



VOLUNTARY "WORKPLACE" DELTACARE USA

DeltaCare USA is administered by Delta Dental of California. It is a dental HMO program that gives businesses of 3 through 149 employees superior cost control while still providing employees with comprehensive dental benefits.

DeltaCare USA covered employees enjoy access to **one of California's largest dental HMO networks**: there are over 2,150 general dental facilities and over 4,100 participating dental specialties offices across the State.

DeltaCare USA covered employees select a convenient dental office to provide care for themselves and their families. The low turnover rate among DeltaCare USA dentists means enrollees can enjoy long-term relationships with their dentists. (Family must go to the same dental office.)

Program Designs

- ✓ No Deductibles
- ✓ No Annual Maximums
- ✓ No Claim Forms
- ✓ Orthodontic Takeover for new groups. Contact PacFed Benefit Administrators for details.
- ✓ No or low patient co-payments on all covered services, so patients know their exact cost prior to treatment
- ✓ No pre-existing condition limitations, except for services in progress
- ✓ Access to specialty care for oral surgery, endodontia, periodontia and pedodontia

Following are some sample procedures. For a complete listing of benefits, call the PacFed Benefit Administrators or reference the Evidence of Coverage Booklet that each covered employee receives. Note that the use of precious metals will be charged to the covered person at the additional cost of the metal.

Visit www.deltadentalca.org/directory/ and click on DeltaCare Dentist to find participating dentists

Code	Description	TV
D1110	Cleaning (one per 6-month period)	No Cost
D0272	Bitewing x-rays (two films)	No Cost
D1203	Fluoride application – child to age 19	No Cost
D2150	Amalgam filling – two surfaces, primary	No Cost
D7140	Single Tooth extraction –routine	\$8.00
D1351	Sealant, per tooth limited to permanent molars through age 15	\$10.00
D4342	Periodontal scaling and root planning – per quadrant (limited to 4 quadrants during 12 consecutive months.)	\$45.00
D2790	Crown – full cast high noble metal	\$380.00
D6210	Bridge pontic – cast high noble metal	\$380.00
D5110	Complete upper or lower denture	\$335.00
D3330	Root canal therapy – molar (excluding final restoration)	\$350.00

DeltaCare Enrollment Guidelines For Totally Voluntary

In order for your clients to qualify for DeltaCare USA programs, just make sure they follow these enrollment guidelines:

Is the company eligible?

Most companies are eligible, except for government-funded agencies, law firms, legal services, dental offices, real-estate offices, and associations, groups without a true employer/employee relationship, groups currently covered by another DeltaCare program and groups with seasonal employment.

Is there a minimum enrollment requirement?

There is a minimum requirement of **three** enrolling employees. Employers with 3 to 10 employees enrolled must provide their latest DE6 (California Quarterly Wage Report).

How long are the rates guaranteed?

Please contact the Administrative Office for guarantee information.

Who is eligible to enroll?

All full-time, permanent employees that work at least 24 hours per week and their eligible dependents are eligible to enroll. Contract 1099 employers are not eligible. If a company's group medical plan uses a definition of at least 20 hours per week, the same definition may be used for this dental plan.

How do you define eligible dependents?

The employee's spouse who is not legally separated and is not a member of the armed forces, Children, including step children, legally adopted and foster children who are dependent on the employee for support and maintenance, provided they are unmarried, and under age 19 (extended to age 25 if a full-time student at an accredited institution of higher education). The employee's domestic partner (domestic partner affidavit required).

Is there a waiting period before employees are eligible?

Current employees are eligible on the effective date of the dental program. The standard waiting period for **future** employees, is the first day of the month following three continuous months of full-time employment. Employers may customize their program to match the waiting period of their medical plan. Appropriate proof is required. All effective dates are first of the month (no mid-month effective dates).

What portion must the employer/employee contribute towards the cost of the DeltaCare USA program?

The employer may make a contribution if desired, but no contribution is required.

When can dependents enroll? What about new dependents?

Existing dependents should be enrolled at the same time as the employee. New dependents can be enrolled effective the first of the month following their eligibility. However, dependent children up to 4 years of age may be enrolled at the beginning of any contract year, including the contract year immediately following their fourth birthday. If eligible dependents do not enroll when they are initially eligible, they may enroll on the open enrollment date, which is 30 days prior to the employers anniversary date.

