

Delta Dental – Dental Care Plans

Strong, healthy teeth create beautiful smiles. To give your smile the care and attention it deserves, Delta Dental offers you the Dental Assistance, Basic and Enhanced Indemnity dental care plans.

With Delta Dental, you have complete freedom of choice in selecting a dentist. You can choose a dentist from the Delta Dental Premier® or Delta Dental PPOSM networks, or a dentist who does not participate in either network. Your choice of dentist can determine your cost savings.

There are 861 Delta Dental Premier access points and 614 Delta Dental PPO access points in West Virginia.

Delta Dental PPO dentists will accept the Delta Dental PPO Maximum Plan Allowance (MPA)* or the dentist's fee – whichever is less (the PPO Allowed Amount) – as payment in full for covered services. Copayments and deductibles may also apply.

Delta Dental Premier dentists will accept the Delta Dental Premier MPA (a slightly higher MPA) or the dentist's total charge – whichever is less (Premier Allowed Amount) – as payment in full for covered services. Copayments and deductibles may also apply.

Non-participating dentists do not contract with Delta Dental to limit their costs. For services received from non-participating dentists, you may be responsible for these dentists' total charges without limit by Delta Dental, including applicable copayments and deductibles. Delta Dental will reimburse you for its portion of the PPO Allowed Amount.

Your total out-of-pocket payment is least if you go to a PPO dentist, is more if you go to a Premier dentist, and likely will be highest if you go to a non-participating dentist. Please call Delta Dental to find a participating dentist in your area at **1-800-932-0783**, or visit **www.deltadentalins.com**.

Employees who visit a dentist under the Delta Dental PPO network or the Delta Dental Premier network, will receive the benefit of increased plan year maximums.

This year, you may enroll in any of the following three dental programs:

Dental Assistance Plan

The Dental Assistance plan is a discounted open network, managed-cost dental plan that allows employees the freedom to choose any dentist for treatment, but they receive the greatest benefits when they visit a Delta Dental participating dentist.

Basic Plan

The Basic plan is a low-cost plan designed to cover preventive and basic services only. Please look carefully at the plan descriptions in the chart before making your choice.

Enhanced Plan

The Enhanced plan is the most comprehensive coverage offered with this program and covers preventive, basic and major restorative, orthodontic and TMJ services.

Further Information

You may cover your spouse and any children, stepchildren or foster children, up to age 26.

See the chart on page 21 for a partial list of covered services. For more information concerning your benefits or to request a claim form, call the Interactive Benefits Information Line at 1-800-865-FBMC (3262).

There are no I.D. cards distributed with these plans. Submit claim forms to:

Delta Dental of West Virginia Plan #01058
P.O. Box 2105
Mechanicsburg, PA 17055-2105

Customer Service: 1-800-932-0783 TTY/TDD: 1-888-373-3582.

How to Print your ID Card

1. Go to **www.deltadentalins.com**
2. Log in to Online Services with your username and password. (If you don't already have a username or password, click "Register Today" link to complete the quick registration process.)
3. Once you've logged in, click the "Eligibility & Benefits" tab.
4. Select "Print ID Card" on the left-hand side of the page. (If you do not see this option, in some instances you may also need to click on the "Eligibility & Benefits" link on the left-hand side of the page before you have the option to select "Print an ID Card.")
5. Click "Print."

Note: The card is not required to obtain services.

Plan #01058

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Your Tax-Free Rates

Dental Assistance	10 pay	12 pay	18 pay	20 pay	21 pay	22 pay	24 pay	26 pay
Employee Only	\$12.55	\$10.46	\$6.97	\$6.28	\$5.98	\$5.71	\$5.23	\$4.83
Employee & Children	\$25.16	\$20.97	\$13.98	\$12.58	\$11.98	\$11.44	\$10.49	\$9.68
Employee & Spouse	\$28.07	\$23.39	\$15.59	\$14.03	\$13.37	\$12.76	\$11.70	\$10.80
Employee & Family	\$40.74	\$33.95	\$22.63	\$20.37	\$19.40	\$18.52	\$16.98	\$15.67
Basic	10 pay	12 pay	18 pay	20 pay	21 pay	22 pay	24 pay	26 pay
Employee Only	\$21.54	\$17.95	\$11.97	\$10.77	\$10.26	\$9.79	\$8.98	\$8.28
Employee & Children	\$43.14	\$35.95	\$23.97	\$21.57	\$20.54	\$19.61	\$17.98	\$16.59
Employee & Spouse	\$48.07	\$40.06	\$26.71	\$24.04	\$22.89	\$21.85	\$20.03	\$18.49
Employee & Family	\$69.72	\$58.10	\$38.73	\$34.86	\$33.20	\$31.69	\$29.05	\$26.82
Enhanced	10 pay	12 pay	18 pay	20 pay	21 pay	22 pay	24 pay	26 pay
Employee Only	\$35.82	\$29.85	\$19.90	\$17.91	\$17.06	\$16.28	\$14.93	\$13.78
Employee & Children	\$71.65	\$59.71	\$39.81	\$35.83	\$34.12	\$32.57	\$29.86	\$27.56
Employee & Spouse	\$83.20	\$69.33	\$46.22	\$41.60	\$39.62	\$37.82	\$34.67	\$32.00
Employee & Family	\$118.85	\$99.04	\$66.03	\$59.42	\$56.59	\$54.02	\$49.52	\$45.71

