



DELTA DENTAL
DC 37 Customer Service Center
Toll-free (888) 523-DC37 (3237)

Monday through Friday
8:00 am to 8:00 pm ET
www.deltadentalins.com/DC37

FREQUENTLY ASKED QUESTIONS (FAQS) ABOUT THE NEW DC 37 HEALTH & SECURITY DELTA DENTAL BENEFIT PLAN

To assist with understanding how the new Delta Dental DC 37 Health & Security Plan Dental Benefit will operate we have these FAQs ready for you. The FAQs are grouped in the following order: (1) General Information; (2) the Delta Dental New York Select Network for NY Residents; (3) the Delta Dental PPO Network for Residents outside NY; (4) The Delta Dental Premier Network; (5) Pre-September 1, 2020 Dental Claims and Pre-Authorizations; and (6) Miscellaneous/Other.

GENERAL INFORMATION

1. When will the DC 37 Health & Security (DC 37 H&S) Dental Benefit change to Delta Dental?

The DC 37 H&S Dental Benefit will be administered by Delta Dental starting on Tuesday, September 1, 2020.

2. Are there any changes to the DC 37 H&S Dental Benefit?

The DC 37 Health & Security Plan will generally be covering the same dental services and procedures as before. There are a dozen dental service changes and improvements including: (1) examinations and routine cleanings are now twice (2x) a calendar year, not once every six months; (2) sealants are covered for children under 14 years of age; and (3) full mouth x-rays are now covered every 36 months and one (1) set x-rays per year.

3. What is the annual maximum for my dental benefit? What about orthodontics?

It is the same as before Delta Dental. Eligible Participants and Covered Dependents each have a \$1,700 calendar year maximum dental benefit amount. The orthodontic benefit maximum remains the same at \$1,840 per lifetime per eligible participant.

4. Are *all* dental services covered by the DC 37 H&S Delta Dental Plan?

No. All dental services are *not* covered. The DC 37 H&S Dental Benefit is covering the same dental services as before September 1, 2020. If you want to be certain that a particular dental service is covered, you can:

- (A) Ask your participating Delta Dental dentist to submit a “pre-treatment estimate” before services are started; or
- (B) Call the Delta Dental Customer Service Center at (888) 523-DC37 (3237) to confirm the dental service is covered; or
- (C) Review with your dentist the list of Dental Procedures covered on the DC 37 website’s Dental Page (www.dc37.net/dental).

5. When I have a dental benefit question about the new Delta Dental plan who do I contact?

You call Delta Dental’s Customer Service Center for DC 37 participants at 1 (888) 523-DC37 (3237) anytime Monday through Friday from 8:00 am to 8:00 pm (EST).

6. What is new about the Delta Dental Benefit?

We decided to contract with Delta Dental to gain access to larger dental networks both in New York State and nationwide.

For New York residents, your preferred Delta network is the New York Select Network. It has over 1,400 general dentists and almost 400 specialty dentists in its New York Select Network. Participants and eligible dependents receiving services from a Delta Dental **New York Select Network** dentist will have zero (\$0) copays (“out-of-pocket costs”) for covered services up to the \$1,700 yearly maximum.

For residents outside New York, your preferred Delta network is the PPO Network. It has general dentists and specialists in each state. Participants and eligible dependents receiving services from a **Delta Dental PPO Network** dentist will have zero (\$0) copays (“out-of-pocket costs”) for covered services up to the \$1,700 yearly maximum.

Important: You do not enroll in the **New York Select** or **PPO Networks**. The covered member participant’s residency with the DC 37 Health & Security Plan determines whether you are a New York Select or PPO Network participant.

However, if you live outside New York (and normally are a Delta PPO Network participant), but seek dental care from a **New York Select Network dentist in New York**, you will have the New York Select Network \$0 copays for eligible dental services up to the \$1,700 yearly maximum.

7. How do I find a participating Delta New York Select Network Dentist or PPO Network dentist?

(A) You can call the Delta Dental Customer Service Center at 1(888) 523-DC37 (3237) and they can assist you find a dentist in the NY Select Network.

(B) You can go to the Delta Dental website for DC 37 participants at www.deltadentalins.com/dc37, and use the web tool "Find a Participating Dentist"

8. How will my Delta Dental participating dentist know I am covered by the DC 37 Health & Security Plan?

You should have received two Delta Dental ID cards in the mail before September 1, 2020. You will need to present your Delta Dental ID card at the time of your visit. If you have not received your Delta Dental ID cards, please call the DC 37 Enrollment and Eligibility Unit (EEU) at (212) 815-1620 and confirm your mailing address.

9. Can I still use the DC 37 Dental Centers?

Yes, eligible participants and covered dependents can still use our DC 37 Dental Centers. *Note: The Manhattan Dental Center located at 115 Chambers Street is closed for renovations through March 2021.*

10. Will I receive an Explanation of Benefits (EOB) from Delta Dental explaining how dental services were covered after I see a Delta participating dentist?

