

**SECTION 5
DENTAL REIMBURSEMENT PLAN**

****NEW SUPPLEMENTAL DENTAL PLAN – PRINCIPAL FINANCIAL GROUP**

UMC OFFERS TWO SUPPLEMENTAL DENTAL PLANS THROUGH PRINCIPAL FINANCIAL GROUP, A PREVENTIVE PLAN AND A FULL COVERAGE PLAN. EMPLOYEES MUST CHOOSE BETWEEN THE DENTAL REIMBURSEMENT PLAN BELOW OR ONE OF THE TWO SUPPLEMENTAL DENTAL PLANS. CHANGES MAY ONLY BE MADE DURING OPEN ENROLLMENT OR WITH A QUALIFYING EVENT. EMPLOYEES MAY CONTACT UMC HEALTH PLAN OPERATIONS FOR FURTHER DETAILS.

A. GENERAL INFORMATION

This dental plan is a “direct reimbursement” plan, which means that no outside insurance company is involved. The Plan will reimburse dental charges as outlined below directly to the eligible Participant if filed directly to the Plan. Reimbursement to Participant is based on the date of payment of the dentist bill, not on the date of the performance of services. Claims must be filed within ninety (90) days of the date of service. Note that this is a reimbursement plan only. Liability for dental work remains with the Participant.

B. EFFECTIVE DATE

Plan year is effective calendar year January 1 to December 31.

C. ELIGIBILITY

Same as defined under the medical care benefit program. See Section 2. Participant must be enrolled in the Medical Plan in order to be eligible for Dental Benefits.

D. BENEFITS

The Plan will reimburse as follows:

- 100% of the first \$150.00 for covered dental expenses.
- 80% over \$150.00 up to \$500.00 for covered dental expenses.
- 50% over \$500.00 up to an annual maximum reimbursement of \$1,500 per Participant per plan year for covered dental expenses.

E. COVERAGE

Coverage under this Plan will include eligible employees, spouses and dependent children. Definitions of these groups will be the same as in the medical care benefit program.

F. COORDINATION OF BENEFITS/CO-COVERAGE

Dental benefits under this Plan are coordinated with dental benefits of other plans under the Order of Benefits Payment Rules. Coordination means that if you or a dependent are covered under other plans, total benefits paid, subject to the limitations discussed in

the benefits section of the Plan, will not exceed 100% of the actual covered charges. "Plan" means any arrangement of coverage, which provides dental benefits for individuals, on an insured or non-insured basis.

For dependent claims involving other insurance, an insurance payment statement must be included with the reimbursement claim. Reimbursement involving other insurance is made using the appropriate sharing percentage to the unpaid amount.

G. REIMBURSEMENT PROCEDURES

1. Participant or Dental Provider must complete a dental expense reimbursement form and sign the form indicating that questions were correctly answered. Dental forms are available through UMC Human Resource office. (PLEASE NOTE: There are separate forms for reimbursement to the Participant versus reimbursement to the dental provider.)

Mail completed form to:
UMC Dental Reimbursement Plan
309 N. Slide Road
Lubbock, TX 79416
(806) 775-8793 (phone)
(806) 761-0897 (fax)

Claims must be filed within ninety (90) days of the date of service. Claims received ninety (90) days after the date of service will not be reimbursed.

2. For dental providers, the reimbursement check should be received within fifteen (15) days from the date a properly completed reimbursement form has been submitted. Payments will be mailed to the dental provider at the address indicated on the claim form. Participant reimbursements are issued through payroll once a properly completed reimbursement form and proof of payment have been submitted.

H. REIMBURSED EXPENSES

All procedures (except those procedures listed as not covered) performed by or under the direction of a dentist licensed by the state in which the provider practices are covered.

I. PROCEDURES/EXPENSES NOT REIMBURSED

- Dental prescriptions for medication
- Orthodontia
 - Orthodontic care for proper alignment of teeth
- Treatment of temporomandibular joint dysfunction (TMJ)
- Cosmetic Dentistry
 - Expenses incurred for any treatment which is for cosmetic purposes or for the correction of congenital malformations except as provided in Section 4 as a Medical Benefit and Covered Health Service.
- Expenses incurred before insurance begins or after it ends.

- Occupational Injury
 - Expenses incurred for or in connection with any injury arising out of or in the course of any employment for wage or profit.
- Replacement of a bridge or denture which is lost or stolen.

J. PLAN TERMINATION

Same as defined under the medical care benefit program. See Section 2.

K. EMPLOYEE TERMINATION OF PARTICIPATION

If an eligible employee is terminated or resigns, any dental covered expense incurred before his termination or resignation will be reimbursed as outlined in this Plan.

L. PROGRAM CHANGES

The Plan reserves the right to make changes in benefit levels, the annual maximum, or other provisions of the program. Employees will be notified of changes at least one month in advance of the effective date of the change.