

Dental Benefits for ISU Undergraduates and Graduate Students 2008-2009

Why are dental benefits important?

- **REGULAR DENTAL CARE IS IMPORTANT TO YOUR OVERALL HEALTH.** That's why **DELTA DENTAL OF IOWA** and Iowa State University have designed a dental plan just for ISU—the ISU Student and Scholar Dental Program.
- Having a local dentist, especially when you're in college, makes it easier to keep your smile healthy. With Delta Dental, you'll get the **EXPERT CARE AND SERVICE** you deserve right here in Ames. You can get the routine care you need, and you'll have coverage in case of emergency. Approximately 90 percent of Iowa dentists are Delta providers, and you'll have **YOUR CHOICE** of more than 20 dentists in the Ames area. For a list of Ames area providers go to www.deltadentalia.com
- The dental benefits in this plan will protect you while you're **AT ISU or AT HOME**. When you're home for breaks and for summer, you can see a Delta Dental dentist in your hometown. If you live outside of Iowa, you can find a Delta Dental dentist in your home state through Delta Dental National Coverage. There are more than 190,000 dentists in Delta Dental National Coverage.

What is included in these benefits?

- The **ISU Student and Scholar Dental Program** provides coverage for check-ups, cleanings, fillings, x-rays, root canals and gum and bone diseases. In addition, simple oral surgery will be covered in the 2008-09 benefit year. Below is an outline of the services covered. Complete coverage details can be found in the Benefit Certificate on the ISU Student & Scholar Insurance website at www.hrs.iastate.edu/sship.
- **Diagnostic and Preventive Services**
0% Coinsurance – No Deductible
These services include routine exams (two per policy period), cleaning and periodic x-rays.
- **Routine and Restorative Services**
20% Coinsurance – Deductible Applies
Covers fillings, emergency treatment and simple oral surgery (this does not include removal of wisdom teeth)
- **Endodontic Services**
50% Coinsurance – Deductible Applies
Covers root canals.
- **Periodontal Services**
50% Coinsurance – Deductible Applies
Covers gum and bone diseases.

DEDUCTIBLE

- **Deductible is \$25 per covered/policy period** or a maximum family deductible of \$75.
- Annual benefit maximum is \$600 per covered person per benefit period.

COINSURANCE

Coinsurance is the amount you pay each time you receive covered dental services from a participating Delta Dental dentist. Depending on the service, coinsurance varies from 0 to 50 percent.

COVERAGE FOR DEPENDENTS

In addition, you may purchase coverage for dependents as shown on the reverse side. The spouse/domestic partner and/or child(ren) of students can only be added by the applicable deadline for the enrollment period or within 30 days of hire date, unless a qualifying event occurs.

What is the cost of the benefits?

Undergraduates and Graduate Students should review the cost chart below based on the number of family members covered. Complete the attached enrollment form and return with a **check or money order payable to Iowa State University to the Student Insurance Office, 0570 Beardshear Hall.**

UNDERGRADUATES & GRADUATE STUDENTS

FULL YEAR 1st Enrollment period 8/11/08 – 8/09/09

***Available to registered students as of 8/11/08**

Student	\$258.00
Student & Spouse/Domestic Partner	\$513.00
Student & Child(ren)	\$498.00
Student, Spouse/Domestic Partner, Child(ren)	\$819.00

SPRING/SUMMER 2nd Enrollment period 1/01/09 – 8/09/09

***Available to new or transfer students ONLY as of 1/1/2009**

Student	\$168.00
Student & Spouse/Domestic Partner	\$329.00
Student & Child(ren)	\$322.00
Student, Spouse/Domestic Partner, Child(ren)	\$539.00

SUMMER 3rd Enrollment period 6/01/09– 8/09/09

***Available to new or transfer students ONLY as of 6/1/2009**

Student	\$ 55.00
Student & Spouse/Domestic Partner	\$111.00
Student & Child(ren)	\$106.00
Student, Spouse/Domestic Partner, Child(ren)	\$179.00

ELIGIBILITY

The ISU Student and Scholar Dental Program is available to:

- Registered undergraduate and graduate students (except for those enrolled exclusively in audits)
- Spouse or domestic partner of students enrolled in the program.
- Unmarried dependent child(ren) under age 21 of students enrolled in the program.

CURRENT and NEW ENROLLEES IN THE DENTAL PROGRAM

All currently enrolled students and new enrollees who want coverage for the 2008-2009 policy year **MUST complete the enrollment form and deliver WITH PAYMENT to the ISU Student Insurance Office by September 15, 2008.** IF YOU DO NOT RE-ENROLL, YOUR COVERAGE WILL END on August 10, 2008.

