

# New Dental Plan receives good reviews

Clinton Mills new Dental Care Assistance Plan has been favorably received by all employees.

Members of the Human Resources Staff explained to employees the provisions of the new benefits during on-the-shift employee meetings.

According to Human Resources Vice President Claude A. Crocker, the plan promotes and encourages better dental health by assisting employees and their family with dental bills.

"Our plan emphasizes the prevention of dental disease," noted Crocker. "That's why this plan pays 100 percent of reasonable and customary charges for preventive and diagnostic services by your dentist."

The new dental care plan is a major new

addition to the Company's comprehensive fringe benefit package.

The Company is providing each employee his or her dental care insurance at no cost. The Company will share with employees on a 50/50 basis the cost of dependent coverage.

### Filing of Claims

Employees are encouraged to take a claim form with them each time they go the dentist. After completing the information in the employee portion, the dentist will complete the remaining portion and submit it to Provident Insurance Company, which serves as administrator of the program. The completed forms do not have to come through the Personnel Department.

### Pre-Treatment Review

Many employees have asked a series of questions about coverage and plan payments in unusual circumstances. Everyone is encouraged to use pre-treatment review if treatment is expected to cost \$100 or more.

Under this provision, the dentist, using a regular claim form, writes down a full description of the recommended treatment. Before beginning the treatment, the dentist sends this form to the Provident Life and Accident Insurance Company, and Provident's dental experts review the treatment. Provident will advise your dentist on the benefits payable and in some instances, may recommend an alternative method of treatment.

Participating in the new dental care assistance program is voluntary.

The plan, which pays 50 percent of the reasonable and customary charges (after a \$25 annual deductible) for treating many dental ailments, is designed to promote and provide for better health among all employees.

This program, like the company's health care plan is paid entirely by contributions made by the company and the employee.

Provident acts solely as an administrative agent for the Company in providing efficient claims payments and services.

Accompanying this are a series of questions and answers which will answer most of your concerns about the dental plan.

## Dental Plan questions and answers

**Q. What Is The Dental Assistance Program (DAP)?**

**A.** The Dental Assistance Program is a Plan to help Clinton employees pay their dental expenses. The Plan encourages routine and preventive dental care.

**Q. Who is eligible for coverage?**

**A.** You are eligible for coverage if you are an active regular full-time employee of Clinton Mills scheduled to work at least 24 hours per week.

**Q. Can I cover my dependents under the Plan?**

**A.** Yes, you can cover your eligible dependents. Eligible dependents include your spouse and your unmarried children under 19 years of age who are not eligible for coverage as employees. Unmarried children over 19 years but under 24 years of age who are dependent upon the employee and attending an accredited school on a full-time basis are also eligible. Coverage may also be continued beyond the limiting age for unmarried children who become physically or mentally incapable of earning a living prior to the limiting age.

**Q. If both my spouse and I work at Clinton, who covers the children?**

**A.** If both husband and wife are covered under the Plan as employees, either — but not both — may elect coverage for eligible dependents.

**Q. Who pays for the Dental Assistance Plan?**

**A.** Clinton pays the entire costs for employees and one-half the costs for eligible dependents of employees electing to buy coverage for them.

**Q. Will I be covered by the Plan if I go on leave of absence?**

**A.** Yes. If you go on an approved leave of absence, you will still be covered by the Plan, and you can continue to coverage for your dependents by paying the premiums.

**Q. If I should have a question concerning my coverage, who should I talk to?**

**A.** In Clinton, Mr. Truman Owens; in Geneva, Mrs. Lucille White; at EFA, Mrs. Shirley Weeks; and at NALCO, Mrs. Andrea Wilkerson.

**Q. How do I file a claim?**

**A.** You can pick up forms to file from the Plant Nurse or the Personnel Department. Complete the blanks one through fifteen, answering what is needed in each blank. Take the form with you to the dentist's office, and he/she will complete the rest. Be sure to sign your name as it appears on the payroll. Also, sign the last three spaces if you want the check to go to the dentist's office. Should the dentist prefer you to file the claim, you must submit proof for each charge, so it is extremely important that you secure copies of bills for all charges. All bills should be itemized and must include the name of the person treated.

**Q. What are covered expenses?**

**A.** Covered Dental Expense under Clinton's Group Dental Assistance Plan are the reasonable and customary charges for certain services or supplies which are certified by the attending dentist or physician necessary for treatment of the dental condition.

**Q. What are the reasonable and customary charges?**

**A.** Reasonable and customary charges are what the majority (90%) of the dentist in a location charge for dental service.

**Q. If I go the dentist for a check-up, will all the charges be covered?**

**A.** Routine oral examinations and cleaning of the teeth are covered with no deductible for not more than twice any calendar year. Application of fluoride for dependent children under age of 19 years is covered not more than twice a calendar year. Dental X-rays, including a full mouth X-ray, are covered once each 36 months; supplement-

ary bitewing X-rays are covered twice a year; and other X-rays required in connection with the diagnosis of a specific covered condition which required treatment.

**Q. How much is the deductible amount.**

**A.** You have a \$25 deductible when you have work done on your teeth, such as pulling or filling. After you satisfy the deductible amount of three family members during a calendar year, any other members of the family who receive dental care will not have to pay a deductible.

**Q. If I have a tooth pulled or filled, are all the charges covered?**

**A.** Pulling or filling teeth is covered under the Plan. You have a \$25 deductible and then the plan pays half of the remaining charges. If you have already satisfied the deductible, the Plan pays half, and you are responsible for the other half.

**Q. What is the maximum benefit I have under the Plan?**

**A.** You have a total of \$500 of covered benefits per person for all dental care or treatment during each calendar year.

**Q. Is there a way I can find out how much I will pay before the work is done?**

**A.** If a course of treatment can be reasonably expected to involve covered dental expenses of \$100 or more, a Predetermination of Benefits will allow you to know what services are covered and what payments will be made before the work is done. A description of the procedure to be performed and an estimate of the dentist's or physician's fees should be filed prior to the treatment. The predetermination requirement will not apply to courses of treatment under \$100 or emergency treatment, routine oral examinations, X-rays and fluoride treatments.

**Q. What items are not covered by the Plan?**

**A.** Some items not covered under the

Plan are:

(a) Charges for failure to keep a scheduled visit to a dentist;

(b) Charges for services or supplies that are partially or wholly cosmetic in nature or directed toward a cosmetic end;

(c) Charges for orthodontic diagnostic procedure and treatment.

**Q. Are replacement dentures covered.**

**A.** Dentures that are needed to replace teeth that have been extracted under the Plan are covered. Dentures that are at least five (5) years old are replaceable under the Plan. There is a \$25 deductible charge, then the Plan pays half of the charges, if all are reasonable and customary, and you pay half.

**Q. Are braces covered under the Plan?**

**A.** No, this dental procedure is not covered the Plan.

**Q. How often can I file your dental expenses?**

**A.** You may file as often as you need to, provided the maximum benefit of \$500 a calendar year per person has not been exceeded.

**Q. Who will administer the Plan?**

**A.** The Plan is fully funded by Clinton Mills. Clinton Mills will pay Provident Life and Accident Insurance Company an Administrative Service Fee for the processing and payment of the Clinton Mills' claims.

**Q. Do I have to use a specified dentist?**

**A.** No, you may use the dentist of your choice.

**Q. What happens to my dental coverage if I leave Clinton Mills?**

**A.** In certain situations you or your eligible dependents may be eligible for temporary continuation of dental benefits under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA).