

GEBA's Delta Dental Insurance



GEBA offers you two easy-to-use choices for managing your dental care.

The Delta Dental PPO Plan features:

Freedom of choice of dentist

Largest network of dentists that
save you money

Orthodontic benefits available
for children*

\$3,000 annual maximum benefit per
person per year

* Orthodontic benefits are available up to age 19 and in the
Enhanced plan only.

The lower-cost DeltaCare® USA HMO* Plan features:

No or low copays for nearly 300 covered
procedures, including bleaching

No annual maximums or deductibles

Orthodontic benefits for adults
and children

*DeltaCare® USA HMO available in Maryland, Washington,
D.C., Florida, Georgia, Pennsylvania and Texas only

What is Group Dental Insurance?

Dental Insurance helps participants by covering some of the out-of-pocket costs for dental care. GEBA provides a group plan to participating members.

Your Choice of Plans

DeltaCare® USA HMO - An affordable Dental HMO program, DeltaCare® USA delivers comprehensive quality care for less cost than traditional plans. Enrollees select a primary care dentist from a specified panel and receive services without worrying about claim forms, deductibles or benefit maximums. Most diagnostic and basic restorative services are covered at little or no cost to the enrollee. A complete description of benefits is available in the GEBA offices or online at www.geba.com.

Basic Delta Dental PPO Plan® or Enhanced Delta Dental PPO Plan® - The PPO coverage provides freedom of choice of dentist. The Basic Delta Dental PPO Plan provides basic coverage with lower benefits for some services than the Enhanced Delta Dental PPO plan, which offers broader coverage and higher benefits for some services but at a higher premium than the Basic Delta Dental PPO.

What Do Each of the Plans Actually Cover?

DeltaCare® USA (Dental HMO) - Available for residents in Maryland, Washington, D.C., Florida, Georgia, Pennsylvania and Texas only. Instead of a percentage of the costs being covered, participants are given a complete description of benefits detailing the policyholder costs for each dental procedure covered.

Delta Dental PPO

You must be in the Basic Delta Dental PPO Plan for at least one year prior to enrolling in the Enhanced Delta Dental PPO Plan. The percentages in the tables below are based on Delta Dental’s PPO allowances and not the attending dentist’s actual fees. In addition to the type of plan you select (Basic or Enhanced), you can determine the level of savings you receive by the dentist (PPO, Premier or Non-participating) you choose.

BASIC						
Delta Dental PPO	Delta Dental PPO Provider		Delta Dental Premier Provider		Non-Participating Provider	
	Paid by Delta Dental	Paid by Patient	Paid by Delta Dental	Paid by Patient	Paid by Delta Dental	Paid by Patient
			<i>(% of PPO dentist's contracted fees)</i>		<i>(% of PPO dentist's contracted fees)</i>	
Diagnostic <i>Exams & Bitewing X-rays – 2 times in 12 month period</i>	100%	0%	100%	0%	100%	0%
Preventative <i>Cleanings, fluoride treatments (2 times in 12 month period) and sealants</i>	100%	0%	100%	0%	100%	0%
Basic Restorative <i>Cavity Fillings</i>	50%	50%	50%	50%	50%	50%
Oral Surgery <i>Extractions and Surgery</i>	50%	50%	50%	50%	50%	50%
Endodontics <i>Pulpal therapy and root canal fillings</i>	50%	50%	50%	50%	50%	50%
Periodontics <i>Treatment of Gums</i>	50%	50%	50%	50%	50%	50%
ENHANCED						
Delta Dental PPO	Delta Dental PPO Provider		Delta Dental Premier Provider		Non-Participating Provider	
	Paid by Delta Dental	Paid by Patient	Paid by Delta Dental	Paid by Patient	Paid by Delta Dental	Paid by Patient
Diagnostic <i>Exams & Bitewing X-rays – 2 times in 12 month period</i>	100%	0%	100%	0%	100%	0%
Preventative <i>Cleanings, fluoride treatments (2 times in 12 month period) and sealants</i>	100%	0%	100%	0%	100%	0%
Basic Restorative	80%	20%	60%	40%	60%	40%
Oral Surgery	80%	20%	60%	40%	60%	40%
Endodontics	80%	20%	60%	40%	60%	40%
Periodontics	80%	20%	60%	40%	60%	40%
Major Restorative <i>Crowns, Inlays and Onlays*</i>	50%	50%	40%	60%	40%	60%
Implants	50%	50%	40%	60%	40%	60%
Prosthodontics <i>Construction or repair of fixed bridges, partial or complete dentures</i>	50%	50%	40%	60%	40%	60%
Orthodontics <i>Procedure for straightening teeth. (Eligible for children only to age 19)</i>	50%	50%	50%	50%	50%	50%