Can employees terminate their coverage during the contract year?

Employees can terminate their own or a dependent's coverage during the contract year only if they become eligible for other group dental coverage. An employee, once enrolled, can only terminate coverage after 12 months of continuous coverage. Such employee may not re-enroll until the next employer open enrollment period following 12 months of "no" coverage.

Can dependent changes be made during the contract year?

Dependent coverage changes due to a qualifying event (i.e., marriage, divorce, birth of a child, etc.) can be made during the contract year with no penalty.

How are premiums paid?

The employer would sponsor the plan and cover premiums through payroll deductions. Premiums are paid with one company check.

DeltaCare USA Limitations of Benefits

1. Prophylaxis is limited to one treatment each six month period (includes periodontal maintenance following active therapy).
2. Full maxillary and/or mandibular dentures, including immediate dentures, are not to exceed one each in a five year period from initial placement.
3. Partial dentures are not to be replaced within any five year period from initial placement, unless necessary due to natural tooth loss where the additional or replacement of teeth to the existing partial is not feasible.
4. Crown(s) and bridges are not to be replaced within any five year period from initial placement.
5. Denture relines are limited to one per denture during any 12 consecutive months.
6. Periodontal treatments (root planning/subgingival curettage) are limited to four quadrants during any 12 consecutive months.
7. Full mouth debridement (gross scale) is limited to one treatment in any 12 consecutive month period.
8. Bitewing x-rays are limited to not more than one series of four films in any six month period.
9. Full mouth x-rays are limited to one set every 24 consecutive months.
10. Sealant benefits include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars up to age 9 and second molars up to age 14. Sealant benefits do not include the repair or replacement of a sealant on any tooth within three years of its application.
4. Treatment required by reason of war.
5. Dental services performed in a hospital and related hospital fees.
6. Treatment of fractures and dislocations.
7. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures).
8. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
9. Any services that is not specifically listed as a covered expense.
10. Dental expenses incurred in connection with any dental procedure stated prior to enrollee's eligibility with the DeltaCare USA program (excluding orthodontic treatment in progress cases that qualify for DentalCare's orthodontic takeover provision). Example: teeth prepared for crowns and root canals in progress.
11. Congenital malformations (e.g., congenitally missing teeth, supernumerary).
12. Cysts and malignancies.
13. Dispensing of drugs not normally supplied in a dental office.
14. Accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits.
15. Cased for which, in the professional judgment of the attending dentist, a satisfactory result cannot be obtained or where the prognosis is poor or guarded.
16. Dental services received from any dental office other than the assigned dental office, unless expressly authorized in writing by DeltaCare USA or as cited under "out-of-area emergency treatment".
17. Prophylactic removal of impactions (asymptomatic non-pathological).
18. "Specialist consultations" for non-covered benefits.
19. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.
20. Crown lengthening procedures.

In all cases in which the patient selects a more expensive plan of treatment than is customarily provided, the more expensive treatment is considered optional. The patient must pay the difference in cost between the dentist's usual fees for the two plans of treatment plus any co-payment for covered procedures.

Note: **Out-of-area emergency treatment:**

Enrollees are covered for out-of area care while temporarily more than 35 miles from their selected network dentist's office. The benefit is limited to \$100 during any 12-month period.

DeltaCare USA Exclusions of Benefits

The following services are not covered benefits under the DeltaCare USA program:

1. General anesthesia and the services of a special anesthesiologist.
2. Cosmetic dental care.
3. Dental conditions arising out of and due to enrollee's. Services which are provided to the enrollee by state government or agency thereof, or are provided without cost to the enrollee by any municipality, county or other subdivision, except as provided in Section 1373(a) of the California Health and Safety Code.

