

# Delta Dental Individual *and Family*

Dental benefits for individuals and families in Missouri



 **DELTA DENTAL**<sup>®</sup>

Good Health Starts Here.

## Protect your family's *oral health.*

Oral health is an important part of your overall health and well-being, and good oral health may help reduce complications from some health conditions, such as diabetes and cardiovascular disease. Plus, every dollar you spend on preventive care saves you money on restorative and major care down the road.<sup>1</sup>

### Great options for affordable dental coverage!

- Our plans allow you to choose any dentist you want and have coverage, but you usually will pay the lowest out-of-pocket costs when you choose a Delta Dental PPO<sup>SM</sup> Network dentist.
- Your Delta Dental participating dentist typically will file your claim for you and adhere to established fees for the network.
- As a prospective member, you can receive personal assistance at 866-991-7345, menu option "4."
- As a member, you may access service and support at [Individual.DeltaDentalMO.com](http://Individual.DeltaDentalMO.com) or by calling 866-991-7345.

You receive needed coverage, the freedom to select your own dentist and affordable rates. Plus, the outstanding customer service you receive from Delta Dental means that we have solutions for you, when and where you need them.



<sup>1</sup> US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.

# Delta Dental Individual and Family Benefit Summaries

These Delta Dental individual plans are not exchange-certified to meet the requirements of the Patient Protection and Affordable Care Act.

	Delta Dental Traditional Basic			Delta Dental Traditional Preferred			Delta Dental Traditional Choice		
	PPO-MAC			PPO-MAC			PPO		
Services Covered	Delta Dental PPO <sup>SM</sup> Network	Delta Dental Premier <sup>®</sup> Network <sup>1</sup>	Out-of-Network <sup>1</sup>	Delta Dental PPO <sup>SM</sup> Network	Delta Dental Premier <sup>®</sup> Network <sup>1</sup>	Out-of-Network <sup>1</sup>	Delta Dental PPO <sup>SM</sup> Network	Delta Dental Premier <sup>®</sup> Network	Out-of-Network
<b>Diagnostic and Preventive Services</b> (no waiting periods) <b>Exams and cleanings</b> (2/year) <sup>2</sup> <b>Full mouth x-rays</b> (every 3 years) <b>Biting x-rays</b> (every year) <b>Space maintainers</b> for dependents up to age 16 <b>Emergency treatment for pain</b> <b>Fluoride</b> for dependents up to age 18 (1 per year) <b>Sealants</b> for dependents up to age 18 (on cavity-free first and second permanent molars, 1 per 5 years)	100%	80%	80%	100%	80%	80%	100%	100%	100%
<b>Basic Services</b> (6-month waiting period for fillings) <sup>3</sup> <b>Fillings</b> <b>Periodontal maintenance cleanings</b> (2 per year) <sup>2</sup> <b>Scaling and root planing</b> <b>Non-surgical extractions</b> <b>Pulpotomy</b>	50%	50%	50%	80%	60%	60%	80%	80%	80%
<b>Major Services*</b> (12-month waiting period) <sup>3</sup> <b>Root canals, apicoectomy, root amputation</b> <b>Oral surgery – including surgical extractions</b> <b>Periodontics</b> (surgical) <b>Crown and restorations</b> (1 per 5 years) <b>Prosthetics</b> <sup>4</sup> (bridges, dentures, 1 per 5 years) <b>Denture repair, rebase and relining</b> <b>General anesthesia</b> (with surgical procedures only)	25%	25%	25%	50%	50%	50%	50%	50%	50%
<b>Annual Maximum per Member</b>	\$750 - PPO \$500 - Premier or Out-of-Network			\$1,000 PPO, Premier or Out-of-Network			\$1,000 PPO, Premier or Out-of-Network		
<b>Deductible</b>	\$50 - PPO (No deductible for preventive services) \$75 - Premier and Out-of-Network (Applies to all services)			(No deductible for preventive services) \$50 - Basic and Major Services PPO, Premier or Out-of-Network			(No deductible for preventive services) \$50 - Basic and Major Services PPO, Premier or Out-of-Network		

<sup>1</sup> Reimbursement is based on the Delta Dental PPO<sup>SM</sup> Network fee schedule. You will have the lowest out-of-pocket costs when you visit a dentist in the Delta Dental PPO<sup>SM</sup> Network.

<sup>2</sup> Only two cleanings of any type per year.

