

DeltaPremier

Highlights of Your Dental Program Coverage - this is not your *Evidence of Coverage*

Thomas Jefferson National ACC Facility Group Number 6098 Effective April 1, 2005

INTRODUCTION

This sheet provides a brief description of important features of the DeltaPremier dental program.

DeltaPremier is a fee-for-service plan with freedom to choose any licensed dentist. It is to your advantage to select a dentist who is a DeltaPremier participating dentist.

Approximately 75% of dentists throughout Virginia participate with Delta Dental Plan of Virginia (Delta).

USING YOUR DELTAPREMIER PROGRAM

To use the program, just call the dental office of your choice and make an appointment.

The DeltaPremier program allows you to:

- change dentists at any time without preapproval
- go to a specialist of your choice without preapproval

During your first appointment, provide your dentist with the following information:

- the subscriber identification number which is usually the subscriber's social security number
- inform the dentist that your program is through Delta Dental Plan of Virginia

Delta pays participating dentists directly. You are responsible only for your share of the bill. A participating dentist cannot charge you for amounts payable by Delta. If you go to a non-participating dentist, you are responsible for the dentist's entire bill, and Delta will reimburse you directly unless an assignment of benefits is made to the dentist.

PRINCIPLE BENEFITS AND COVERED SERVICES

See EOC for limitations on these benefits

COVERAGE AVAILABLE FOR

Enrollee and spouse
Dependent children to age 19 (end of month)
Full-time students to age 23 (end of month)

DEDUCTIBLES/MAXIMUM

Contract year deductible	None
Maximum benefits per contract year	\$1,200 per person
Orthodontic lifetime maximum	\$1,000 per person

DIAGNOSTIC AND PREVENTIVE CARE

- Oral exams and cleanings – twice each 12 consecutive month period
- Fluoride treatment – once each 12 consecutive month period for dependents under age 19
- Bitewing x-rays - once each 12 consecutive month period
- Full mouth/panelpipse x-rays – once each 3 years
- Space maintainers – for dependents under age 14

100%*

BASIC DENTAL CARE

- Restorative - amalgam (silver) fillings; composite (white) fillings
- Stainless steel crowns – limited to baby/primary teeth for patients under age 13
- Oral surgery – simple extractions, impactions, and other minor surgical procedures
- Endodontics (root canal therapy) – repeat treatment is a covered benefit only after 2 years from initial treatment
- Periodontics (scaling and root planing, soft tissue and bony surgery, including grafts) – limitation of 2-3 years apply based on services rendered; periodontic cleaning is subject to the benefit limitation for regular cleanings
- Denture repair & recementation of existing crowns, bridges and dentures - cost limited to ½ the cost of a new denture or prosthesis

80%*

MAJOR DENTAL CARE

- Crowns - (single crowns) - once per tooth every 5 years, and only when existing crown cannot be rendered serviceable; benefit available only if the tooth is damaged by decay or fractured to the point it cannot be restored by an amalgam or composite restoration; crowns for dependents under the age of 12 are not covered
- Prosthodontics (partial or complete dentures and fixed bridges) - once every five years, and only when an existing prosthesis cannot be rendered serviceable; fixed bridges or removable partials are not covered

50%*

ORTHODONTICS

- Removable fixed appliance therapy and comprehensive therapy; for subscribers and covered dependents

50%*

*Please refer to *Choosing a Dentist*

CHOOSING A DENTIST

You may select the dentist of your choice. However, you will receive the highest level of benefits available in your Group's program by choosing a DeltaPremier participating dentist. In addition, your out-of-pocket costs will usually be lower if you use a DeltaPremier participating dentist.

Your Benefits Administrator has a list of participating dentists, or you may call 1-800-237-6060. A complete list of DeltaPremier participating dentists is also available on our web site at www.deltadentalva.com.

- 1) Participating dentists will have claim forms in the office and will complete claim forms for you at no charge. If you visit a non-participating dentist, you may be required to complete the forms yourself.
- 2) If you go to a participating dentist, in almost all cases, payment will be made directly to the participating dentist for covered benefits. Payment is based on the lowest of (1) the fee the dentist bills Delta, (2) the most recent fee for the service that the dentist has on file with Delta, or (3) the traditional fee-for-service allowance used by the Delta Plan in the state in which the dental service is provided. In all cases, Delta determines the traditional fee-for-service allowance. The dentist will accept Delta's payment as payment in full for covered benefits. This means that you pay the deductible and copayment for these services.
- 3) If you go to a non-participating dentist, payment will be made directly to you unless an assignment of benefits is made to the dentist. Payment is based on the lowest of (1) the fee the dentist bills Delta or (2) the traditional fee-for-service allowance used by the Delta Plan in the state in which the dental service is provided. In all cases, Delta determines the traditional fee-for-service allowance. Traditional fee-for-service payment allowances for non-participating dentists' services may be lower than payment allowances for participating dentists' services. Non-participating dentists have not agreed to accept Delta's payment as payment in full for their services. This means that, in addition to what Delta pays, you must pay the deductible, copayment, and the difference between the non-participating dentists' charges and Delta's payment for covered benefits. The amount you would owe a non-participating dentist may be higher than the amount you would owe a participating dentist for the same covered benefit. You may also have to pay the non-participating dentist at the time services are rendered.