*Inlays/Onlays require pre-authorization from Delta Dental prior to benefits being fulfilled.

Why do I need it?

With dental insurance, you can hold onto more of your earnings for important things like savings, retirement investments and other life goals, without putting off essential dental care.

Who are the Plan Providers?

DeltaCare USA (DHMO) - Enrollees select a primary care dentist from a specified panel. DeltaCare USA dentists undergo a comprehensive credentialing process to ensure they meet high-quality standards.

Delta Dental PPO Providers - Enrollees' out-of-pocket expenses are lowest when they visit any of the 120,000 locations nationwide of dentists who participate in this discounted fee-for-service plan. Dentists in this network accept the Delta Dental PPO Allowed Amount as payment in full for covered services. For a service covered 100% by Delta Dental, there will be no additional billing for service fees, but deductibles and maximums still apply.

Delta Dental Premier Providers - This network combines the advantages of a traditional indemnity plan with the largest dentist network in the United States with participating dentists at 200,000 locations. For PPO enrollees, the Delta Dental Premier network serves as a cost-saving "safety net." PPO enrollees may visit dentists who participate in only the Delta Dental Premier network for savings that are not as great as those they would receive from PPO dentists, but are likely to be greater than if they receive services from non-participating dentists. Dentists in this network may bill for the difference between Delta Dental's share of the Delta Dental PPO Allowed Amount and the Delta Dental Premier Allowed Amount, nothing more. Deductibles and maximums still apply.

Non-Participating (out-of-network) Providers - Non-Participating (out-of-network) Providers: Delta Dental has no control over how much dentists not participating in a Delta Dental network charge for services. You will be responsible for the difference between Delta Dental's share of the Delta Dental PPO Allowed Amount and the amount charged by the dentist for services. Deductibles and maximums apply.

The following chart examples demonstrate how lower out-of-pocket patient's and plan savings can be achieved with Delta Dental PPO plan options. Compare the patient's share of the costs to each network level below.

Procedure: Cleaning

Dentist Network Status	Delta Dental PPO Network	Delta Dental Premier Network	Non-Network
Dentists bills (submitted charge)	\$75.00	\$75.00	\$75.00
Dentist accepts as payment in full	\$45.00	\$55.00	No fee agreement with Delta Dental
Plan Payment of 100%	\$45.00 (PPO prov. allowed fee)	\$45.00 (PPO prov. allowed fee)	\$45.00 (PPO prov. allowed fee)
Patient's share	\$0.00	\$10.00	\$30.00

Procedure: Crown

Dentist Network Status	Delta Dental PPO Network	Delta Dental Premier Network	Non-Network
Dentists bills (submitted charge)	\$875.00	\$875.00	\$875.00
Dentist accepts as payment in full	\$550.00	\$650.00	No fee agreement with Delta Dental
Plan Payment of 50%	\$275.00 (PPO prov. allowed fee)	\$275.00 (PPO prov. allowed fee)	\$275.00 (PPO prov. allowed fee)
Patient's share	\$275.00	\$325.00	\$600.00

What Are My Deductibles? Coverage Maximums?

Delta Dental PPO Plans PPO - All covered dental procedures are subject to an annual per-person deductible of \$50, with a family maximum of \$150. Orthodontic services are exempt from the deduction. There is an annual maximum benefit per person of \$3,000, although, for the Enhanced Delta Dental PPO plan, preventative or diagnostic claims are not applied to your annual maximum benefit. There is a maximum lifetime orthodontics benefit of \$1,000 per person. Orthodontics limited to adolescents only (to age 19).

