



What is DeltaCare?

DeltaCare is an innovative managed care plan, much like a dental HMO, where members receive care from a small network of participating dentists.

My dentist is a Delta Dental dentist, but he is not on the list as a DeltaCare provider.

Can I still use him?

No, you need to route your dental care through a contracted DeltaCare dentist to benefit fully from the DeltaCare plan.

Members do not have freedom of choice for a dentist under the DeltaCare plan.

Delta Dental has several other dental programs and not all Delta Dental dentists accept all Delta Dental programs.

With the DeltaCare program, you **MUST** choose a DeltaCare primary dentist.

To find a DeltaCare provider go to the Delta Dental website www.deltadentalma.com and click on "How to Find a Provider" then click onto the DeltaCare network or call our customer service unit at 800-327-6277.

Dentists in the DeltaCare network are only located in Massachusetts. If you enter a dentist who does not accept the DeltaCare plan, your selection will be voided, and Delta Dental will reassign you to a contracted dentist within the DeltaCare network based on your home address.

Please note that you can change your DeltaCare Provider at any time by calling DeltaCare at 800-327-6277. Changes must be made no later (preferably earlier) 18th of the month to be effective on the 1st of the following month. Please be careful to select the correct Delta Dental network when searching the directory-DeltaCare Network (MA).

Is there a maximum benefit?

DeltaCare: There is a \$1,000 calendar year maximum (**January-December**) benefit per member for certain specialty services (endodontic services, periodontics services, and oral surgery). There is no maximum benefit for other covered services outlined in the plan summary. The frequency of certain services, however, is limited. Please refer to the frequency limitations and exclusions sections of the plan summary for details on those limitations.

How much do I have to pay when I see a participating dentist?

DeltaCare: As a DeltaCare member, you are responsible for the co-payments listed in the benefit summary when you receive care from a DeltaCare primary dentist or a specialist: Ex: Restorative Services Procedure Code D3330 Root Canal \$105.00. All payments should be made directly to the treating dentist.

Most Preventive and Diagnostic services are covered at 100% without any co-payment.

DeltaCare: Out-of-Network benefits/Coverage

DeltaCare provides coverage for out-of-network services; however, the benefits are lower than the coverage members receive care from a DeltaCare dentist. This means greater out-of-pocket expense for you.

\$100 deductible: Members who receive care from non-participating dentists must satisfy a \$100 deductible that applies to all services.

Reduced benefits: Coverage for out-of-network services is 20% lower than the co-insurance for an in-network DeltaCare panel dentist. Out-of-network benefits will be based on either the dentist's charge or the maximum allowable fee for the service, whichever is lower. Simply provide your dentist with the information that is printed on your ID card. Your dentist will collect his/her fees directly from you. Delta Dental will reimburse *you* based on a claim form that you or the provider's office will submit to: Delta Dental, P.O. Box 2907 Milwaukee, WI 53201-2907.

You are responsible for paying any deductibles or co-payments as well as the difference between what Delta Dental pays and what the dentist charges.

Please refer to the plan summary section titled Out-of-Network

Will my entire family receive dental care from the same DeltaCare provider?

You and your eligible dependents may have to receive care from the same participating dentist. Each family member must select a Primary care dentist from the DeltaCare network.

How long does it take to get an appointment with a dentist?

Three to four weeks is considered a reasonable amount of time to wait for a standard appointment. If you require a specific day and time, you may have to wait longer for an appointment.

If I have a pre-existing dental condition, may I join DeltaCare?

YES. Pre-existing conditions are not excluded under the DeltaCare program. The only exception is work in progress—dental expenses incurred in connection with any dental procedure started prior to coverage with DeltaCare are excluded.

Does the DeltaCare plan provide coverage for specialty services?

YES. DeltaCare maintains a panel of specialists. Should you require specialty services, you may select a specialist from the DeltaCare network or ask your primary care dentist for a recommendation. **To enjoy the greatest value from your DeltaCare plan, please be sure to receive services from a participating DeltaCare specialist.**

Where to Get More Information?

If you have any questions please contact the DeltaCare Unit at **800-327-6277**. This information is also listed on the reverse of your ID card. This information should be used only as a guideline for your dental plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, please see the subscriber certificate. Copies of the subscriber certificate are available through your benefits administrator