

DCP DENTAL INSURANCE OPTIONS

Dental Care Benefit Options

Delta Dental Insurance Company offers two choices for dental coverage:

- **DeltaCare®USA Option (Prepaid) – DCPS Group Number 944-0003**

Customer Service 1-800-422-4234

Hours: Mon-Fri, 8 a.m. – 9 p.m. EST

www.deltadentalins.com.

- **Delta Dental PPO Option (Indemnity) – DCPS Group Number 944-0002**

Customer Service 1-800-521-2651

Hours: Mon-Fri, 7:15 a.m. – 7:30 p.m. EST

www.deltadentalins.com.

The DeltaCare®USA Option plan features no deductible and low out-of-pocket costs for your basic dental care, however, you must select a dentist.

The PPO Plan allows you the flexibility of choosing an in-network or out-of-network dentist at the time of service.

Delta Dental provides an automated eligibility and benefit information line. You can print ID cards from the Delta Dental web site www.deltadentalins.com.

Selecting a Dentist

DeltaCare®USA Option – Under this option, each family member can select a dentist, up to three dentists per family, from the DeltaCare®USA Provider List. Visit the www.deltadentalins.com or contact Customer Service at 1-800-422-4234 for a list of participating providers.

Delta Dental PPO Option – Under this option, you can receive services from a PPO Dentist or the dentist of your choice. You may be required to pay up-front costs and file a claim form if you use a non-Delta Dental dentist. To obtain a list of PPO dentists visit www.deltadentalins.com or contact Customer Service at 1-800-521-2651.

PPO Dentists will file claims on your behalf and have agreed to charge no more than the predetermined PPO fee schedule. All benefits are subject to limitations and exclusions and governing administrative policies of the plan. The dental health plan contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment.

Your Tax-free Rates*

DELTACARE®USA	20 Pay	24 Pay		DELTA DENTAL PPO	20 Pay	24 Pay
Employee	\$12.28	\$10.23		Employee	\$27.55	\$22.96
Employee + One	\$20.56	\$17.14		Employee + One	\$54.85	\$45.71
Employee + Family	\$30.25	\$25.21		Employee + Family	\$71.50	\$59.58

*Premiums may be deducted pre-tax or post-tax.

Family Coverage

This plan covers your spouse, your dependent children to the end of the month they reach age 26, and/or disabled dependent children as long as the disability remains total. A physician's statement will be required.

DeltaCare®USA Benefit Option

- No maximum benefit, except for accidental injury
- No claim forms to complete
- Budgetable and predictable
- Co-pay for orthodontics - No waiting periods
- No co-pays for basic cleanings (one per six months)
- Specialty care is covered by referral from your primary dentist at the same defined co-pays as general dentists

DeltaCare®USA - Accident Injury Benefit

An accidental oral injury is damage to the hard and soft tissue of the mouth caused directly and independently of all other causes by external forces. Damage to the hard and soft tissue of the mouth from normal chewing function is covered under your Plan FLM08 Description of Benefits and Co-payments.

Plan Features

- DeltaCare® USA will pay up to 100 percent of the Contract Dentist's "filed fees*," for expenses an enrollee incurs for an accident injury, less any applicable co-payments, up to a maximum of \$1,600 in any 12-month period.
- Accident injury benefits include tooth re-implantation and/or stabilization of accidentally evulsed (lost) or displaced tooth and/or alveolus (bone). This includes splinting and/or stabilization. (CODE D7270)

* Filed fees are the contract dentist's fees on file with Delta Dental.

Limitations

Accident injury benefits are limited to services provided as a result of an accident which occurred:

- while the enrollee was covered under the DeltaCare®USA program or
- while the enrollee was covered under another DeltaCare®USA program, and if the benefits for the expenses incurred would have been paid if the enrollee had remained covered under that program.

Exclusions

In addition to limitations #13, #15, #20, #21 and #24, and exclusions #1 - 9, #11 - 15 and #18 - 20 in Schedule B of your Plan FLM08 Description of Benefits and Co-payments, the following exclusions apply:

- Prophylaxis
- Extra-oral grafts (grafting of tissues from outside the mouth to oral tissue)
- Replacement of existing restorations due to decay
- Orthodontic services (treatment of malalignment of teeth and/ or jaws)
- Replacement of existing restorations, crowns, bridges, dentures and other dental or orthodontic appliances damaged by accident injury.