<sup>3</sup> Delta Dental will waive waiting periods with proof of 12 months' continuous coverage for basic and major services immediately preceding enrollment in this plan.

<sup>4</sup> Pre-existing conditions apply to prosthetics. Charges for services related to teeth missing prior to membership effective date will not be covered.

\* Please note: Orthodontics is a non-covered service.

This is a summary of benefits offered under these plans. For a complete description, refer to the master policy for each plan.

# Questions you may have...

*... and the answers*

## Q Who is eligible to enroll in a Delta Dental Individual and Family plan?

A Delta Dental Individual and Family plans are available to all permanent residents of Missouri, age 18 and older. Coverage may be purchased for a spouse, as well as dependent children until the end of the month in which they turn 18. Coverage types include individual, individual and spouse, individual and children, and family (individual, spouse and children).

## Q What are the advantages of seeing a dentist in the Delta Dental PPO<sup>SM</sup> Network versus a dentist in the Delta Dental Premier<sup>®</sup> Network or an out-of-network dentist?

A For all three plans, you may visit any dentist regardless of whether the dentist participates in one of our networks. However, you usually will have the lowest out-of-pocket expenses when you use a dentist in the Delta Dental PPO<sup>SM</sup> Network.

The **Delta Dental Traditional Basic** and **Delta Dental Traditional Preferred** plans are PPO-MAC plans. Under these plans, a dentist in the Delta Dental PPO<sup>SM</sup> Network will accept the PPO fee schedule as payment-in-full for covered charges. You are only responsible for deductibles, coinsurance amounts and non-covered charges.

Here's an example of how your out-of-pocket expenses will differ. Hypothetically, the Delta Dental PPO fee for a cleaning is \$50. A dentist in the Delta Dental PPO<sup>SM</sup> Network will accept that fee as payment in full for the service. A dentist in the Delta Dental Premier<sup>®</sup> Network will accept \$70, and an out-of-network dentist will bill \$100.

- When you go to a Delta Dental PPO<sup>SM</sup> dentist, your plan pays 100%. Your dentist accepts the established \$50 PPO fee. There is no deductible for preventive care, so your out-of-pocket cost is \$0.
- If you go to a Delta Dental Premier<sup>®</sup> dentist, your plan pays 80% of the PPO fee. You are responsible for 20% (20% of \$50 = \$10), AND your dentist can charge you the difference between what your plan pays and the Premier established fee (in this case, \$70 - \$50 = \$20). So you will pay \$30, plus any applicable deductible.
- If you go to an out-of-network dentist, your plan pays 80% of the PPO fee. You are responsible for 20% (\$10), AND your dentist can charge you the difference between what your plan pays and the dentist's billed charge (in this case, \$100 - \$50 = \$50). So you could be billed \$60, plus any applicable deductible.

The **Delta Dental Traditional Choice** plan is a PPO plan. Dentists in the Delta Dental PPO<sup>SM</sup> Network and the Delta Dental Premier<sup>®</sup> Network accept the agreed upon network fee schedule as payment-in-full for covered charges.

You are only responsible for non-covered charges, deductibles and coinsurance amounts. Because the coinsurance amounts you pay are based on what Delta Dental pays the dentist, your coinsurance responsibility will usually be less when you see a dentist who participates in the Delta Dental PPO<sup>SM</sup> Network.

Here's an example of how your out-of-pocket expenses will differ when you receive a filling under the **Delta Dental Traditional Choice** plan. Hypothetically, the Delta Dental PPO fee for a filling is \$75. A dentist in the Delta Dental Premier<sup>®</sup> Network will accept \$110, and an out-of-network dentist will bill \$130.

- When you go to a Delta Dental PPO<sup>SM</sup> dentist, your plan pays 80% of the PPO fee. You are responsible for 20% (20% of \$75 = \$15) plus the \$50 deductible. Your out-of-pocket cost is \$65.
- If you go to a Delta Dental Premier<sup>®</sup> dentist, your plan pays 80% of the Premier fee. You are responsible for 20% (20% of \$110 = \$22) plus the \$50 deductible. Your out-of-pocket cost is \$72.
- If you go to an out-of-network dentist, your plan pays 80% of the allowed fee. You are responsible for 20% (\$15), AND your dentist can charge you the difference between what your plan pays and the dentist's billed charge (\$130 - \$75 = \$55), plus the \$50 deductible. Your out-of-pocket cost could be \$120.