Yes, after each dental service is completed you will receive an Explanation of Benefits (EOB) from Delta Dental or such can be delivered to you via email once you register for your own Delta Dental account on the Delta Dental website at www.deltadentalins.com\DC37.

This EOB will advise you how the service was covered and how much of your annual benefit maximum remains for additional services during the calendar year. If a dental service is denied, there will be a reason for the denial and information on the EOB about appealing the denial to Delta Dental.

11. What happens if I disagree with how a dental claim was processed by Delta Dental?

You can contact the Delta Dental Customer Service Center at 1(888) 523-DC37 (3237) to file an appeal/complaint and you can appeal any denial to Delta Dental for a review and reconsideration of the claim. If that appeal is not satisfactorily resolved, you may then appeal your dental claim dispute to the DC 37 Health & Security Plan.

FAQS FOR DELTA DENTAL NEW YORK SELECT NETWORK (NY RESIDENTS)

1. How do I find a Delta New York Select Network dentist in my neighborhood or by my office?

(A) You can call the Delta Dental Customer Service Center at 1(888) 523-DC37 (3237) and they can assist you find a dentist in the NY Select Network.

(B) You can go to the Delta Dental website for DC 37 participants at www.deltadentalins.com/dc37, and use the web tool for "Find a Participating Dentist"

2. How much do I have to pay when I see a Delta NY Select Network dentist?

Full-time eligible participants, retirees, and their eligible dependents are covered 100% for all covered dental services received from a NY Select Network dentist up to the \$1,700 annual maximum. Same maximum as before.

Part-time eligible participants and their covered dependents have 25% coinsurance for all covered dental services received from a NY Select Network dentist up to the \$1,700 yearly maximum; the same maximum as before.

3. If I use a Delta NY Select Network dentist, how are claims and requests for predeterminations (formerly pre-authorizations) submitted?

Delta NY Select Network dentists will submit all claims to Delta on behalf of the participant. Delta NY Select Network dentists will also secure all approvals for dental services requiring predetermination.

4. Am I still covered if the dentist I want to use is not in the NY Select Network?

Yes, but you will be subject to out-of-pocket expenses. **We strongly encourage participants to use the NY Select Network.**

Participants and dependents have access to all Delta Dental dentists. This includes dentists in Delta's PPO and Premier Networks. Participants who reside in New York and their covered dependents opting to use dentists in these two networks will have out-of-pocket expenses for covered services. Out-of-pocket expenses will be capped as per Delta's PPO and Premier contracted fees.

Participants that choose to use non-participating dentists, those who participate in no Delta network, will be charged out-of-pocket expenses and they will not be capped. Use of a non-participating, out of network dentist will result in the eligible participant having an out-of-pocket expense.

5. What happens if a Delta Dental NY Select Network dentist charges a participant an out-of-pocket expense?

New York Select Dentists are not permitted to charge any fees to participants for covered services (except for possibly additional x-rays) as long as the participant is below their annual benefit maximum.

Delta PPO and Premier dentists are allowed to charge fees up to their contracted rates with Delta Dental if you are in the NY Select Network.

Any complaints received from a participant that a NY Select Network dentist is charging out-of-pocket expenses should be forwarded to the DC 37 Dental Unit to investigate. Please call us at (212) 815-1600.

FAQS FOR THE DELTA DENTAL PPO NETWORK (RESIDENTS OUTSIDE NY)

1. How do I find a participating Delta PPO Network dentist in my neighborhood?

(A) You can call the Delta Dental Customer Service Center at 1 (888) 523-DC37 (3237) and they can assist you find a dentist in the PPO Network; and/or

(B) You can go to the Delta Dental website for DC 37 participants at www.deltadentalins.com/dc37 and use the web tool for "Find a Participating Dentist."

2. How much do I have to pay when I see a Delta PPO Network dentist?

Full-time eligible participants, retirees, and their eligible dependents are covered 100% for all *covered* dental services received from a PPO Network dentist up to the \$1,700 annual maximum. Same maximum as before.

Part-time eligible participants and their covered dependents have 25% coinsurance for all covered dental services received from a PPO Network dentist up to the \$1,700 yearly maximum. Same maximum as before.

3. If I use a Delta PPO Network dentist, how are claims and requests for predeterminations (formerly pre-authorizations) submitted?

Delta PPO Network dentists will submit all claims to Delta on behalf of the participant. Delta PPO Network dentists will also secure all approvals for dental services requiring predetermination.

4. Am I still covered if the dentist I want to use is not in the Delta PPO Network?

Yes, but you will be subject to out-of-pocket expenses. That is why we encourage residents outside New York to use a Delta PPO Network dentist.