EXCLUSIONS

Delta will not, under any circumstances, cover any of the following:

- Services or supplies that are not Dental Services; also services not specifically listed as covered in the plan document or on Delta's covered procedure code list for your Group's program.
- Services or treatment provided by someone other than a Dentist or a qualified dental hygienist working under the supervision of a Dentist.
- Services or treatment provided by a Non-Participating Dentist that would not be covered if provided by a Participating Dentist.
- A Dental Service that Delta, in its sole discretion, determines is not necessary or customary for the diagnosis or treatment of your condition. In making this determination, Delta will take into account generally accepted dental practice standards in the area in which the Dental Service is provided. In addition, a Participant must have a valid need for each Covered Benefit. A "valid" need is determined in accordance with generally accepted standards of dentistry.
- Dental Services for injuries or conditions that may be covered under workers compensation or similar employer liability laws; also benefits or services that are available under any federal or state government program (subject to the rules and regulations of those programs) or from any charitable foundation or similar entity.
- Except as otherwise provided for in the plan document, Dental Services started or rendered before the date the Participant is enrolled under the plan document. Also, except as otherwise provided in the plan document, benefits for a course of treatment that began before the Participant is enrolled under the plan document.
- Except as otherwise provided in the plan document, Dental Services provided after the date that the individual is no longer enrolled or eligible for coverage under the plan document.

- Prescription and non-prescription drugs; pre-medications; preventive control programs, oral hygiene instructions, relative analgesia; charges for inpatient or outpatient hospital services; splinting; general anesthesia except in conjunction with oral surgery, surgical periodontia, or surgical endodontia and then only when the underlying Dental Service is a Covered Benefit.
- Charges to complete a claim form, copy records, or respond to Delta's requests for information; charges for failure to keep a scheduled appointment.
- Charges for telephone consultations or consultations by other electronic means.
- Dental Services excluded by rules and regulations adopted by Delta's Board of Directors, including Delta's standard processing policies.
- Dental Services to the extent that benefits are provided or would have been provided if the Participant had enrolled, applied for, or maintained eligibility under Title XVIII of the Social Security Act (Medicare), including any amendments or other changes to that Act.
- Complimentary services or Dental Services for which the Participant would not be obligated to pay in the absence of the coverage under the plan document or any similar coverage.
- Dental Services for lost, misplaced or stolen prosthetic devices including space maintainers, bridges and dentures (among other devices).
- Dental Services or other services that Delta determines are for the purpose of correcting congenital malformations; also, cosmetic surgery or dentistry for cosmetic purposes.
- Dental Services for increasing vertical dimension, restoring occlusion, replacing tooth structure lost by attrition, correcting developmental malformations or for esthetic purposes.
- Services billed under multiple Dental Service procedure codes which Delta, in its sole discretion, determines should have been billed under a single, more comprehensive Dental Service procedure code. Delta's payment is based on the allowance for the more comprehensive code, not on the allowances for the underlying component codes.
- Dental Services that are not for the treatment of natural teeth or supporting structure.
- Use of dental implants or implantology techniques. Delta does not pay for a dental implant, or related services, and the build-up around the implant when a prosthetic device will serve the same purpose.
- Therapy and appliances to correct TMJ syndromes and/or occlusal disharmony (including occlusal equilibration).
- Amounts that exceed the Delta's payment allowances for Covered Benefits.

The preceding information is offered as a brief description of the DeltaPremier program and what Delta Dental pays for services covered under the program.

It is not intended for use as a summary plan description nor is it designed to serve as an *Evidence of Coverage* for the program.

Delta Dental Plan of Virginia administers this DeltaPremier program. If you have specific questions regarding benefit structure, limitations or exclusions, consult the *plan document* or call Delta Dental's Benefit Services Department at 800-237-6060.

Delta Dental Plan of Virginia Mission Statement

“It is the mission of the Delta Dental Plan of Virginia to advance the public’s oral health by becoming the market leader in quality dental benefits through innovatively designed dental plans and by assuring superior service to all customers at an affordable cost”



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