

# GEBA's Dental Coverage



## HAPPY TEETH HAPPY LIFE

Open to All Federal Employees and Retirees,  
Active and Retired Military, and their Families!

Online Enrollment only available at: [www.GEBA.com/dental](http://www.GEBA.com/dental)

Two Plan Options: Standard and Enhanced Dental Plans

### Why GEBA?

- Affordable rates
- Dependent children coverage up to age 26
- The nation's largest dental network - over 333,000 dental locations
- Preventive care - Exams, X-rays, and two cleanings per year
- No deductible
- Annual maximums:
  - Standard: \$4,000
  - Enhanced: \$35,000 (NEW Higher Annual Maximum)



A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION



## Why Should I Enroll in GEBA's Group Dental Coverage?

Dental coverage helps protect you from unexpected dental expenses and makes it easier to keep up with regular checkups, cleanings, and other preventive treatments you need to keep your mouth healthy.

GEBA has partnered with Delta Dental of Pennsylvania, a part of the national Delta Dental network, to offer affordable, comprehensive dental coverage.

## What are the Benefits and Features?

### Standard Delta Dental Plan

- Perfect for individuals and families who have a satisfactory dental history and who recognize the importance of preventive and basic care in maintaining oral health
- Includes coverage for diagnostic and preventive care, basic restorative care, endodontic and periodontal services, and minor oral surgery

### Enhanced Delta Dental Plan

- Designed for individuals and families who want the maximum coverage available for their dental care needs
- Covers the Standard Plan services plus major dental services, such as oral surgery, crowns, implants, dentures, and child orthodontics

## Choose the Plan That Fits Your Needs – Benefit Summary<sup>1</sup>

Covered Services	Standard Plan <sup>2</sup>	Enhanced Plan <sup>2</sup>
<b>Maximum benefit</b> per person per calendar year	\$4,000	\$35,000
<b>Diagnostic and Preventive Care</b> <ul style="list-style-type: none"> <li>• Oral exams and cleanings – twice in any 12-month period <b>provided they are 6 months apart</b></li> <li>• Bitewing X-rays – twice in any 12-month period</li> <li>• Full mouth X-rays – once in 3-year period</li> <li>• Fluoride treatments – twice in any 12-month period up to age 19</li> <li>• Sealants - up to age 14</li> <li>• Space maintainer - up to age 14</li> </ul>	PPO - 100% Premier <sup>3</sup> - 100% Out of Network <sup>4</sup> - 100%	PPO - 100% Premier <sup>3</sup> - 100% Out of Network <sup>4</sup> - 100%
<b>Basic Care</b> <ul style="list-style-type: none"> <li>• Anterior composite “white” fillings</li> <li>• Oral surgery – extractions and surgery</li> <li>• Endodontics – pulpal therapy and root canal fillings</li> <li>• Periodontics – treatment of gums</li> </ul>	PPO - 50% Premier <sup>3</sup> - 50% Out of Network <sup>4</sup> - 50%	PPO - 80% Premier <sup>3</sup> - 60% Out of Network <sup>4</sup> - 60%
<b>Major Dental Care</b> <ul style="list-style-type: none"> <li>• Crowns, inlays<sup>5</sup>, and onlays<sup>5</sup></li> <li>• Implants – two implant annual maximum (per insured)</li> <li>• Prosthodontics – construction or repair of fixed bridges, partial or complete dentures</li> </ul>	Not Covered	PPO - 50% Premier <sup>3</sup> - 40% Out of Network <sup>4</sup> - 40%
<b>Orthodontics</b> – up to age 19 (12-month waiting period in the Enhanced Plan for each dependent receiving treatment)	Not Covered	PPO - 50% Premier <sup>3</sup> - 50% Out of Network <sup>4</sup> - 50%  \$2,000 per person maximum lifetime

FOR COMPARISON USE ONLY. This comparison is only a brief summary of benefits offered under each plan. Complete details, including limitations and exclusions, are detailed in the policy. In the event of discrepancies, the policy shall govern.

<sup>1</sup> Not available in Alaska.

<sup>2</sup> Delta Dental dentists accept Delta Dental's Maximum Plan Allowances or their charged fees, whichever is less, as the full payment for services. This is known as Delta Dental's Allowed Amount. A Maximum Plan Allowance is the amount payable for a service provided by Delta Dental dentists and non-Delta Dental dentists. It is calculated 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. Delta Dental blends the claim charges with dentist fee information from a number of other sources, including dentist fee filings, using various factors, subject to regulatory limitations and adjustment for extreme difficulty or unusual circumstances. The dollar amount of the Maximum Plan Allowance for services may be different depending upon the network in which the dentist participates. Plus, dentists who do not participate in Delta Dental's networks (non-Delta Dental dentists) may not accept Delta Dental's reimbursement as payment in full, and may charge you for the balance of the bill.

<sup>3</sup> Enrollees who receive services from Premier dentists will have to pay the difference between the contracted fees at the Premier network level and the amount covered by Delta Dental.

<sup>4</sup> Based on contracted fees at the PPO network level, you will have to pay the difference between the total fee charged and the amount covered by Delta Dental.

