

 **DELTA DENTAL®**



HEALTH AMERICA
HEALTH ASSURANCE
Coventry Health Care Plans

Your HealthAmerica

Dental Program Choices

- ◆ **Delta Dental Basic Plan**

Included when you choose a HealthAmerica HMO Plan

- ◆ **Delta Dental Expanded Plan**

Optional Plan with expanded benefits for HealthAmerica members for an additional charge

During Open Season Only: 866-723-3582
After Open Season: 800-932-0783

www.MidAtlanticDeltaDental.com

 **DELTA DENTAL®**

We keep you smiling®

HealthAmerica is pleased to offer, through Delta Dental, two types of dental plans to best meet the needs and budgets of you and your family.

- ◆ The Delta Dental Basic Plan provides basic benefits at *no charge to you*. A more comprehensive package of benefits is available for an extra charge with the Delta Dental Expanded Plan.
- ◆ You are automatically enrolled in the Basic Plan when choosing a HealthAmerica HMO plan. If you prefer a broader range of benefits, please complete the enclosed enrollment form for the Expanded Plan and return it to the address provided.
- ◆ If you enroll in the Expanded Plan, you must enroll as Self only or as Self and Family. Eligible dependents to receive coverage must be enrolled in the same dental plan as the employee. You cannot have separate contracts in the Expanded of Basic Plans for your dependents.

Benefit	Basic Plan	Expanded Plan
Diagnostic ◆ Exams (2 per 12-month period)	100%*	100%* (deductible waived)
Preventive ◆ Prophylaxis (cleaning) (2 per 12-month period) ◆ Fluoride treatments (to age 19) ◆ Sealants (to age 14) ◆ Space Maintainers (to age 16)	75%*	75%* (deductible waived)
X-rays ◆ Bitewing X-rays (2 per 12-month period) ◆ Panoramic X-rays (once every three years) ◆ Periapical X-rays	75%*	75%* (deductible waived)
Basic Restorative	Not a benefit	Benefit paid according to fee schedule
Uncomplicated Extractions	Not a benefit	Benefit paid according to fee schedule
Miscellaneous Restorative	Not a benefit	Benefit paid according to fee schedule (Available after one year enrolled)
Complete Oral Surgery	Not a benefit	Benefit paid according to fee schedule (Available after one year enrolled)
Endodontics	Not a benefit	Benefit paid according to fee schedule (Available after one year enrolled)
Periodontics	Not a benefit	Benefit paid according to fee schedule (Available after two years enrolled)
Major Restorative	Not a benefit	Benefit paid according to fee schedule (Available after two years enrolled)
Prosthodontics	Not a benefit	Benefit paid according to fee schedule (Available after two years enrolled)
Calendar year deductible	\$25 per person	\$50 per person \$150 per family
Calendar year maximum per person	None	\$1,000

HOW THE PROGRAMS WORK

*The Delta Dental PPO program makes its payments for both participating and non-participating dentists based on the Delta Dental PPO Maximum Plan Allowances (PPO MPA) or the dentist's charged fee, whichever is less (PPO Allowed Amount). PPO participating dentists agree to accept the PPO Allowed Amount as payment in full. Delta Dental's benefit is a percentage of the PPO Allowed Amount; an enrollee copayment may be required. Deductibles may also apply. Dentists who participate in the Delta Dental Premier® network but not the PPO network may also charge the patient the difference between the PPO Allowed Amount and the Premier Allowed Amount. Non-participating dentists may balance bill the patient without limit by Delta Dental for the difference between the PPO Allowed Amount and the dentist's actual charges.

This information highlights coverage for the Basic and Expanded dental plans; this highlight sheet is not intended to be a complete list or complete description of benefits. Exclusions and limitations may apply.

The benefit explanations contained herein are subject to all provisions of the Group Dental Service Contract and do not modify such contract in any way, nor shall the enrollee accrue any rights because of any statement in or omission from this highlight sheet.

This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. This brochure is not a contract. Complete details of benefits, terms, and exclusions are set forth in the group contract.

THE DELTA DENTAL DIFFERENCESM

As a Delta Dental enrollee, you enjoy a number of benefits that we call The Delta Dental Difference.

- ◆ **Largest dentist network.** Three out of four dentists participate in Delta Dental's network, the largest in the United States. Chances are your dentist is already a Delta Dental dentist. Visit Delta Dental's web site at www.MidAtlanticDeltaDental.com or phone (800) 932-0783 to find out if a particular dentist is participating.
- ◆ **Freedom of choice of dentists.** You can select any dentist you want and receive applicable benefits, but you can save money by choosing a Delta Dental participating dentist.
- ◆ **Lower out-of-pocket costs.** When you visit a Delta Dental participating dentist, you save money. Delta Dental dentists accept Delta Dental's allowances, which mean lower costs to you. A dentist who does not participate with Delta Dental does not contract to limit your costs.
- ◆ **Stable enrollment rates.** Delta Dental's schedule of maximum reimbursements for dental procedures helps protect you from increases in your monthly premiums while providing comprehensive coverage.
- ◆ **Claims convenience.** Delta Dental dentists handle the paperwork for your dental visit by submitting the claim to Delta Dental directly. With non-participating dentists, you may have to send in the claim form for reimbursement.

Sample Schedule of Maximum Reimbursements for Expanded Dental Plan Procedures

As long as you remain a member of the HealthAmerica Federal Employees Program and continue to subscribe to the Delta Dental Plan without interruption, you will receive for each of three successive years progressively enhanced benefits as outlined in the example below. Delta Dental will pay the lesser of the dentist's fee or the procedural maximum reimbursement listed below.