Delta Care USA (HMO) – Participants are not subject to any annual deductible amount, nor coverage maximums. But, frequency limitations apply to some procedures. Please request a schedule of benefits and co-payments for details.

Pre-Existing Conditions / Work in Progress / Coordination of Benefits

Delta Dental is generous regarding pre-existing conditions and work in progress. Delta Dental will take responsibility for a procedure once it begins after the effective date of a participant's coverage. Delta Dental provides benefits for pre-existing conditions in support of good dental health. However, some procedures started before joining Delta Dental may be the responsibility of a previous carrier.

The need to coordinate benefits occurs when both spouses have family dental coverage through respective employers or outside sources. The purpose of coordinating benefits is to ensure that the combined payments for a claim do not exceed the total amount charged by the dentist.

The primary insurer pays benefits first and the plan that pays next is the secondary carrier. Any amount not paid by the primary carrier may be paid in part or whole by the secondary carrier based on who submits the claim. The dental plan of the person submitting the claim is the primary carrier. For dependents, the primary carrier is determined based on the "birthday rule". The spouse whose birthday comes earliest in the year will have his or her dental plan designated as the primary carrier.

Are My Dependents Covered?

Plan participants may elect coverage for a spouse, unless legally separated, domestic partner, and dependent children up to age 19 (unless a full time student in which case to age 23.). Coverage for a dependent child cancels immediately upon attainment of age limit, 19 or 23.

What Happens When I Retire? When I Resign?

Once a GEBA member, always a member. That means you are welcome to keep your Dental Insurance as long as you desire regardless of retirement or resignation from a participating agency within the United States Intelligence Community.

How Do I Sign Up?

All active and retired civilian employees of the Intelligence Community and contractors and military employees assigned to NSA "W" may enroll for this coverage on behalf of themselves and their spouse/domestic partner and/or dependents. To enroll for coverage under the plan, you must complete and sign a Delta Dental Insurance Enrollment Form.

- New Employee: Enrollment is limited to the first 31 days of hire to an Agency within the United States Intelligence Community. The policy will be effective the first of the next month.
- Annual Open Enrollment Period: November 1st through mid-December. If enrollment is during Annual Open Enrollment Period, the policy will be effective January 1st.

To find your dentist, go to www.DeltaDental.com. Click "Looking for a dentist?". Click on "Delta Dental Premier", "Delta Dental PPO" or "Delta Care USA". Enter your search criteria and click the "Search for a dentist" button! Keep in mind, although still a participating dentist, your out-of-pocket expenses will be higher using a Premier dentist instead of using a Delta Dental PPO participating provider.

What if My Circumstances Change? Can I Change My Coverage Amount?

You may change the plan participation from the Basic Delta PPO Plan to the Enhanced Delta PPO Plan or to the DeltaCare® USA HMO or vice versa only during the regular Open Enrollment Period each year. You may change who is covered under the insurance policy at anytime. Changes will be effective the first of the next billing cycle.

How Do I File a Claim?

Participating dentists will submit claims for you. If you use a non-participating dentist, you may need to submit the claim yourself. Obtain a claim form from Delta Dental or the GEBA office. Upon completion of treatment, claims can be submitted directly to Delta Dental. Delta Dental will reimburse you for the covered benefit amount.

Need Additional Forms?

Enrollment Form(s) and Claim Forms can be obtained by calling the GEBA office at (301) 688-7912 or (800) 826-1126, stopping by the GEBA office at NSA, OPS 2A, VCC, Room 201, or via the internet at www.geba.com.

Please return Enrollment forms via mail to: GEBA, P.O. Box 206, Annapolis Junction, MD, 20701-0206

Please mail forms rather than faxing them. Please submit all Claim Forms to Delta Dental using the address printed on the claim form.

Government Employees' Benefit Association, Inc.

Main Address	Mailing Address
9800 Savage Road	P.O. Box 206
OPS 2A (VCC Rm. 201)	Annapolis Junction
Fort Meade, MD 20755	Maryland 20701-0206

Phone: (800) 826-1126 or (301) 688-7912

Fax: (301) 688-6694

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Updated: 1/13/2011

Serving Our Members For

50
YEARS

1957 - 2007