

DELTA DENTAL INFORMATION

Dental coverage for the period January – December, 2012 will be \$46 for an individual and \$92 for a member and their spouse.

You must be a member of the RTC in order to obtain coverage.

There is a new feature called ROLLOVER MAX under the BTU/RTC Dental Plan. Monies you do not use can be rolled over to the next year. Here are the highlights.

1. This feature went into effect on January 1, 2008; that means **the first rollover balance would be available as of January 1, 2009.**
2. To qualify, you must have at least one cleaning or oral exam in a calendar year.
3. **If your yearly claims are \$600 or less, you could roll over up to \$450 to use in the next year or beyond, up to an overall capped rollover amount of \$1250.**
4. If your coverage terminates for any reason, you will lose your rollover amount.

To find out if you have qualified, to obtain information or to view program rules and details, visit the Delta website at: www.deltadentalma.com/pdf/07/rollovermax.pdf

Also, Delta has Customer Service Representatives who are trained and paid to answer specific coverage questions. They are the best people to give you the correct information.

Call **DELTA @ 1-800-872-0500 (Monday thru Friday)**

When you call you will be given options. After you listen to the choices, **PRESS #2** (speak to a rep). NEXT, you will hear a second set of choices. **Again, press #2.** This will lead you to the **LAST CHOICE. THIS TIME CHOOSE #5.** You are now talking to a real person. **This person will ask you for your group number in order to answer your questions.**

If you are a single payer, your number is 6039 – 9901; if you are a member and a spouse paying double your number is 6039 – 9902.

Delta Dental PPO Plan Design

Plus Premier

Deductible: \$50 per individual/ \$0 per family. Deductible waived for Diagnostic and Preventive categories.
Calendar Year Maximum: \$1,250 per person

Co-Insurance

Categories/Procedures	Qualifications	In Network	Out of Network
Diagnostic Comprehensive Evaluation Periodic Oral Exam Full Mouth X-rays Bitewing X-rays Single Tooth X-rays	Once every 60 months per Dentist. Once every 6 months. Once every 60 months. Once every 6 months As needed.	100%	100%
Preventive Teeth Cleaning Fluoride Treatments Space Maintainers Sealants Chlorhexidine Mouthrise Fluoride Toothpaste	Once every 6 months. Once every 6 months for members under age 19. Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth. Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay. This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planning. This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planning. This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery.	100%	100%
Restorative Silver Fillings White Fillings (Front teeth) White Fillings (Back teeth) Temporary Fillings Stainless Steel Crowns	Once every 24 months per surface per tooth Once every 24 months per surface per tooth Covered only for single surfaces. Once every 24 months per surface, per tooth multi-surfaces will be processed as a silver filling and the patient is responsible up to the submitted charge. Once per tooth Once every 24 months per tooth.	50%	50%
Oral Surgery Simple Extractions Surgical Extractions	Oral surgical benefits not provided when rendered in a surgical day care or hospital setting. Oral surgical benefits not provided when rendered in a surgical day care or hospital setting.	50%	50%

Co-Insurance

Categories/Procedures	Qualifications	In Network	Out of Network
Periodontics Periodontal Surgery Scaling and Root Planing Periodontal Cleaning	Periodontal benefits not provided when rendered in a surgical day care or hospital setting. Once in 24 months, per quadrant Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	50%	50%
Endodontics Root Canal Treatment Vital Pulpotomy	Once per tooth Limited to deciduous teeth	50%	50%
Prosthetic Maintenance Bridge or Denture Repair Rebase or Refine of Dentures Recement of Crowns and Onlays	Once within 12 months, same repair. Once within 36 months. Once per tooth.	50%	50%
Emergency Dental Care Minor Treatment for Pain Relief General Anesthesia	Three occurrences in 12 months. Allowed with covered surgical services only.	50%	50%
Prosthodontics Dentures Fixed Bridges and Crowns Implants	Once within 60 months. When part of a bridge. Once within 60 months. An Endosteal implant is covered to replace one missing tooth (in lieu of a three unit bridge, and when all the adjacent teeth do not require crowns.) Once per 60 months per implant.	50%	50%
Major Restorative Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth.	50%	50%