## Q How can I find a Delta Dental dentist or find out if my dentist participates in the Delta Dental PPO<sup>SM</sup> Network?

A Visit [Individual.DeltaDentalMO.com](http://Individual.DeltaDentalMO.com) and click on "Find a Dentist." Check the PPO box to find a Delta Dental PPO<sup>SM</sup> Network dentist.

## Q Can someone other than the subscriber make the premium payments?

A Delta Dental will accept an annual payment from the subscriber or another individual, such as a friend or family member. Monthly automatic debit withdrawals and credit/debit card payments can only be processed from the account of the individual applying for coverage. Payments from a corporate account cannot be accepted.

## Q When will my dental coverage begin?

A All complete applications received on or before the 15th day of the month will be effective the first of the following month, provided the application for coverage is accepted. For example, a completed application received prior to or on September 15 will be effective on October 1, provided the application is accepted (e.g., you satisfy the eligibility requirements, the application is properly completed and the premium is received). An application received after September 15 will have an effective date of November 1, provided the application is accepted. Members applying online have the option to delay their effective date by up to three months.

## Q Will these plans provide coverage immediately for all services?

A There is no waiting period for diagnostic and preventive services. These plans have a 6-month waiting period for fillings and a 12-month waiting period for major services.

Waiting periods will be waived with proof of 12 months of continuous coverage under an insurance contract with similar dental coverage for fillings and major services that was in effect immediately preceding your effective date for your plan.

### **Q** When can I add or remove my spouse or dependent?

**A** You can add or remove a spouse or dependent annually during your anniversary month or within 31 days of a qualifying event, such as marriage or adoption. Effective dates for membership changes follow the schedule stated for initial effective dates (see “When will my dental coverage begin?”). To add or remove a spouse or dependent, you may log in to your account on Individual.DeltaDentalMO.com to update your information or complete Section III of the Enrollment/Change Application and submit for processing.

### **Q** What do I need to prove I had 12 months of continuous coverage with my prior dental carrier?

**A** To waive the waiting periods for fillings and major services, send Delta Dental a statement from your previous insurance carrier, stating your coverage period (effective date and termination date) and that you have had 12 months of prior continuous coverage for yourself and applicable dependents that included coverage for fillings and major services. The statement can be mailed to Delta Dental, 12399 Gravois Road, St. Louis, MO 63127 or faxed to Delta Dental at 314-656-2900. Please include your name, address, phone number and “Individual and Family” on the front of the document.

### **Q** What “pre-existing condition” impacts my eligibility for prosthodontic coverage?

**A** Any charges for services related to teeth missing prior to your membership effective date will not be covered under this plan.

### **Q** What options are available to my dependent once he or she is 18?

**A** Since your dependent will no longer be eligible for coverage under your plan at the end of the month in which he or she turns 18, he or she can apply for a separate individual policy with Delta Dental.

### **Q** Can I terminate my coverage before my 12-month commitment has ended?

**A** These programs have a 12-month commitment. You cannot voluntarily withdraw from your plan until the 12-month commitment period has expired. However, if you move out of Missouri, you will no longer be eligible for benefits and you must terminate your coverage.



## **It's so easy to enroll!**

Dental coverage is just a few easy steps away. Visit our web site at Individual.DeltaDentalMO.com. You can enroll online, or you may download the enrollment application, complete it and mail it to:

Delta Dental of Missouri  
PO Box 22009  
St. Louis, MO 63126

Your enrollment period is for a minimum of 12 months. Your plan will remain continuously in force unless you are no longer eligible for coverage or we do not receive payment. You cannot voluntarily withdraw from the program before the 12-month commitment has been satisfied.

## **Convenient Payment Options**

You will receive a 2% discount on your annual premium amount when you pay for a full year at the time you enroll. You may pay annually by check, money order, credit/debit card or automatic debit withdrawal from your checking or savings account. You may also pay monthly with a credit/debit card or automatic debit withdrawal from your bank account. Monthly withdrawals occur on the 19th of each month for the following month's premiums. Please note: When paying by check, an application will not be accepted with a check for less than the full 12 months of premium. Corporate checks cannot be accepted.

Rates are available online at Individual.DeltaDentalMO.com.

## **Delta Dental Individual and Family** *Affordable Dental Coverage*

For more information, visit our web site at **Individual.DeltaDentalMO.com** or call our customer care team at **866-991-7345**.