<sup>5</sup> Delta Dental of Pennsylvania does not require pre-authorization for services. Delta Dental strongly recommends enrollees ask their dentists to seek a pre-treatment estimate (also known as a predetermination of benefits) before receiving services that are expected to exceed \$300.

## Who is Eligible?

Active and retired federal employees, active and retired military, contractors assigned to NSA-W, and sponsored family members are eligible to enroll in GEBA's Dental Plan.

Plan participants may elect coverage for a spouse (unless legally separated), domestic partner, and [dependent children up to age 26](#) under their own plan.

## Sponsored Family Members (Extended Family)

Your extended adult family members are eligible for GEBA's Dental Plans if you are a member of GEBA or enroll in one of our plans. Extended family members include adult siblings, children, parents, in-laws, grandparents and adult grandchildren. Share the news with your extended family - they will benefit from the savings of our group plans. For more information on our Sponsored Family Member Program, visit [www.GEBA.com/family](http://www.GEBA.com/family).

## Easy Enrollment Options!

You can only apply online at [www.GEBA.com/dental](http://www.GEBA.com/dental) through our secure application. Your information is protected, it takes just minutes, and we receive your application immediately.

Or if you prefer, you may complete and sign the GEBA Delta Dental Coverage Enrollment Form. You may mail, email, or fax the completed application to GEBA.

Please note that enrollment and plan changes are limited to:

- 60 days from date of hire
- 60 days following a life-changing event
- Special or open enrollment periods

You will receive your policy and ID card from Delta Dental. Your dental card will only have the primary member's name listed. **Because benefits are payable annually, participants must commit to one full year of premium payments upon enrollment. Plan cancellation may only occur during annual Open Enrollment or due to a life changing event.**

## What Happens if I Retire or Resign?

Once a GEBA member, always a GEBA member as long as you maintain a plan. That means you can keep your dental coverage as long as you desire regardless of retirement or resignation. If you decide to keep your coverage, please complete the Retirement/Resignation form. (You may need to elect another form of payment.) The form can be found at [www.GEBA.com/forms](http://www.GEBA.com/forms).

## Select Your Dentist

With Delta Dental, you have access to the nation's largest dental network, which means your regular dentist probably already participates. You have the freedom to choose your dentist from one of two Delta Dental networks or from dentists who do not participate with Delta Dental. There are three tiers of providers:

- **Delta Dental PPO<sup>SM</sup> Provider** – you receive the greatest value for your benefit dollar when you visit one of the dentists in this network.
- **Delta Dental Premier<sup>®</sup> Provider** – you have access to the largest choice of participating providers; however, your out-of-pocket costs may be higher than for the dentists in the PPO network for the same covered benefits.
- **Out-of-Network Provider** – you may choose to receive care from a dentist who does not participate in Delta Dental's network; however, the cost may be higher than with a participating network provider since these dentists set their own fees for service.

With so many locations, you are likely to find a participating dentist near your home, your work, or when you are traveling. To see if your current dentist participates with Delta Dental, visit [deltadentalins.com/geba](http://deltadentalins.com/geba) and click on "Find a Dentist." Dentists in the network have been screened by Delta Dental to ensure they meet its professional standards for quality of care and service.

## Frequently Asked Questions

### How do I access my policy information?

Visit [deltadentalins.com/geba](http://deltadentalins.com/geba) and register online to:

- Print your dental card
- Track your claims
- View your personal benefits information
- Find a dentist

### How does visiting an out-of-network dentist affect my out-of-pocket costs?

You have the choice of your dentist. Your out-of-pocket costs are affected by the dentist's participation in the Delta Dental network. Your best value is with the dentist who participates in the PPO network. The PPO network accepts the lowest pre-negotiated rates, saving you money.

#### Out-of-Pocket Cost Savings Example

Basic Cleaning	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-of-Network Dentist
Fee Charged by Dentist	\$75	\$75	\$75
Pre-negotiated rate	\$45	\$55	None
Delta Dental Payment (PPO Allowance)- 100% at pre-negotiated rate	\$45	\$45	\$45
Patient Share	\$0	\$10	\$30

### How are benefits coordinated with my spouse's dental insurance company or health care plan?

It is important to coordinate benefits in cases where both spouses have family dental coverage, or have two plans that cover some dental work through their respective employers or outside sources. Delta Dental coordinates with the other insurance company to make sure that the combined payments on a claim do not exceed the total amount the dentist has agreed to accept from Delta Dental. The primary insurer pays benefits first and the secondary carrier pays next. Any amount not paid by the primary carrier may be paid in part or in whole by the secondary carrier. 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 for purposes of covering their children. If you have dental insurance through your health care plan, it is always considered the primary insurer.

### Are pre-existing conditions covered?

Delta Dental provides benefits for pre-existing conditions as part of its focus on promoting good dental health. Delta Dental will take responsibility for any procedures beginning after the effective date of a participant's coverage. However, some procedures, if started prior to enrolling in Delta Dental's Plan, may be the responsibility of the previous carrier.

Government Employees' Benefit Association, Inc.

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