Orthodontic Limitations of Benefits

The program provides coverage for orthodontic treatment plans provided through DeltaCare USA panel orthodontists. The start-up fees and the cost to the enrollee for the treatment plan are listed in the *Summary of Services/Patient Co-payments*, subject to the following:

1. Orthodontic treatment must be provided by a DeltaCare USA orthodontist.
2. Plan benefits over 24 months of usual and customary orthodontic treatment.
3. Should an enrollee's coverage be canceled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the enrollee and not DeltaCare USA will be responsible for

payment of balance due for treatment provided after cancellation or termination. In such a case, the enrollee's payment shall be based on a maximum of \$2,300 for dependent children to age 19 and \$2,500 for covered full-time students and adults. The amount will be pro-rated over the number of months to completion of the treatment and, will be payable by the enrollee on such terms and conditions as are arranged between the enrollee and the orthodontist. Start-up fees are included in these amounts.

4. Start-up fees cover the initial examination, diagnosis, consultation and the retention phase of treatment of up to two years maximum. This includes initial construction, placement and adjustments to retainers and office visits for a maximum period of two years.
5. If treatment is not required or the enrollee chooses not to start treatment after the diagnosis and consultation have been completed by the orthodontist, the enrollee will be charged a consultation fee of \$25 in addition to the diagnostic record fees.
6. Three (3) re-cementations or replacements of a bracket/band on the same tooth or a total of five (5) re-bracketings/re-bandings on different teeth during the covered course of treatment is a benefit. If any additional re-cementations or replacements of brackets/bands are performed, the patient is responsible for the cost.
7. Comprehensive orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make the patient's occlusion as ideal as possible. This treatment usually requires complete fixed appliances; however, when the DeltaCare USA orthodontist deems it suitable, a European or removable appliance therapy may be substituted at the same co-payment amount as for fixed appliances.

Orthodontic Exclusions of Benefits

The following services are not covered benefits in connection with orthodontic treatment under DeltaCare USA program.

1. Pre-, mid-and post-treatment records which include cephalometric x-rays, tracings, photographs and study
2. Lost, stolen or broken orthodontic appliances, functional appliances, headgear, retainers and expansion appliances.
3. Re-treatment of orthodontic cases.
4. Changes in treatment necessitated by accident of any kind and/or lack of patient cooperation.
5. Surgical procedures incidental to orthodontic treatment.
6. Myofunctional therapy.
7. Surgical procedures related to cleft palate, micrognathia, or macrognathia.
8. Treatment related to temporomandibular joint disturbances and/or hormonal imbalance.
9. Supplemental appliances not routinely utilized in typical Phase II orthodontics.

10. Treatment that extends more than 24 months from the point of banding dentition will be subject to an office visit charge at orthodontist's usual, customary and reasonable fee.
11. Restorative work caused by orthodontic treatment.
12. Phase I* orthodontics is an exclusion as wells activator appliances and minor treatment for tooth guidance and/or arch expansion.
13. Extractions solely for the purpose of orthodontics.
14. Treatment in progress a inception of eligibility excluding those cases that qualify for DeltaCare's orthodontic takeover provision.
15. Transfers after banding has been initiated.

Phase I defined as early treatment including Interceptive orthodontia prior to the development of late mixed dentition.

Orthodontic Takeover Provision (For Orthodontic Treatment in Progress)

An orthodontic takeover provision is available to enrollees whose previous coverage was through another dental HMO program at the time of the group's original effective date with DeltaCare USA. The orthodontic takeover provision allows patients who are in orthodontic treatment to continue seeing the same orthodontist that was treating their case prior to the DeltaCare effective date. Orthodontic takeover is applicable to patients in active treatment as defined by the patient's previous benefit plan. If only records and models have been taken and paid for, it is the patient's responsibility to work with DeltaCare's panel orthodontist to use those records.

Patients with cases that qualify for the orthodontic takeover provision will be subject to the co-payments, fees and contract language of their previous employer-sponsored benefit plan. The insured member will pay no more/no less than he or she would have under their previous plan. DeltaCare USA accepts financial responsibility only for any amount owed by the previous dental carrier for orthodontic treatment in progress, and only while a member remains eligible for coverage under the DeltaCare USA program.

*** Orthodontic cases begun after the group's original effective date of DeltaCare USA coverage must be provided by panel orthodontist, and will be subject to DeltaCare USA co-payment, limitations.**

Administered by:

PacFed Benefit Administrators, Inc.
1000 N. Central Avenue, Suite 400
Glendale, California 91202
(800) 308-5443 • multiben@pacfed.com
www.MULTIBENEFITPLANS.com