Participants and dependents have access to all Delta Dental dentists. This includes dentists in Delta's Premier network. Participants and covered dependents opting to use dentists in the Premier network will have out-of-pocket expenses for covered services. Out-of-pocket expenses will be capped as per Delta's Premier contracted fees.

Participants that choose to use non-participating dentists, those who participate in no Delta network, will be charged out-of-pocket expenses and they will not be capped. Use of a non-participating, out of network dentist will result in the eligible participant having out-of-pocket expenses.

FAQS FOR THE DELTA DENTAL PREMIER NETWORK AND NON-PARTICIPATING DENTISTS

1. What is the Delta Premier Network?

There is a third Delta Dental network called "The Delta Premier Network." This Delta Dental Network is not part of the DC 37 H&S Plan Dental Benefit. Participants who use a Delta Premier dentist will be charged out-of-pocket expenses for covered DC 37 H&S Plan covered dental services. Such out-of-pocket costs for services will, however, be capped at the Delta Premier contracted rates.

We strongly advise participants who choose to use a Delta Premier dentist to confirm the out-of-pocket expenses before dental services are rendered.

2. What happens if you use a Non-Participating Dentist (a dentist not in any Delta Dental network)?

When a participant receives treatment from a dentist outside the three Delta networks, *the dentist can bill a participant any fee for services*. These dentists have no responsibility to submit claims to Delta and no responsibility to secure pre-determination/authorization approvals. These responsibilities rest with the participant. The reimbursement by the Plan is limited.

FAQS FOR PRE-SEPTEMBER 1, 2020 CLAIMS, PREAUTHORIZATIONS, AND APPEALS

1. Who will be processing claims that occurred *before* September 1, 2020?

Any covered dental service delivered on or before August 31, 2020, will be processed by the DC 37 H&S Dental Unit. Those covered services will be paid pursuant to the DC 37 H&S Fee Schedule that existed prior to September 1, 2020.

2. Will Delta Dental honor existing or pre-August 31, 2020 preauthorizations?

Any pre-authorizations submitted prior to August 31, 2020, for dental work that was not completed prior to August 31, 2020, *will need to be resubmitted to Delta Dental for review and approval.*

Certain pre-authorizations submitted prior to August 31, 2020, will be submitted automatically on your behalf to Delta Dental. You can reach out to the DC 37 Dental Unit at (212) 815-1600 to inquire about the status of your pre-authorization submitted prior to August 31, 2020.

3. Will you still be able to appeal dental matters that occurred prior September 1, 2020?

Yes, appeals can be filed using the same method as before for any disputed dental service received on or before August 31, 2020.

MISCELLANEOUS OTHER QUESTIONS

1. Delta Dental ID Cards: Are there different cards for each covered and eligible family member?

No. Delta Dental will provide you with two (2) ID cards. Both cards will have the DC 37 covered member participant's name on the card but can be used by any eligible covered dependent. If you want additional ID cards for eligible family members, please contact the Delta Dental Customer Service Unit at (888) 523-DC37 (3237).

2. How should our DC 37 retiree "snowbirds" navigate the NY Select and PPO Networks?

For retirees who are "snowbirds" (spend part of the year in New York and the other part outside New York), in order to receive New York Select Network treatment in New York and PPO Network treatment in another state (example: Florida), you will need to inform the DC 37 Health & Security Plan's Eligibility Unit of your change of address. So, when using a PPO dentist in Florida you want the H&S Plan to have your Florida address on record. Please email your address change to EEU@dc37.net or telephone the DC 37 EEU Unit at (212) 815-1620 before you seek dental care outside New York with a PPO Network dentist.

3. How does the new plan affect "watershed" participants who live and work outside New York City?

For our watershed participants (who live and work outside NYC) and are currently enrolled in the "GHI In-Network Dental Plan," you will be covered by the Delta

Dental Plan effective September 1, 2020. *Note: the GHI In-Network Dental Plan will be terminated December 31, 2020, and no longer offered.*

4. If I decide not to use a Delta Dental New York Select, PPO, or Premier Network dentist, how can I submit a claim for reimbursement?

To file a claim for reimbursement, you can access a claim form from the DC 37 website Dental page, www.deltadentalins.com/DC37. Please note that your claim will be processed as an out-of-network claim. You will be responsible for the dentist's

charges and provided the Plan's out-of-network reimbursement allowance rate. This reimbursement rate is not the DC 37 Dental Fee Schedule rate(s) that existed prior to September 1, 2020.

5. How can my dentist join the Delta Dental New York Select Network?

Your dentist can contact Delta Dental directly or you can call the Delta Dental Customer Service Center at 1 (888) 523-DC37 (3237) and tell them you would like Delta Dental to contact their dentist to see if they will join the NY Select Network.