many dental conditions can be treated in more than one way. Benefits will be paid for the treatment that's necessary for good dental care and not for treatment that is more costly or elaborate than what is needed. If two or more services are determined to be suitable under customary dental practice, the benefits provided will be based on the least expensive service the claim administrator determines would produce a professionally satisfactory result.

In-Network Providers

Delta Dental has contracted with a number of dentists who have agreed to provide dental services at discounted fees based on reasonable and customary (R&C) charges.

If you use an in-network provider, your dentist will work directly with Delta Dental, and you will not need to file any dental claims. You will receive a notice of what the plan paid, and the amount, if any, that you owe the dentist.

Within the three dental options, there are two networks for you to choose from: DeltaPreferred and DeltaPremier. Though you do not need to select a network, you can receive enhanced benefits for certain services by using dentists who participate in the DeltaPreferred network.

Reasonable and Customary (R&C) Charges

Reasonable and customary (R&C) charges are established based on what providers with similar professional backgrounds, education, and experience charge for a specific service within a given area. Providers not participating in the network will bill their full charge. The plans cover costs up to R&C limits, and you are responsible for paying any portion of the bill over the limits. Charges above R&C amounts will not apply toward your deductible, coinsurance, or annual out-of-pocket maximum.

Finding a Covered Dentist

To find out if your dentist is part of the DeltaPreferred or DeltaPremier network, call Delta Dental to talk to a representative, or log on to their website at www.deltadentalnj.com. If your dentist is not on the list, he or she may contact Delta Dental to find out how to participate in one of the Delta Dental networks.

Out-of-Network Providers

If you go to an out-of-network provider, the plan will pay benefits based on R&C charges. If your dentist charges more than the R&C limit, you may have to pay more for the service.

Annual Deductibles

Each option has an annual deductible of \$50 for each person per calendar year. If you cover more than three people, your maximum family deductible will be \$150 per calendar year. This means that after three or more family members have paid a total of \$150 toward their per-person deductibles, no further deductibles are required for the rest of the year.

The deductible does not apply to Preventive and Diagnostic care, which are covered at 100%.

An Example

There are four people in your family. You and your spouse have each met your \$50 deductible (\$100), and your children have paid \$25 toward their deductibles. Even though your children have not paid \$50 each, the total for your family is \$150, and no additional deductibles will be required for the rest of the calendar year.

Expenses Above Deductible (Coinsurance)

Each time you receive in-network dental services, you and the Company each pay for a percentage of the cost. The exact percentages vary depending on what dental option you elect, but Option 3 offers the most coverage of the three plans. You pay a higher coinsurance amount for care received from out-of-network providers.

If You Are Out of Town

If you are out of town and need dental work, call Delta Dental at 1-877-738-3384 for a list of network dentists in the area.

Pre-treatment Estimate of Benefits

If your dentist recommends a procedure that is expected to cost \$200 or more, ask your dentist to complete a claim form, and check the box indicating that it is a pre-treatment estimate. Delta Dental will review the treatment and estimated cost, and notify your dentist what the plan will cover. When the treatment is complete, you will need to resubmit the claim in order to receive payment.

Claim forms are available from Delta Dental or in the Forms library on Diageo One.

Suitable Plan of Treatment

The plan will pay benefits for the least expensive service or procedure that is approved for the required dental treatment. If your dentist uses a more expensive procedure, you will be responsible for paying the additional amount. Check with Delta Dental to see if the proposed treatment is covered.

Deductible

The deductible is the amount you pay each year for eligible dental expenses before the plan begins to pay benefits.

Coinsurance

The coinsurance is the percentage of benefits you and the Company pay for eligible medical expenses.

Tip: Ask About Treatment Costs

Find out what the plan will pay before you receive treatment to ensure you get the best treatment at an affordable cost.

