

DeltaCare[®] USA (DHMO)

Under the DeltaCare[®] USA program, many services are covered at no cost, while others have copayments (amount you pay your contract dentist) for certain benefits. See the copayments for the covered services on the following pages.



DeltaCare USA Plans - DHMO Dental Plans

Dental services that are not performed by your selected in-network participating (contracted) dentist, or are not covered under provisions for emergency care below, must be preauthorized by us to be covered by your DeltaCare USA program.

The program is designed to encourage regular visits to the dentist by having no copayments (fees you pay to the contract dentist) on most diagnostic and preventive benefits.

Your participating in-network (contracted) dentist will coordinate your specialty care needs for oral surgery, endodontics or periodontics with an approved in-network (contracted) specialist. There is no additional charge to you for receiving care from a specialist. If there is no participating specialist within your service area, a referral to an out-of-network specialist will be authorized at no extra cost, other than the applicable copayment.

How to use your DeltaCare USA Plan:

A list of participating plan providers in Miami-Dade, Broward, Monroe and Palm Beach Counties can be viewed online at www.deltadentalins.com/mdcps. You may also call Customer Service at 1.800.693.2589. Multilingual representatives are available from 8 a.m. to 9 p.m. Eastern Time, Monday through Friday.

How can I make an appointment with my DeltaCare USA dentist?

You may schedule an appointment by calling the dental office you selected on or after your effective date of coverage. When you call to schedule your appointment, inform the office that you are a member of the DeltaCare USA dental plan. It will not be necessary to use any claim forms. If you need to cancel your appointment for any reason, please let your provider know twenty-four (24) hours in advance of your scheduled appointment. The Benefits Schedule allows the provider to charge a fee (up to a maximum of \$25) for any broken or cancelled appointment without twenty-four (24) hours' notice.

How long does it take to get an appointment with a DeltaCare USA dentist?

Two to four weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may have to wait longer. Most DeltaCare USA dentists are in private group practices, which means greater appointment availability and extended office hours.

>> Benefit Eligibility Note:

- **All M-DCPS groups are eligible to enroll in the DeltaCare USA (DHMO) offered by the School Board.**
- **Current COBRA participants may only continue to enroll in DeltaCare USA (DHMO) if you were previously enrolled in dental.**
- **See eligibility section for more details.**

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.



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Who is an eligible dependent for this coverage?

Eligible dependents for this plan include:

- Spouse/Domestic Partner
- Unmarried natural children, adopted children, and stepchildren under your or your spouse's legal guardianship until the end of the calendar year in which the child reaches age 26
- Children of a Domestic Partner, as long as the Domestic Partner is also covered.

NOTE: Children may be covered under this plan until the end of the calendar year in which the child reaches age 26, provided he/she is unmarried and resides in your home and depends upon you for support, or is registered as a full-time or part-time student. Children with a mental or physical handicap are also eligible for coverage beyond the age of 26.

Can I change my contract dentist?

You may change contract dentists by notifying us either by phone or in writing, or by visiting our website, www.deltadentalins.com/mdcps. If you contact us by the 21st of the month, the change will become effective the first of the following month.

What if I need the services of a Specialist?

Your participating dentist will coordinate your specialty care needs for oral surgery, endodontics or periodontics with an approved contract specialist. There is no additional charge to you for receiving care from a specialist. If there is no contract specialist within your service area, a referral to an out-of-network specialist will be authorized at no extra cost, other than the applicable copayment.

What can I do if I have questions about the treatment plan prescribed by my General Dentist?

Call DeltaCare Customer Service at 1.800.693.2589 Monday through Friday 8 a.m. - 9 p.m. ET.

What if I'm currently seeing a dentist under one plan and I change plans to the DeltaCare USA Plan, but would like to maintain the same dentist?

As long as the dentist is part of the DeltaCare USA network and is accepting patients, you may select the facility as your primary dentist. If the facility is not open to new membership, you will have to select another participating provider.

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.

How can I receive emergency care within the service area?

Under your DeltaCare USA program, you and your eligible dependents are covered for out-of-area dental emergencies (35 or more miles from your contract dentist). Your program pays up to \$100 for out-of-area emergency dental expenses per emergency for each enrollee.

How can I receive emergency care for out-of-area?

Under your DeltaCare USA program, you and your eligible dependents are covered for out-of-area dental emergencies (35 or more miles from your contract dentist). Your program pays up to \$100 for out-of-area emergency dental expenses per emergency for each enrollee.

What if I have questions about my DeltaCare USA program?

Call Customer Service at 1.800.693.2589. We have multilingual representatives available from 8 a.m. to 9 p.m. Eastern time, Monday through Friday. Our Customer Service representatives can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

Are pre-existing dental conditions and work in progress covered?

Treatment for pre-existing conditions, such as extracted teeth, is covered under the DeltaCare USA program. However, benefits are not provided for any dental treatment started before joining the program (that is, work in progress, such as preparations for crowns, root canals and impressions for dentures). Orthodontic treatment in progress may be covered for new DeltaCare USA enrollees. See the "Limitations and Exclusions of Benefits."

How to use dental benefits:

A list containing the Select Panel Providers in Miami-Dade, Broward, Monroe and Palm Beach Counties can be viewed online at www.deltadentalins.com/mdcps. You may call the DeltaCare Customer Services Department at 1.800.693.2589 to verify your dentist's continued participation in your selected plan.

