

Delta Dental Frequently Asked Questions

1. What is the effective date of my Delta Dental Plan?

January 1, 2018

2. What is my group number?

The group number is 18842. You are also part of a division depending on the plan type you chose. See table below for division structure:

Group number: 18842

Plan Name	Division # for Active	Division # for COBRA
Delta Dental Standard	00001	09001
Delta Dental Premium	00002	09002

3. What is the difference between Delta Dental PPO, Delta Dental Premier and non-contracted dentists?

- **Delta Dental PPO dentists:** Visiting a PPO dentist provides you with the greatest cost savings because they usually have the lowest contracted fees.
- **Delta Dental Premier dentists:** Premier dentists are also contracted with Delta Dental, but their fees are typically not as low as PPO dentists. You can save more money when you choose a PPO dentist.
- **Non-contracted (non-Delta Dental) dentists:** When you visit a non-contracted dentist, there are no fee protections, so you will pay the difference between the dentist's submitted charges and Delta Dental's maximum plan allowance. Additionally, the benefits under your PPO plan may be less when services are provided by an out-of-network dentist (review the Highlight of Benefits). You are responsible for the payment at the time of your visit and the Plan reimbursement will be made to you directly. **There is no Assignment of Benefits**.**

4. How do I find a PPO or Premier dentist?

Simply go to "Find a Dentist" at deltadentalins.com/ohana or use Delta Dental's mobile app. Choose the PPO or Premier network and search for a conveniently located in-network dentist near your home or workplace.

5. How can I learn more about how much my treatment will cost or find less costly dentists?

After you are enrolled in the plan, register online at deltadentalins.com/ohana and click on Explore My Costs next to your name. Then just follow the prompts. It's easy!

6. I'd like my dentist to join Delta Dental. What should I do?

You can recommend your dentist for Delta Dental PPO network participation using our handy online form at deltadentalins.com/ohana. We'll review the recommended dentist's background and if appropriate, send an invitation to join the network. The dentist will decide whether to join based on a variety of factors, including accepting a (usually) more moderate fee schedule.

7. Where do I submit claims?

If you are required to submit a claim you can send it to the following address. (You will only have to submit claims if your provider is outside of the Delta Dental network):

Delta Dental of California
P.O. Box 997330 Sacramento, CA 95899-7330

****Claims must be filed within 24 months of the date of service****

8. Will I receive a Delta Dental ID card?

Your digital ID card is available online and by downloading the Delta Dental mobile app after you are enrolled. After January 1st 2018, register for your Online Services account at deltadentalins.com/ohana, then log in. The ID card may be used for all family members.

9. How can I protect my personal information?

You can use your SSN to create a username and password to create an online account. After you are enrolled you will not have to enter your SSN to log in. When you are enrolled, go to deltadentalins.com/ohana and register for online services. Select the option to receive your Explanation of Benefits (EOB) electronically. Delta Dental will send you an email notification each time we pay a claim so that you can review your notices electronically. Your personal information will remain protected through your online account vs. sending information to you through the U.S. Postal Services. And you will be helping to save a tree along the way!

10. How does my dentist verify my Delta Dental eligibility and benefits?

Provide your dentist with your Delta Dental ID number which is available once you register online or on your smartphone after January 1, 2018. Then, the dentist can go online or use Delta Dental's telephone service to verify eligibility and benefits information for you and your family members. You can also provide your name, date of birth and group number in place of the Delta Dental ID number to confirm eligibility and benefits.

- o Online: deltadentalins.com/ohana; log in to Online Services
- o Automated telephone service: 877-510-3502

11. Can I check my eligibility and benefits online?

Yes. When visiting deltadentalins.com/ohana for the first time, register for your Online Services account. Then, log in to verify eligibility and benefits for the whole family, maximum and deductible amounts, paid claim statements and find more helpful information.

12. My dependents and I am covered under my spouse's plan, too. How does "dual coverage" work?

The general rule is that the plan that covers **you** as an enrollee (called the "primary" plan) pays first for you. Then, the plan that covers you as a spouse/dependent (called the "secondary" plan) pays any remaining amount, within the provisions of that benefit contract.

Primary and secondary coverage for children is determined by the birthday rule. The parent whose birthday (month and day, not year) comes first in the year is your children's primary coverage. A divorce agreement or other court ruling will supersede the birthday rule.

Example: A child has parents who both have dental insurance. The parents' birthdates are in January and March. When the child goes to the dental provider the claim will be submitted to the parent whose birthday is in January first then it will be submitted under the other parent for secondary coverage.

13. Is treatment-in-progress covered?

We will cover claims for procedures started and completed after the enrollee's coverage effective date. Procedures started prior to January 1st, 2018 should be covered by your previous carrier. See the Orthodontics section for information on orthodontic treatment-in-progress.

14. Orthodontic Treatment in Progress

Work in progress coverage is offered for anyone undergoing active orthodontic treatment. For work in progress, ask your orthodontist to submit an Orthodontic Treatment Claim to us, including:

- All charges and fees (including the down payment or installments paid by your previous dental plan)
- Banding date and length of active treatment
- Brief description of the dentition, appliance (including type) and treatment
- If you are covered by more than one plan, information about the secondary carrier

15. What is SmileWay Wellness Benefits?

The health of your teeth and gums is part of a bigger picture: your overall wellness. Gum disease is associated with a number of systemic conditions, and people with certain chronic conditions may benefit from additional periodontal (gum) cleanings. That's why your dental plan offers expanded coverage if you have been diagnosed with diabetes, heart disease, HIV/AIDS, rheumatoid arthritis or stroke.

16. How do I sign up for SmileWay?

- Go to deltadentalins.com/ohana
- Log in to your Online Services account. (If you don't have one, click Register.)
- Click on the Optional Benefits tab in the left column.
- Click on Opt In next to the name of the person you want to enroll. You can enroll yourself or a dependent child.
- Complete and submit the form.

17. What if I have additional, specific questions?

Submit an inquiry online at deltadentalins.com/about/contact or call Customer Service: 877-510-3502.

18. Additional benefits during pregnancy available on both the Standard and Premium program:

Delta Dental will pay for additional services to help improve the oral health of enrollees during pregnancy. These additional services per calendar year include:

- One additional oral exam and
- Either one additional routine cleaning or one additional periodontal scaling and root planing per quadrant.

Written confirmation of the pregnancy must be provided by the enrollee or her dentist when the claim is submitted.

*The Delta Dental Premium plan is the name of the enhanced benefit plan. It has no correlation to the Delta Dental Premier network.

**When a provider does not participate in Delta Dental's provider network the payment for claims is sent to the enrollee. Assignment of Benefits allows the payment to go directly to the non-participating dentist.