Temporomandibular Joint (TMJ) Dysfunctions

Delta Dental will pay 100 percent of the Dentist's usual fees or of the fees actually charged for covered TMJ procedures, as noted herein, up to a lifetime benefit maximum of \$400.00, per enrollee, less any applicable copayments for covered procedures. TMJ benefits are intended only for the treatment of the temporomandibular (jaw) joint and are limited to the procedures noted below when provided by a licensed dentist as necessary according to the standards of generally accepted dental practice and only when provided for the treatment of the TMJ:

- D7880 Occlusal orthotic device;
- D7899 Temporary repositioning appliance;
- D9310 Consultation;
- D9940 Occlusal guard;
- D9951 Occlusal adjustment – limited;
- D9952 Occlusal adjustment – complete

TMJ benefits are subject to plan limitations and exclusions of benefits.

What if I have questions about this benefit?

After you enroll, you can get answers by calling Delta Dental's Customer Service department at 1-800-422-4234.

Delta Dental PPO – Indemnity

How the PPO Program Option Plan Works

The Delta Dental PPO Option Plan allows each person covered under the plan to have the freedom to visit any dentist. There may be a savings advantage to receiving care from a PPO Dentist because your out-of-pocket costs tend to be lower than visiting a non-Delta Dental dentist.

When you visit a PPO Dentist, payment is based on the PPO fee schedule. The PPO Dentist has agreed to accept this fee as the Approved Amount. Although you are responsible for deductibles, coinsurances and any expenses above the maximum, a PPO Dentist cannot bill you for any covered charges above the approved amount.

In addition to PPO Dentists, Delta Dental has Participating Delta Dental Premier® Dentists. You can search for a Delta Dental Dentist (Premier and PPO) by visiting our website at www.deltadentalins.com.

Although you are responsible for deductibles, coinsurances and any expenses above the maximum, Premier dentists have an agreement with Delta Dental not to charge you more than the Approved Amount.

The Delta Dental PPO Plan is underwritten and administered by Delta Dental Insurance Company.

Delta Dental PPO Option

The health plan contract must be consulted to determine the exact terms and conditions of coverage.

BENEFIT

Use dentist of choice

Deductible*

(Calendar Year is Jan. 1 - Dec. 31)

Calendar Year Maximum

Claim Forms

Procedures

Office visit

Routine exams

Prophylaxis (cleaning) - basic

Emergency treatment

X-ray and complete series
including bitewings

Under 18

Over 18

Fluoride application

Basic/restorative procedures

Oral surgery (extractions)

Amalgam fillings

Root canal

Major procedures

Crowns

Dentures

Bridges

Periodontics

Orthodontics

Waiting Period

TMJ benefit

DELTA DENTAL INDEMNITY (PPO OPTION)**

\$75 per year, individual

\$150 per year, per family

\$2,000 per person

None if using Delta Dental dentists

Delta Dental reimbursement according to PPO In/UCR Out fee schedule

100%

100%

100% (limit 2 in 12 months)

80%

100% (1 per 36 months- full)

(2 per 12 months - bitewing)

(1 per 12 months - bitewing)

100% (2 per 12 months, children under 19 only)

80%

80%

80%

50%

50%

50%

50%

50% up to \$1,000 lifetime maximum after 1 year waiting period (dependent children under age 19 only)

Applies to new participants (orthodontics only)

50% up to \$1,000 lifetime maximum
(effective October 2006)

* Note the deductible does not apply to diagnostic & preventative services, orthodontics

** PPO Dentists are limited to the PPO fee.

Delta Dental Premier® Dentists are limited to the least of: the dentist's filed fee, submitted fee, or Delta Dental's UCR (Usual, Customary, and Reasonable) fee.

Non-Delta Dental Dentists may balance bill for amounts over Delta Dental's UCR (Usual, Customary and Reasonable) fee.

Delta Dental PPO – Indemnity

Sample Claim Payment

(Assuming deductible and contract provisions are met)

	PPO Dentist	Premier Dentist	Non-Delta Dental Dentist
Dentist Submitted Amount	\$130.00	\$130.00	\$130.00
Delta Dental Approved Amount	\$71.00	\$115.00	\$130.00
Delta Dental Allowed Amount	\$71.00	\$115.00	\$96.00
Delta Dental Payment	\$56.80	\$92.00	\$76.80
Patient Payment	\$14.20*	\$23.00*	\$53.20*

*The difference between the Approved Amount and the Delta Dental Payment.

Delta Dental PPO and Premier Providers

Visit www.deltadentalins.com for a complete and up-to-date listing of Delta Dental Premier® Dentists in your area.

What if I have questions about this benefit?

After you enroll, you can get answers by calling Delta Dental's Customer Service department at 1-800-521-2651.