First Year	Second Year	Third Year																																																																																							
<p>During the first year, Delta Dental makes payments based on a fee schedule for Basic Restorative and Uncomplicated Extractions. Below is a representative table of Procedural Maximums of some covered procedures. (This table does not show all covered procedures.)</p> <p style="text-align: center;">Basic Restorative</p> <table border="0"> <tr><td>2140</td><td>Amalgam—One Surface</td><td>\$29.00</td></tr> <tr><td>2150</td><td>Amalgam—Two Surfaces</td><td>\$36.00</td></tr> <tr><td>2330</td><td>Resin—Based Composite—One Surface, Anterior</td><td>\$39.00</td></tr> <tr><td>2331</td><td>Resin—Based Composite—Two Surfaces, Anterior</td><td>\$39.00</td></tr> <tr><td>2335</td><td>Resin—Based Composite—Four or more Surfaces</td><td>\$58.00</td></tr> <tr><td>2391</td><td>Resin—Based Composite—One Surface, Posterior</td><td>\$39.00</td></tr> <tr><td>2393</td><td>Resin—Based Composite—Three Surfaces, Posterior</td><td>69.00</td></tr> </table> <p style="text-align: center;">Uncomplicated Extractions</p> <table border="0"> <tr><td>7111</td><td>Coronal Remnants</td><td>\$16.00</td></tr> <tr><td>7140</td><td>Extraction— Erupted Tooth or Exposed Root</td><td>\$32.00</td></tr> </table>	2140	Amalgam—One Surface	\$29.00	2150	Amalgam—Two Surfaces	\$36.00	2330	Resin—Based Composite—One Surface, Anterior	\$39.00	2331	Resin—Based Composite—Two Surfaces, Anterior	\$39.00	2335	Resin—Based Composite—Four or more Surfaces	\$58.00	2391	Resin—Based Composite—One Surface, Posterior	\$39.00	2393	Resin—Based Composite—Three Surfaces, Posterior	69.00	7111	Coronal Remnants	\$16.00	7140	Extraction— Erupted Tooth or Exposed Root	\$32.00	<p>In addition to the first year benefits, Delta Dental makes payments for Miscellaneous Restorative, Complete Oral Surgery and Endodontic services. Below is a representative table of Procedural Maximums of some covered procedures. 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Note: This document includes codes and nomenclature excerpted from the version of Current Dental Terminology (CDT) in effect at the date of this printing. CDT coding and nomenclature are the copyright of the American Dental Association, and have been accepted as the standard for data transmission purposes under federal Administrative Simplification regulations. For the purposes of this document, Delta Dental's administration of Benefits, Limitations and Exclusions under this Contract will at all times be based on the then-current version of CDT.

Payment Example for Services with Copayments

Under the HealthAmerica Federal Employees Program, Diagnostic, Preventive and X-Ray Services are reimbursed according to a copayment schedule.

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
Example of Fee Charged (Adult Prophylaxis)	\$75	\$75	\$75
Sample Delta Dental PPO Allowance	\$42	\$42	\$42
Sample Delta Dental Premier Allowance	N/A	\$51	N/A
Sample Percentage of Allowance Paid by Delta Dental	75%	75%	75%
Delta Dental Pays	\$31.50	\$31.50	\$31.50
Patient Pays	\$10.50 (\$42 - 31.50 =)	\$19.50 (\$51 - 31.50 =)	\$43.50 (\$75 - 31.50 =)
<i>These are hypothetical numbers for illustrative purposes. Assume no maximum or deductibles applicable in this example.</i>			

Payment Example for Services with Schedule of Maximum Reimbursements (Expanded Plan only)

Let's say you receive an Amalgam filling and the dentist's fee is \$80. If you see a Delta Dental PPO dentist, Delta Dental's allowance is \$55, and the procedural maximum reimbursement is \$29. Your out-of-pocket cost is \$26 (\$55 minus \$29). If you see a dentist in the Delta Dental Premier network, Delta Dental's allowance is \$70, and the procedural maximum reimbursement is \$29. Your out-of-pocket cost is \$41 (\$70 minus \$29). If you see a non-participating dentist, your out-of-pocket cost is \$51 (\$80 minus \$29).

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
Example of Fee Charged	\$80	\$80	\$80
Sample Allowance for Amalgam filling	\$55	\$70	Not Applicable
Procedural Maximum	\$29	\$29	\$29
Delta Dental Pays	\$29	\$29	\$29
Patient Pays	\$26 (\$55 - \$29 =)	\$41 (\$70 - \$29 =)	\$51 (\$80 - \$29 =)
<i>These are hypothetical numbers for illustrative purposes. Assume no maximum or deductibles applicable in this example.</i>			

PREDETERMINATION

If the cost of care to be provided to any one patient is expected to exceed \$300, Delta Dental recommends that you ask your dentist to submit the claim form in advance of treatment. Delta Dental will review the claim and return a predetermination voucher to both you and the dentist indicating the services that are covered, how much of the proposed treatment will be paid by Delta Dental and how much is your responsibility. This understanding can make it easier to plan an appropriate course of treatment. Predetermination also can be helpful for any service for which you would like an advance breakdown of the coverages and the charges.

QUESTIONS ABOUT YOUR DENTAL PROGRAM?

During FEHB open season, call Delta Dental at 866-723-3582 if you have questions about your dental plan. Following enrollment, you may reach Delta Dental (toll-free) at 800-932-0783, Monday through Friday, 8 a.m. to 8 p.m. (EST).

You may also visit Delta Dental's web site at www.MidAtlanticDeltaDental.com. You can access your account information, including program benefits, status of deductibles, maximum usage and claim status. You can also locate participating dentists, download claim forms and read about dental health tips.