



**Blue Ocean Strategy Center**

## **Insurance Plan**



### **Dental Program Information**

#### **An Employer's Guide for the Manufacturer & Business Association Group Dental Insurance Program.**

Included in this bulletin is information on the following subjects:

- Premium Rates May 1, 2010 through April 30, 2012
- Underwriting Regulations
- Trust Billing/Administrative Fees and Procedures
- Dental Program Administrative Procedures
- Dental Program Options
- Reference Page

**I. PREMIUM RATES - MAY 1, 2010 THROUGH APRIL 30, 2012**

**A. Dental**

1. Dental insurance may be purchased by Association member companies if the total number of employees to be covered is 2 or more. (Please refer to Underwriting Regulations Sec. II A)
  
2. **Monthly premium rates for the Dental Plans are as follows:**

The following monthly premium rates are in effect from 5/1/2009 through 4/30/2012.

Group Numbers	Plan Options	Employee Only Coverage	Employee and Family Coverage
9371	Plan Option I	\$23.27	\$60.70
9372	Plan Option II	\$23.27	\$64.54
9373	Plan Option III	\$26.42	\$77.57
9374	Plan Option IV	\$30.49	\$89.37
9375	Plan Option V	\$19.09	\$49.77
9376	Plan Option VI	\$19.09	\$52.92

## II. UNDERWRITING REGULATIONS

### A. Initial Enrollment Procedures

New Members - New members may enroll for the Delta Dental group programs on the **first day of the month following membership approval by the Board of Governors.**

### B. Enrollment/Open Enrollment Procedures

1. Delta Dental offers an **open enrollment period** for employees who want to become part of the plan after their standard eligibility waiting period. This open enrollment will occur each year two months prior to the May 1<sup>st</sup> renewal of the products (**March 1<sup>st</sup> through April 30<sup>th</sup>**).
2. The standard eligibility waiting period is the employee's hire date.

Eligibility is within the purview of the employer. Possible eligibility waiting periods are the first of the month following the employee's date of hire, the first of the month following 30 days of employment, the first of the month following 60 days of employment, or the first of the month following 90 days of employment. Eligibility waiting periods vary by employer.

3. If an employee would like to request insurance coverage, they must complete an enrollment form (supplies can be received by contacting Manufacturer & Business Association at 800/815-2660 or your insurance agent) Have the employee sign the form and mail it to the billing office:

Manufacturer & Business Association  
Insurance Plan  
P O Box 535194  
Pittsburgh, PA 15253-5194

**Please Note:**

**If an employee declines to enroll himself and/or his dependents for dental coverage when first eligible, the employee and/or his dependents must wait until the next open enrollment period to do so.**

**C. Eligibility**

Association member firms with two or more full-time employees.

**D. Change of Option Procedures**

Existing members currently enrolled should notify their broker or the Manufacturer & Business Association (800/815-2660) if a change in benefit is desired.

**E. Contributions**

Employee dental coverage is considered non-contributory and must be employer paid with 100% participation. Spousal coverage opt-outs will be considered but the participation requirement must not be less than 75% of eligible employees. Dependent coverage may be contributory (but not to exceed 50% of the actual cost).

**F. Transfer Activity**

Member firms who terminate the Association Dental Plan coverage whether voluntarily or because of non-payment of premium will not be permitted re-enrollment for a 2-year period.

**III. MANUFACTURER & BUSINESS ASSOCIATION INSURANCE PROGRAM BILLING, ADMINISTRATIVE FEES AND PROCEDURES**

Billing and administrative services for the Manufacturers' Association Insurance Plan are provided through Employee Benefit Data Services. The schedule of fees applied to the monthly premium billings is as follows:

**A. Service Charge**

1. A basic charge per group of \$6.00.
2. \$0.45 per participating employee for one to three benefits including, health insurance options and other types of coverage offered through the Association such as Life, AD&D, Weekly Disability Income and Dental.
3. \$0.03 per participating employee for each coverage column in excess of three.

**The maximum monthly total per employee charge (items 2 & 3 above) will be \$60.00.**

**B. Premium Delinquency Charge** - Premium payments are due and payable by the **15th day of the month of billing**. A charge of 2% of premium with a \$10.00 minimum is made when it is necessary to initiate premium delinquency procedures.

**C. Reinstatement Charge** - Should reinstatement be approved **under extenuating circumstances** following cancellation of coverage due to non-payment of premium or persistent premium delinquency, a charge of \$25.00 will be applied along with the 2% premium delinquency charge specified above (section B). Reinstatements must be requested within the first six (6) working days of the coverage month.