ENROLLMENT CHANGES

Following the initial enrollment period, dependents can only be added when a qualifying event occurs. Qualifying events include: marriage, birth and first arrival in the United States, etc. (A complete listing of qualifying events is provided in the Benefits Certificate posted on the ISU Student & Scholar Insurance website at www.hrs.iastate.edu/sship). Please contact Delta Dental of Iowa when a qualifying event occurs.

TERMINATION OF COVERAGE

For undergraduates or graduate students not on assistantship, the insurance coverage ends on 8-09-09.

REFUNDS/CANCELLATIONS

Once coverage begins, it is in effect 24 hours a day, at school and during vacation periods, anywhere in the world, until the policy termination date.

No refund of premium or cancellation of the plan will be allowed unless the insured enters military service or withdraws within 30 days after the first day of class, or an individual that graduates fall semester from school. A written request for cancellation will be required and should be sent to the ISU SSHIP office within 30 days of your qualifying event. **No** refund of premium or cancellation of coverage will be made if a claim for payment has been submitted.

OTHER FACTS YOU SHOULD KNOW

Delta Dental of Iowa will coordinate benefits with other group dental carriers when duplicate coverage exists. Total payment from this coverage and all other group dental coverage under which you are enrolled shall not exceed 100 percent of the cost of the covered services.

Iowa State University Student and Scholar
Dental Program Enrollment Form 2008-2009

TO ENROLL, SIMPLY COMPLETE THIS FORM AND DELIVER WITH A CHECK TO: ISU Student & Scholar Insurance Office Room 0570 in Beardshear Hall or mail to the address at the bottom of this form.

Period of Enrollment (check one):

***Please refer to premium table for coverage period eligibility.**

- FULL YEAR—8/11/08-8/09/09 (enrollment deadline is September 15, 2008)
 SPRING/SUMMER—1/1/09—8/09/09 (enrollment deadline is January 26, 2009)
 SUMMER—6/1/09—8/09/09 (enrollment deadline is June 17, 2009)

Application for: New Enrollment Change in Enrollment Renewal

New Enrollment coverage is for (check one):

- Self Self & Spouse/Domestic Partner
 Self & Child(ren) Self, Spouse/Domestic Partner & Child(ren)

Change in current enrollment (check the item(s) that apply):

- Address change Payment method change
 Add spouse/domestic partner and/or child(ren)

Insured's Name

Last/Family First M.I.

Local Address (Home or Office)

City, State, Zip _____
Telephone Number _____
University ID Number _____

GENDER Male Female

Birth Date (mo/date/yr) _____

METHOD OF PAYMENT

Undergraduate or Graduate Student--Full payment must be submitted with this application. Graduate Assistant—payroll deduction only.

LIST DEPENDENTS BELOW. Complete this section only if you are covering your spouse, domestic partner or child(ren).

Spouse/Domestic Partner Name

Birth Date (mo/date/yr) _____
 Male Female

Child Name _____
Birth Date (mo/date/yr) _____

Child Name _____
Birth Date (mo/date/yr) _____

If you or anyone named on this enrollment form have dental insurance through Delta Dental of Iowa or any other company, complete the following:

Insured Person(s) _____

Insurance Company Name

Policy Number _____

4-08

Agreement Certification

I certify that I am legally authorized to apply for coverage for myself and for all other persons named in this application. I understand that I am making application for the coverage sponsored by Iowa State University, offered by Delta Dental of Iowa.

I certify that after this enrollment form was completed, I carefully and fully read it that the statements and answers set forth are full, true and correct, to the best of my knowledge and belief and that no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that Delta Dental of Iowa will rely upon the completeness and truthfulness of the information given and the statements made, and that if I have made any false statements or misrepresentations, or have failed to disclose or conceal any material fact, Delta Dental of Iowa will be entitled to declare the dental contracts applied for void and refuse allowance of benefits to any person thereunder.

I authorize any Delta Dental provider to release dental records to Delta Dental of Iowa when reasonable related to the care for which I have applied. If any law or regulation requires additional authorization for release of medical records, I will give this authorization.

I have read and understand the Agreement Certification language on this form.

Signature: _____

Date: _____

Complete the above form, sign, date and mail to:

ISU Student & Scholar Insurance Office
0570 Beardshear Hall
Ames, IA 50011-2033

Attention: Wanda Kellogg

If you have questions, please call 1-800-544-0718

Or send an e-mail to: enrollment@deltadentalia.com

*The ISU Student and Scholar Dental Program is separate from the ISU Student and Scholar Health Insurance Program. Students who enroll in the Dental Program are responsible for its full cost.