Dental Coverage at a Glance

	Option 1	Option 2	Option 3
Core Coverage (preventive, diagnostic, basic restorative services)	√	√	√
Major Restorative services (inlays, crowns, dentures)		√	√
Treatment for Temporomandibular Joint Syndrome (TMJ)		√	√
Implant Coverage			√
Orthodontia (adults and children)			√

Benefits Covered by the Delta Dental Plans

There are three classes of dental services offered, and each class has a different level of coverage. The three classes are:

Class I, Preventive and Diagnostic Services, includes:

- Exams/cleanings (2 times per calendar year)
- Bitewing X-rays (2 times per calendar year)
- Full mouth X-rays (1 time every 36 months)
- Fluoride treatment (1 time per calendar year under age 19)
- Sealants (under age 15)
- Space maintainers
- Tests and lab exams
- Emergency treatment for pain relief

Class II, Basic Restorative Services, includes:

- Fillings
- Amalgam fillings for anterior (front) and posterior (back) teeth
- Composite fillings for anterior teeth (Composite fillings for posterior teeth will be covered at the amalgam-filling rate)



- Extractions:
 - Endodontic treatment, including root canals
 - Periodontic treatment or surgery to remove diseased gum tissue or bone
 - Oral surgery
 - Anesthesia
 - Maintenance of bridgework and dentures

Temporo-Mandibular Joint Syndrome (TMJ)

Non-surgical treatment for head, face, and neck pain that may result from injury or trauma, malformed mouth structure, teeth clenching, teeth grinding, or tension.

Class III, Major Restorative Services, includes:

- Gold foil and inlays
- Porcelain
- Crowns
- Installation of bridgework and dentures

Dental Plan Comparison

	Option 1	Option 2	Option 3
Annual deductible:			
▪ Single	\$50	\$50	\$50
▪ Family	\$150	\$150	\$150
Class I—Preventive and Diagnostic Services	Covered at 100% No deductible		
Class II—Basic Restorative Services	DeltaPreferred dentist: Covered at 100% after deductible DeltaPremier dentist: Covered at 80% after deductible		
Class III—Major Restorative Services	Not covered	DeltaPreferred dentist: Covered at 60% after deductible DeltaPremier dentist: Covered at 50% after deductible	DeltaPreferred dentist: Covered at 60% after deductible DeltaPremier dentist: Covered at 50% after deductible
Implant Coverage	Not Covered		Covered at 50% after deductible, up to a separate lifetime maximum benefit of \$1,000 per person
Orthodontia <i>(Medically necessary treatment for adults and children)</i>	Not covered		Covered at 50% after deductible, up to a separate lifetime maximum benefit of \$2,000 per person



	Option 1	Option 2	Option 3
Temporo-Mandibular Joint Syndrome (TMJ)	Not covered	Covered at 50% after deductible, up to a separate lifetime maximum benefit of \$1,000 per person	
Maximum calendar-year benefit for Preventive, Basic, and Major Services	\$750 per person	\$1,500 per person (Does not include TMJ)	\$3,000 per person (Does not include orthodontia, TMJ, or implants)

An Example

You go to a dentist for a filling and have already met your deductible.

	DeltaPreferred Dentist	DeltaPremier Dentist	Out-of-Network Provider
Dentist's fee	\$150	\$150	\$175
Plan pays	-\$150 (100%)	-\$120 (80%)	-\$120
You pay	\$ 0	\$ 30	\$ 55

If you are not sure whether a service or treatment is covered by the plan, call Delta Dental.

Benefits Not Covered by the Delta Dental Plans

The following are examples of expenses not covered under the Dental Plan:

- Analgesics such as nitrous oxide, or other euphoric or prescription drugs
- Charges for the completion of claim forms or failure to keep an appointment
- Cosmetic dentistry
- Dental charges covered by any other plan
- Expenses incurred for replacement of teeth missing at the time your coverage begins—once you or your dependents have been continuously insured for 24 months, this limitation no longer applies
- Replacement of a bridge or denture within five years of placement or if it still meets the dental standards of functional acceptability
- Replacement of a lost or stolen appliance
- Temporary work, if it is billed separately from the final dental service
- Unnecessary services
- Work that began before you became eligible

If You Have a Flexible Spending Account

If you sign up for a Health Care Spending Account, you may not submit expenses that are paid by the Dental Plan. You may submit the amount of your eligible out-of-pocket expenses.

Filing an Out-of-Network Dental Claim

If your dentist is not part of the Delta Dental network, your dentist will bill you directly, and you will need to submit a claim form to:

Delta Dental Plan of New Jersey
P.O. Box 222
Parsippany, NJ 07054-0222
Or fax your claim to: 1-800-324-7939

You may access personal dental benefit and claims information by registering on the Delta Dental website.

Claim forms are available from Delta Dental or in the Forms library on Diageo One.

Questions?

If you have questions about your dental benefits or need claim forms, call Delta Dental at 1-877-738-3384, or log on to their website at www.deltadentalnj.com. Claim forms are also available in the Forms library on Diageo One.