**D. Checks are to be made payable to:**

Manufacturer & Business Association Insurance Plan

**And mailed to:**

Manufacturer & Business Association Insurance Plan  
P O Box 535194  
Pittsburgh, PA 15253-5194

**A \$15.00 charge for returned checks will be applied.**

**E. An ACH Payment Option is also available**

Note: Withdrawals are made on the 8<sup>th</sup> business day of each month for the next month's coverage. A signed Authorization form along with a voided check identifying the account number is required.

**F. Member firms** must submit, in writing, all requests for administrative changes regarding company name, address, telephone number, ownership and billing correspondence to:

The Manufacturer & Business Association  
2171 West 38th Street  
Erie, Pa. 16508

**G. Premium invoices** will be mailed to member companies **only**.

Any problems or questions relating to billing should be directed to Employee Benefit Data Services at **1-800/207-9307**.

## **H. Eligible Members**

- Employee/subscriber
- Employee's spouse
- Unmarried children up to the end of the month they attain age twenty-five (25)
- Unmarried children who become mentally or physically disabled and incapable of self-support before age twenty-five (25) while covered by this Contract or another contract
- Children who are subject to a Qualified Domestic Relations Order
- Newborn children of any covered person for thirty-one (31) days after birth

## **I. Enrollment/Change Procedures**

1. To add a new employee, complete an enrollment form (supplies can be received by contacting Manufacturer & Business Association at 1-800/815-2660 or your insurance agent). Have the employee sign the form and return it to the billing office.
2. To delete an employee, cross the name from the billing invoice and provide a termination date.
3. To change dependent status complete a revised enrollment card and return it to the billing office.
4. Online enrollment is also available to employer groups. For more details log onto:

[www.ebdsbenefits.com/gbomaint](http://www.ebdsbenefits.com/gbomaint)

#### **IV. DENTAL PROGRAM ADMINISTRATIVE PROCEDURES**

Delta Dental participating dentists will submit claims for your employees. But, if employees visit a non-participating dentist, they may need to submit their own claim. Employees should follow these easy steps to ensure efficient processing.

1. They should obtain a claim form from Manufacturers & Business Association at 1-800/815-2660 or their insurance agent), or download and print a claim form from Delta Dental's web site at [www.deltadentalins.com](http://www.deltadentalins.com).
2. They should present it to the attending dentist when making a first visit. If a predetermination is necessary, the dentist will submit the claim to Delta Dental in advance of planned treatment. Otherwise, the dentist will perform the service and then submit the claim.
3. If the predetermination process is favorably completed, the form will be returned to the dentist to render the planned treatment.
4. On completion of the covered predetermined course of treatment, the dentist will submit the claim for payment. Delta Dental will pay the attending dentist if he/she is a Delta Dental participating dentist. If he/she is not, Delta Dental will pay the employee for covered benefits.
5. Delta Dental will notify the employee in writing of the amount of benefits which are paid on the employee's behalf and the amount which the employee must pay (called a Notice of Payment).

All claims are processed at Delta Dental's regional headquarters in Mechanicsburg, Pennsylvania, regardless of where the employee lives or where the employee received treatment.

The dentist should send the form to:

Delta Dental  
P.O. Box 2105  
Mechanicsburg, PA 17055-2105

Timely submission of claims is important. Claims submitted 12 months or more beyond the date of service will not be eligible for payment.

**Inquires concerning dental benefits and claims must be directed to  
Delta Dental at: 1-800/932-0783**

## **PREDETERMINATION OF BENEFITS**

*Please remember: If your employees and their dentists are unsure of your contract benefits for a specific course of treatment, they can make sure with predetermination.*

If total charges for a treatment plan exceed an amount that Delta Dental establishes (\$300), predetermination is recommended for approval of the charges for payment. The employee should ask the attending dentist to submit the claim form in advance of performing services. Delta Dental will act promptly in returning a predetermination voucher to the employee and the attending dentist with verification of the patient's current eligibility and current availability of benefits with applicable maximums. The availability of benefits may change subsequent to the date of the voucher due to a change in eligibility status, exhaustion of applicable benefit maximums or application of frequency of procedure limitations.

## **PARTICIPATING DENTISTS**

Employees may choose a participating dentist from the Delta Dental Premier<sup>®</sup> or Delta Dental PPO<sup>SM</sup> programs. The Delta Dental Premier program has Delta Dental's largest dentist network, paying the higher amount per procedure of the two programs. The Delta Dental PPO network is smaller and the dentists agree to accept less per dental service. Both networks consist of licensed dentists who have entered into an agreement with Delta Dental to abide by Delta Dental's policies regarding services, limitations on charged fees and other matters pertinent to Delta Dental's obligations to its subscribers. Names of participating dentists can be obtained, upon request, by calling Delta Dental or by accessing Delta Dental's web site at [www.deltadentalins.com](http://www.deltadentalins.com).