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Partial List of Covered Services	DENTAL ASSISTANCE PLAN	BASIC PLAN	ENHANCED PLAN
DEDUCTIBLE (per person per plan year)	You pay \$25 (applies to all services) [†]	You pay \$25 (applies to all services) [†]	You pay \$50 (diagnostic, preventive and ortho are exempt)
Maximum total family deductible	\$75	\$75	\$150
Plan year max (per person)			
Delta Dental network dentist	\$750	\$750	\$1,250
Non-participating dentist	\$500	\$500	\$1,000
OTHER MAXIMUMS			
Ortho Lifetime Max.	N/A	N/A	\$1,000
TMJ Disorder	N/A	N/A	\$500
BENEFIT	PLAN PAYS	PLAN PAYS	PLAN PAYS
Diagnostic/Preventive Services***	100%*	80%*	100%*
Visits/Exams (twice in a plan year)			
- Routine cleaning (twice in a plan year)			
- Fluoride treatments (to age 19, twice in a plan year)			
- Bitewing X-rays (twice in a plan year)			
- Space maintainers (to age 14)			
- Sealants (to age 14, once in any 36-month period on unfilled permanent first and second molars)			
Basic Restorative	25%*	80%*	80%*
Amalgam (“silver”) and composite (“white” non-molar) fillings			
Oral Surgery	25%*	80%*	80%*
- Extractions			
- Oral surgery procedures			
- General Anesthesia and IV sedation are benefitted with all covered oral surgery procedures and with select endodontic and periodontic surgeries.			
Endodontics	25%*	80%*	80%*
- Pulpal therapy			
- Root canal therapy			
Periodontics***	25%*	80%*	80%*
Treatment for gums and supporting structures			
Major Restorative**	NOT COVERED	NOT COVERED	50%*
Inlays, onlays, crowns			
Prosthetic**	NOT COVERED	NOT COVERED	50%*
- Bridges			
- Full and partial dentures			
- Denture adjustments/relining			
Orthodontia** (For eligible employees, spouses, and dependent children to age 26)	NOT COVERED	NOT COVERED	50%*
TMJ	NOT COVERED	NOT COVERED	50%*

[†] Deductible waived for diagnostic/preventive procedures at Delta Dental PPO Provider. Deductible applies to all services rendered by Delta Dental Premier and non-participating dentists.

* Percentage is based on Delta Dental's applicable Maximum Plan Allowance or the dentist's fee, whichever is less (the Allowed Amount). The Delta Dental payment under the program, plus the patient payment, equals the Allowed Amount, which is accepted by Delta Dental participating dentists as full payment. Participating dentists are paid directly by Delta Dental, and by agreement cannot bill you more than the applicable copayment, deductible or charges where maximums have been exceeded for covered services. By selecting a participating dentist, you always limit your out-of-pocket costs. For services performed by non-participating dentists, Delta Dental sends the benefit payment directly to you. You are responsible for paying the non-participating dentist's total fee, which may include amounts in addition to your share of Delta Dental's Allowed Amount. Out-of-pocket costs may also include applicable copayments, deductibles, charges where maximums have been exceeded, and services not covered by the Group Dental Service Contract. **Maximum Plan Allowance is an amount, determined by Delta Dental, from claim charges submitted on a regional basis for a given service by dentists of similar training within the same geographical area. These charges are blended by Delta Dental with dentist fee information from a number of other sources, using various factors, subject to regulatory limitations and adjustment for extraordinary circumstances, such as extreme difficulty or unusual circumstances.

** Major Restorative, Prostodontics, and Orthodontics require 6 month plan participation.

*** Enhanced benefits for pregnancy, which include an additional oral evaluation and a choice of an additional periodontal scaling, root planing or prophylaxis, or additional periodontal maintenance procedure are covered.