



Summary of Dental Options

Full-Time, Weekend Specialty,
Part-Time (32 + hours per pay period) Employees

Type of Service	Description of Service	Basic Plan	Core Plan
Diagnostic Services	Procedures to assist dentists to evaluate existing conditions and dental care required, including visits, exams, diagnosis, and x-rays.	100%	100%
Preventive Services	Fluoride treatments up to age 19, Prophylaxis (teeth cleaning) – children and adults & sealants to age 14.	100%	100%
Deductible	A per person calendar year deductible must be satisfied on services other than Diagnostic and Preventive.	\$100	\$50
Basic Restorative	Amalgam or composite	50%	75%
Oral Surgery	Extraction and oral surgery procedures, including preoperative and postoperative care.	50%	75%
Endodontic Services	Procedures for pulpal therapy and root canal filling.	50%	75%
Periodontic Services	Surgical and nonsurgical procedures for treatment of gums and supporting structures of teeth.	50%	75%
Major Restorative	Procedures involving crowns, inlays, and onlays.	None	75%
Prosthodontic Services	Procedures for replacement of missing teeth.	None	50%
Orthodontics	Lifetime maximum of \$1,500. Certain restrictions apply to work in progress.	None	50%
Annual Maximum	Each plan has an annual maximum benefit per person for eligible expenses.	\$1,500	\$1,500

* Dental services are provided by Delta Dental of Pennsylvania.

Payment percentages refer to (1) participating dentist charges or (2) non-participating dentist's charges that are within "usual, customary and reasonable" (UCR) maximum levels as calculated by Delta.

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

HOW TO USE YOUR DENTAL PLAN

Claim forms are available on the benefits website at www.mygrandviewbenefits.com under the “My Dental” folder and also under the “Forms” folder. The Human Resources Department also maintains a supply of Delta Dental Insurance claim forms.

COMPLETING THE CLAIM FORM

1. Employees must complete sections 1 through 15.
 - a. Sections 1 through 8 are self-explanatory;
 - b. Section 9 may be skipped.
 - c. Section 10 should be “#2555”.
 - d. 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.
 - e. The form should then be given to the dentist of your choice at your next appointment.

DENTISTS

A number of licensed dentists in Pennsylvania have entered into agreements with Delta to abide by Delta’s policies regarding services, your portion of the charged fees and other matters pertinent to Delta’s obligations to its subscribers. These dentists, known as participating dentists, will send claim forms to Delta and will be paid directly by Delta. You pay only for services not covered or co-payment amounts as stated in the notification of payment form which Delta will send to you with each claim. Other dentists not participating in Delta also regularly perform services for Delta subscribers; in such cases, payment is made directly to you. Payout by Delta is the same in either case. While Delta can guarantee you personal co-payment with participating dentists, you have complete freedom of choice in selection of your dentist.

LIMITATIONS AND EXCLUSIONS

There are certain limitations and exclusions, which apply to your dental plan. For example, preventive plaque control programs, periodontal splinting, and services rendered or devices started prior to the effective date of the program are not covered.

PREDETERMINATION

If the amount of care to be rendered 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 review the treatment plan and x-rays, which may accompany the form. This is very important because it will determine whether the proposed services will be eligible for payment, or will inform both you and the dentist if the specific services are not covered by the contract.

BENEFIT SERVICES

If you or your dentist have 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, PA 17055

Phone Number: (717) 766-8500

Toll-Free WATS Number: (800) 932-0783

TTY/TDD: (888) 373-3582

Website: www.MidAtlanticDeltaDental.com

IMPORTANT – The benefit explanations contained herein are subject to all provisions of the Group Dental Contract, and do not modify such contract in any way, nor shall the subscriber accrue any rights because of any statement in or omission from this information sheet.