## **PAYMENT FOR SERVICES**

Services performed for the employee by Delta Dental PPO ("PPO") dentists are paid on the basis of the lesser of one of the following: 1) a PPO Maximum Plan Allowance, which is usually less than the Maximum Plan Allowance for Delta Dental Premier programs or 2) the dentist's actual fee. This amount is known as the PPO Allowed Amount. PPO dentists have agreed to accept the PPO Allowed Amount as full payment for services covered by the Contract. Delta Dental calculates its share of the PPO Allowed Amount ("Delta Dental Payment") and sends its share to the participating dentist. Delta Dental advises the employee of any charges not payable by Delta Dental for which the employee is responsible ("Patient Payment"). This is generally the employee's share of the PPO Allowed Amount – i.e., copayments, deductibles, charges where maximums have been exceeded – and services not covered.

Services performed for the employee by Delta Dental Premier dentists only are paid by Delta Dental on the basis of a Delta Dental Premier Maximum Plan Allowance or the fee charged, whichever is less ("Delta Dental Premier Allowed Amount"). Delta Dental Premier dentists have agreed to accept the Delta Dental Premier Allowed Amount as full payment for services covered by the Contract. Delta Dental calculates its share of the Delta Dental Premier Allowed Amount and sends its share to the participating dentist. Delta Dental advises the employee of any charges not payable by Delta Dental for which the employee is responsible. This is generally the employee's share of the Delta Dental Premier Allowed Amount – i.e., copayments, deductibles, charges where maximums have been exceeded – and services not covered.



**Payment for services performed for the employee by a non-participating dentist** is also calculated by Delta Dental on a Delta Dental Premier Allowed Amount basis, but Delta Dental pays its Delta Dental Payment to the employee. The employee is responsible for payment of the non-participating dentist's total fee, which may include amounts in addition to the Delta Dental Premier Allowed Amount and services not covered by the Contract.

The employee's total out-of-pocket payment is least if the employee goes to a Delta Dental PPO dentist, is more if the employee goes to a Delta Dental Premier dentist, and likely will be highest if the employee goes to a non-participating dentist.

#### **Coordination of Benefits:**

If separate dental benefits are available to the employee, the employee's spouse, or a dependent child under other programs, there are specific conditions applicable to determination of payment. The ratio of each carrier's liability to total cost incurred is reviewed. Payment is made according to the "birthday" rule adopted by most insurance carriers, but in no case does Delta Dental pay in excess of its total contractual obligation, if it were the only carrier involved. If the other carrier determines its benefits first, Delta Dental will pay any difference between the amount paid by the other carrier and the charge for the covered service, to the extent of Delta Dental's benefit for a given procedure.

#### **Work-in-Progress:**

Procedures that are begun (opened or prepared) – such as crowns, root canals, dentures and bridgework – prior to the effective date of Delta Dental's coverage are considered to be the responsibility of the previous carrier. Delta Dental assumes responsibility for claims for procedures begun after the effective date of Delta Dental's coverage.

Typical benefit categories that have procedures that may overlap carriers include:

- Orthodontics (teeth straightening)
- Endodontics (root canals)
- Prosthodontics and major restorative services (dentures and crowns)

Periodontics, fillings, and extractions are examples of procedures that are normally started and completed on the same date of service and would not be affected by overlapping benefits coverage.

Root canals and crowns may require several weeks for completion, while orthodontics may require a few months to several years.

For prosthodontics and crowns, Delta Dental considers the date the impression is taken as the incurred date.

For orthodontics, Delta Dental takes into account the date that treatment began and the amount already paid toward the treatment.

The orthodontist should submit a claim with the treatment plan, an explanation of the status of the treatment plan, and evidence of the amount paid to date by the employee and/or the prior insurance carrier(s).

Delta Dental will review the treatment plan and determine its liability in the absence of other coverage. In the event there is other coverage, Delta Dental will then coordinate benefits by reducing its payment by the amount covered by any previous carriers.

Delta Dental will pay no more than its contracted maximum lifetime amount for orthodontic services minus the previous carrier payments.

Delta Dental's payments are automatically sent directly to the offices of participating dentists or to the employee if the dental office does not participate with Delta Dental. The employee and the dental office do not need to re-submit the claim for periodic payments for treatments such as orthodontics so long as there is a claim at Delta Dental from which to process. However, the employee is expected to notify Delta Dental if treatment ceases early.

