

DELTA DENTAL OF NEW JERSEY, INC.
Oral Health Enhancement Rider – Option B-V1 (Standard)

IT IS AGREED that in accordance with ARTICLE VI, Section 3 of the Contract between Delta Dental of New Jersey, Inc. and Lumberton Township Board of Education, said Contract is hereby amended effective September 1, 2024 with the changes indicated below:

1. Eligibility for Benefits Under This Rider

In order to be eligible for benefits under this Rider, a Covered Person must: (a) have had periodontal surgery and/or periodontal scaling and root planing for any or all partial or complete quadrants and (b) have submitted proof to Delta Dental of the performance of the periodontal surgery referenced to in (a) above and the date thereof within 365 days of the performance of the service for which a benefit is sought under this Rider.

2. Enhanced Frequency Allowance

Notwithstanding any frequency limitations for prophylaxes and periodontal maintenance procedures specified in the Master Group Contract, a person eligible for benefits under Section 1 of this Rider shall be eligible to receive up to 4 prophylaxes and/or periodontal maintenance procedures in any combination per calendar year.

3. Schedule of Benefit, Applicable Percentage

The applicable percentage payable by Delta for all prophylaxes and periodontal maintenance procedures covered due to the enhanced allowance set forth in Section 2 of this rider shall be the same as specified in the Master Group Contract.

DELTA DENTAL OF NEW JERSEY, INC.
Carryover Max[®] Benefits Rider
("Rollover of Unused Benefits")

The "BENEFIT MAXIMUM" section of the Master Group Contract, between Delta Dental of New Jersey, Inc. and Lumberton Township Board of Education, dated September 1, 2024, which appears on page 17 thereof, is hereby replaced in its entirety with the following:

MAXIMUM BENEFITS:

(A)(1) The maximum amount of benefits which will be paid for Diagnostic and Preventive, Basic, Crown, Endodontic, Periodontic, Prosthodontic and Oral Surgery services completed in a calendar year period shall be the total of the Standard Benefit Maximum (which benefits shall be paid before any Additional Accumulated Benefit Amounts are paid) and the Additional Accumulated Benefit as set forth below.

(i) Standard Benefit Maximum

\$2,000.00

This maximum payment is an aggregate maximum for each calendar period year. There is no separate, maximum for each dental service category.

(ii) Additional Accumulated Benefit

(a) A Covered Person shall be eligible to accumulate or "roll over" unused benefits from a calendar year period subject to the following conditions and limitations:

(1) The first calendar year period from which unused benefits may be carried under this Contract is the period January 1, 2024 – December 31, 2024.

(2) A Covered Person may only carry over unused benefits from a calendar year period where:

(i) the Covered Person was covered under this Contract during that entire twelve (12) month period and timely submitted a claim to Delta for an oral evaluation or a prophylaxis performed during that year; and

(ii) the amount of benefits paid for the Covered Person under this Contract for Diagnostic and Preventive, Basic, Crowns, and Prosthodontic services completed during the prior calendar year period totaled less than 50% of the Standard Benefit Maximum applicable to that calendar year period.

(3) The amount of unused benefits which the Covered Person may carry over from any one calendar year period meeting the conditions set forth in (a) (2) (i) and (ii) above (an "Accumulation Year") is 25% of the unused portion of the Standard Benefit Maximum for that calendar year period not to exceed \$ 500.00;

(4) The total amount of unused benefits which the Covered Person may carry over from all prior Accumulation Years (i.e. the “Additional Accumulated Benefit”) is limited to 100% of the Standard Benefit Maximum applicable to the current calendar year;

(5) “Additional Accumulated Benefits” pertain only to this Contract and cannot be transferred to any other coverage.

(6) A Covered Person’s “Additional Accumulated Benefit” reverts to \$0.00 whenever the Covered Person has failed to timely submit a claim to Delta for an oral evaluation or prophylaxis performed during the most recent completed calendar year.

(b) Delta may pay claims out of the Additional Accumulated Benefit computed in accordance with (A)(1)(a) and based on carryover from an Accumulation Year which has passed even though claims may yet be timely submitted under this Contract for services relating to such Accumulation Year.

(c) Delta shall have the right to recalculate the Covered Person’s Additional Cumulative Benefit whenever Delta has made a payment as per (b) relating to an Accumulation Year which has passed and such payment:

(i) reduces the amount of the Covered Person’s unused benefits as per (A)(1)(a)(2), and

(ii) reduces the amount of unused benefit which the Covered Person was entitled to carry over from such Accumulation Year.

(d) Delta shall have the right to recover the difference between the amount it had paid for a claim based on the Additional Cumulative Benefit prior to the recalculation as per (c) and the amount it would have paid for such claim after recalculation as per (c);

(e) Delta Dental may recover the amount referred to in (d):

(i) directly from the Covered Person and/or

(ii) by reducing a future claim payment for the Covered Person and/or

(iii) by reducing the Covered Person’s Standard Benefit Maximum under this Contract.

(A)(2) The maximum amount of benefits which will be paid for Orthodontic Services rendered during the Covered Person’s lifetime whether covered under this Contract or any other coverage previously provided by the Employer is \$1,000.00.