



MEBA Benefit Plans

Safeguarding MEBA Members and Families

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MEBA MEDICAL AND BENEFITS PLAN SUMMARY OF MATERIAL MODIFICATION

This Summary of Material Modification describes changes that have been made to the MEBA Medical and Benefits Plan's ("Plan") Summary Plan Description ("SPD"). The Plan's Board of Trustees have adopted the following changes to the Plan:

EFFECTIVE JANUARY 1, 2020

Dental Benefits

- The annual dental maximum (other than orthodontia) for Active Employees and their Dependents is \$2,000 per person per calendar year. The maximum benefit is based on total payments for covered services to participating and non-participating dentists.
- The Diagnostic and Preventative services (i.e., routine exams, cleanings, x-rays and sealants) are now covered at 100%, are not subject to the annual deductible, and do not count towards your annual maximum.

Also enclosed please find a Plan Benefit Highlight Summary provided by Delta Dental for your review.

If you have any questions regarding these changes, call the Plan Office's Member Services Department at 410-547-9111 or 800-811-6322. Keep this notice with your SPD so that when you refer to the SPD, you will be reminded of the above changes.

Ann S. Gilchrist, Administrator

Keep Smiling

Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO network to maximize your savings.¹ These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.² Find a PPO dentist at deltadentalins.com.

Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at deltadentalins.com. This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.³ You can find this date by logging in to your online account.

Newly covered?

Visit deltadentalins.com/welcome.

Save with a PPO dentist



Maryland law requires we make the following statement:

Our compensation to physicians who offer health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary or capitation. Bonuses may be used with these various types of payment methods. If you desire additional information about our methods of paying physicians or if you want to know which method(s) apply to your physician, call 800-932-0783 or write to: Delta Dental of Pennsylvania, One Delta Drive, Mechanicsburg, PA 17055.

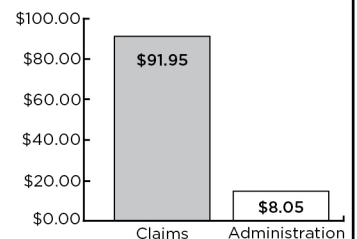
Please note that the benefit payments made by Delta Dental to dentists, other dental care providers or enrollees are based on fee-for-service payment mechanisms and do not include salary, capitation or bonuses.

In Maryland, Delta Dental PPO™ and Delta Dental Premier® are underwritten by Delta Dental of Pennsylvania, a not-for-profit dental service company.

FFS #119301A (rev. 1/19)

Where your dental benefits premium goes

Amount of every \$100 in premiums used to pay for claims and administration for the year ending Dec. 31, 2018



¹ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

Plan Benefit Highlights for: MEBA Medical and Benefits Plan**Group No:** 11472**Effective Date:** 1/1/2020DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

| | | | | |
|--|--|------------------------|------------------------|----------------------|
| Eligibility | Primary enrollee, spouse and eligible dependent children to age 26 | | | |
| Deductibles Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics? | \$100 per person / \$300 per family each plan year | | | |
| | Yes | | | |
| Maximums D & P counts toward maximum? | \$2,000 per person each plan year | | | |
| | No | | | |
| Waiting Period(s) | Basic Benefits None | Major Benefits None | Prosthodontics None | Orthodontics None |

| Benefits and Covered Services* | Delta Dental PPO dentists** | Non-Delta Dental PPO dentists** |
|--|------------------------------------|--|
| Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants | 100 % | 100 % |
| Basic Services Fillings | 80 % | 80 % |
| Endodontics (root canals) Covered Under Basic Services | 80 % | 80 % |
| Periodontics (gum treatment) Covered Under Basic Services | 80 % | 80 % |
| Oral Surgery Covered Under Basic Services | 80 % | 80 % |
| Major Services Crowns, inlays, onlays and cast restorations | 80 % | 80 % |
| Prosthodontics Bridges, dentures and implants | 80 % | 80 % |
| Orthodontic Benefits Adults and dependent children | 50 % | 50 % |
| Orthodontic Maximums | \$2,250 Lifetime | \$2,250 Lifetime |

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

Delta Dental of Pennsylvania
One Delta Drive
Mechanicsburg, PA 17055

Customer Service
800-932-0783

Claims Address
P.O. Box 2105
Mechanicsburg, PA 17055-6999

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.