



DELTA DENTAL
DC 37 Customer Service Center
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Monday through Friday
8:00 am to 8:00 pm ET
www.deltadentalins.com/DC37

DC 37 HEALTH & SECURITY PLAN
SUMMARY OF CHANGES TO THE DENTAL BENEFIT
EFFECTIVE SEPTEMBER 1, 2020

Please review the Important Participant Information for general rules on coverage, coverage maximums for dental and orthodontia care, frequency changes effective September 1, 2020, and predetermination requirements.

IMPORTANT PARTICIPANT INFORMATION

General Coverage

The Full-Time Benefit is 100% of the Delta Dental fee schedule. If you use a non-participating provider not in any Delta Dental network, you will be responsible for any difference between the Plan's out-of-network fee schedule and the dentist's actual charges. The Part-Time benefit is 75% of the Delta Dental services schedule. Each participant with a part-time benefit will be responsible for the additional 25% cost. If you use a non-participating provider not in any Delta Dental network, you will be responsible for any difference between the Plan's out-of-network schedule and the dentist's actual charges, in addition to the 25% of the allowable amount.

In all cases, should you obtain dental treatment that is not covered or restricted, goes beyond a frequency limitation, is for a non-covered procedure (a procedure not listed below) or if you go over the yearly maximum, *you will be responsible for all costs incurred.*

Annual & Lifetime Maximum

Regular Dental Care: The maximum benefit is \$1,700 per calendar year based on the current Plan's Dental Delta fee schedule. In all circumstances, Plan rules regarding restrictions, limitations, and annual dollar limit will apply.

Orthodontia: The lifetime maximum for orthodontia is \$1,840. (The start date is the date the appliance is inserted.) Note: At the time the appliance is inserted the Plan pays up to 50% of the lifetime maximum. At the start of the second year of treatment the Plan pays the remaining 50% of the orthodontic lifetime maximum. *(This is a change effective September 1, 2020).* The orthodontia benefit is not covered in the part time dental benefit package and is available only to dependent children in the retiree package.

**** Frequency and Other Changes Effective September 1, 2020 ****

1. A full mouth series of x-rays is payable once every thirty-six (36) months.
2. Examinations and routine cleanings are limited to twice (2x) per calendar year.
3. Fillings are limited to one (1) per tooth every twenty-four (24) months.
4. Insertion of a cast or prefabricated post is restricted to once (1x) per sixty (60) months per tooth.
5. Recementation of a crown or bridge is limited to once per lifetime per provider.
6. Repairs to a crown are limited to one (1) per thirty-six (36) months, but are considered part of the procedure if provided within twenty-four (24) months of insertion of the crown.
7. Repairs to a bridge are limited to one (1) per thirty-six (36) months and are considered part of the procedure if provided within twelve (12) months of insertion of the bridge.
8. Where necessitated by insufficient tooth structure for placement of a crown, a crown build-up is limited to once (1x) per 60 months.
9. Repairs to dentures, including repair of the denture base and replacement of teeth, are limited to two (2) per twelve (12) months but are considered part of the procedure if done within six (6) months of the initial insertion.
10. Mouthguards are limited to one (1) per sixty (60) months.

When Predetermination Is Needed

Predetermination is mandatory before beginning treatment for prosthetics (dentures and bridgework), single crowns, extensive gum treatment, limited TMJ therapy, root canal therapy or orthodontics. Your Delta Dental dentist will submit the predetermination for you. You must submit a Predetermination Plan when using a non-participating dentist. This predetermination is for your benefit. You will have advance notice of the extent of the work involved dentally and financially.