

**DELTA DENTAL**  
**MEMBER INFORMATION SHEET**  
DeltaPreferred Option

As a member benefit, Government Employees' Benefit Association (GEBA) is happy to provide a DeltaPreferred Option dental care program underwritten by Delta Dental of Pennsylvania.

**HOW TO USE YOUR DENTAL PLAN**

Obtain a claim form from the GEBA office and fill in sections 1 through 15. Sections 1 through 8 are self-explanatory; section 9 may be skipped. Section 10 should be "#7169 Enhanced". Sections 11 through 15 are to be completed since they are used to assist Delta in determining whether you are entitled to dual coverage and/or coordination of benefits with another carrier. The form should then be given to the dentist of your choice at your next appointment.

**YOUR DENTAL CARE BENEFIT**

Your dental care program is an excellent benefit. All covered dental procedures services, are subject to an annual per person deductible of \$50, with a family limitation of \$150 for DeltaPreferred Option, DeltaPremier, and Non-Participating dentists. There is a \$1,500 annual maximum per person for services provided by DeltaPreferred Option, DeltaPremier and Non-Participating dentists. The following payment schedule will illustrate the co-payment percentages involved with each covered procedure, in accordance with Delta's payout level.

		Delta Preferred Participating		Delta Premier Participating		Non-Participating	
		Paid By Delta*	Paid By Patient*	Paid By Delta**	Paid By Patient**	Paid By Delta***	Paid By Patient***
<b>DIAGNOSTIC PREVENTATIVE</b>	<i>(exams &amp; x-rays)</i>	100%	0%	100%	0%	100%	0%
	<i>(fluoride treatments to age 19, teeth cleaning - children and adults &amp; sealants to age 14)</i>	100%	0%	100%	0%	100%	0%
<b>BASIC RESTORATIVE</b>	<i>(fillings)</i>	80%	20%	60%	40%	60%	40%
<b>ORAL SURGERY</b>	<i>(extractions)</i>	80%	20%	60%	40%	60%	40%
<b>ENDODONTICS</b>	<i>(root canal therapy)</i>	80%	20%	60%	40%	60%	40%
<b>PERIODONTICS</b>	<i>(treatment of gum disorders)</i>	80%	20%	60%	40%	60%	40%
<b>MAJOR RESTORATIVE</b>	<i>(crowns)</i>	50%	50%	40%	60%	40%	60%
<b>PROSTHODONTICS</b>	<i>(dentures)</i>	50%	50%	40%	60%	40%	60%
<b>ORTHODONTICS</b>	<i>(straightening of teeth)</i>	50%	50%	50%	50%	50%	50%

\* DeltaPreferred Option participating dentists are paid at the DeltaPreferred Option Maximum Plan Allowance.

\*\* DeltaPremier participating dentists are paid at the DeltaPreferred Option Maximum Plan Allowance. The dentist can bill the enrollee for the difference between the DeltaPreferred Option Maximum Plan Allowance and the DeltaPremier Maximum Plan Allowance.

\*\*\* For eligible services provided by a non-participating dentist, Delta reimburses the enrollee up to the DeltaPreferred Option Maximum Plan Allowance. The non-participating dentist then can bill the enrollee for the difference between Delta's reimbursement and the actual charge.

Orthodontics is a benefit for dependent children to age 19 and has a separate maximum of \$1,000 lifetime per patient for DeltaPreferred, DeltaPremier and Non-Participating dentists.

Eligible for coverage are:

- Agency Employees, Retirees, and Contractors and Military assigned for duty at the Agency Spouses
- Domestic Partners and their eligible dependents
- Dependent children to age 19 unless a full-time student in which case to age 23

Bi-weekly payroll deduction for coverage:

- Single = \$19.00
- Member & 1 Dependent = \$37.00
- Member & Family = \$56.00

The contract year for your group dental program is from January 1 of a given year to December 31 of the same year.

## DENTISTS

DeltaPreferred Option participating dentists are paid at the DeltaPreferred Option Maximum Plan Allowance. DeltaPreferred Option participating dentists accept the DeltaPreferred Option Maximum Plan Allowance as payment in full for covered services. DeltaPreferred Option participating dentists are paid directly by Delta Dental, and by agreement cannot bill the patient more than the applicable copayments or deductibles for the covered services provided.

Under the DeltaPreferred Option program, DeltaPremier participating dentists are paid at the DeltaPreferred Option Maximum Plan Allowance and are paid directly by Delta Dental. The member is responsible for paying the difference between the DeltaPreferred Option Maximum Plan Allowance and the DeltaPremier Maximum Plan Allowance. By agreement, DeltaPremier participating dentists must accept Delta's allowance as payment in full for covered services, less any applicable copayments or deductibles for the services provided (and under this scenario the difference between the DeltaPreferred Option Maximum Plan Allowance and the DeltaPremier Maximum Plan Allowance).

Non-Participating dentists are paid at the DeltaPreferred Option Maximum Plan Allowance. The benefit payment is sent directly to the member. It is the member's responsibility to pay the provider. The member is responsible for paying the Non-Participating dentist's actual charge, which may include amounts in addition to any applicable co-payments and deductibles.

## LIMITATIONS AND EXCLUSIONS

There are certain limitations and exclusions that apply to your dental plan. For example, dentistry that is performed for appearance only, preventive plaque control programs, periodontal splinting, and services provided or devices started prior to the effective date of the program are not covered. Also, the following services are not covered:

- adult orthodontics (straightening of teeth)

The contract on file at the GEBA office will give a full listing of the limitations and exclusions of your dental plan.

## PREDETERMINATION

If the amount of care to be provided to any one patient will exceed \$300, the dentist should submit the claim form to Delta Dental for predetermination before completing the treatment. Delta's dental consultants will examine the treatment plan and x-rays which may accompany the form and future benefits will be detailed. This is generally a very simple procedure that takes only a few days, but it is very important because it assures you and the dentist that you are eligible for dental benefits, and it tells both you and the dentist if certain proposed services are not covered by the contract.

## BENEFIT SERVICES

If you or your dentist has any questions about claim filing procedures or the status of your claim, please feel free to contact Delta's Benefit Service Department at:

Delta Dental of Pennsylvania  
One Delta Drive  
Mechanicsburg, Pennsylvania 17055

Phone Number: 717-766-8500  
Toll-Free WATS Number: 800-932-0783  
TTY/TDD: 888-373-3582  
Web Site: [www.MidAtlanticDeltaDental.com](http://www.MidAtlanticDeltaDental.com)

All of Delta's benefit payments to dentists, other dental care providers, or subscribers for services are based on fee-for-service payment mechanisms. If you desire additional information about our methods of pay calculating benefits, or if you want to know which method(s) apply to your benefits, please call Delta or write Delta Dental of Pennsylvania, One Delta Drive, Mechanicsburg, Pennsylvania 17055.

Of every \$100 in premiums used to pay claims and administration, \$88 is used to pay claims and \$12 is used to pay administration fees.

NOTE – This information sheet pertains to proposed benefits and is subject to acceptance of the application for the dental service contract. This information sheet will not modify such contract in any way, nor shall the subscriber accrue any additional rights because of any statement in or omission from this information sheet.