#### **Orthodontic Payments:**

When Delta Dental receives a claim for orthodontic services, eligibility is verified and orthodontic claims history is checked (for application of benefit to maximum payments). Delta Dental's payment amount is then calculated, based on the payment percentage – the Maximum Plan Allowance – and the lifetime maximum for orthodontics.

If the orthodontic treatment is expected to take less than one year to complete, Delta Dental issues the entire benefit/liability for the submitted services in one payment.

For treatment plans expecting to exceed one year in duration, Delta Dental issues 50 percent of its total payment amount at the time of initial process. The remaining 50 percent of Delta Dental's liability is automatically processed – provided eligibility continues – one year after the initial benefit payment. If treatment ceases during the course of the year for any reason, the employer should notify Delta Dental. There is no need for claims to be submitted monthly.

For example, if the orthodontist submits to Delta Dental a treatment plan that includes such details as cost and duration of treatment, Delta Dental calculates its total liability, assuming that the total liability is at least \$1,000. \$500 is paid at the initial banding and \$500 is automatically paid one year later, provided the patient is still eligible for orthodontic benefits. For treatment scheduled for less than 12 months, Delta Dental would issue the full liability in one payment.

#### **Alternate Treatment:**

Dental benefits may be based on the least costly treatment that conforms to generally accepted dental practice.

Orthodontic benefits may be pro-rated for treatment begun before the patient is eligible.

## **Dental Program Options**

<b>Option 1</b>							
		<b>Delta Dental PPO Dentists</b>		<b>Delta Dental Premier Dentists</b>		<b>Non-Participating Dentists</b>	
<b>Category</b>	<b>Service</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>
Diagnostic	Exams (twice in a 12-month period) and x-rays (bitewing x-rays covered twice in a 12-month period and full mouth x-rays are covered once in a 3-year period)	100%	0%	100%	0%	100%	0%
Preventive	Prophylaxis (twice in a 12-month period), fluoride treatments (to age 19, twice in a 12-month period), space maintainers (to age 14), sealants (to age 14)	100%	0%	100%	0%	100%	0%
Basic Restorative	Fillings	80%	20%	80%	20%	80%	20%
Oral Surgery	Extractions	80%	20%	80%	20%	80%	20%
Endodontics	Root canal therapy	80%	20%	80%	20%	80%	20%
Periodontics	Treatment of gum disorders	80%	20%	80%	20%	80%	20%
Major Restorative	Inlays, Onlays, Crowns	50%	50%	50%	50%	50%	50%
Prosthodontics	Dentures, bridgework	50%	50%	50%	50%	50%	50%
Denture Repair	Repair of existing dentures	80%	20%	80%	20%	80%	20%
<b>Maximum</b>		\$1,000 per person per calendar year					
<b>Deductible</b>		\$25 per person, not to exceed \$75 per family.					

<b>Option 2</b>							
		<b>Delta Dental PPO Dentists</b>		<b>Delta Dental Premier Dentists</b>		<b>Non-Participating Dentists</b>	
<b>Category</b>	<b>Service</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>
Diagnostic	Exams (twice in a 12-month period) and x-rays (bitewing x-rays covered twice in a 12-month period and full mouth x-rays are covered once in a 3-year period)	100%	0%	100%	0%	100%	0%
Preventive	Prophylaxis (twice in a 12-month period), fluoride treatments (to age 19, twice in a 12-month period), space maintainers (to age 14), sealants (to age 14)	100%	0%	100%	0%	100%	0%
Basic Restorative	Fillings	80%	20%	80%	20%	80%	20%
Oral Surgery	Extractions	80%	20%	80%	20%	80%	20%
Endodontics	Root canal therapy	80%	20%	80%	20%	80%	20%
Periodontics	Treatment of gum disorders	80%	20%	80%	20%	80%	20%
Major Restorative	Inlays, Onlays, Crowns	50%	50%	50%	50%	50%	50%
Prosthodontics	Dentures, bridgework	50%	50%	50%	50%	50%	50%
Orthodontics	Straightening of teeth for eligible dependent children to the end of the month they attain age 25	50%	50%	50%	50%	50%	50%
Denture Repair	Repair of existing dentures	80%	20%	80%	20%	80%	20%
<b>Maximum</b>		\$1,000 per person per calendar year					
<b>Deductible</b>		\$25 per person, not to exceed \$75 per family.					
<b>Orthodontic Maximum*</b>		\$600 lifetime per person					

\* Orthodontic maximums include benefits received under any prior dental program.

<b>Option 3</b>							
		<b>Delta Dental PPO Dentists</b>		<b>Delta Dental Premier Dentists</b>		<b>Non-Participating Dentists</b>	
<b>Category</b>	<b>Service</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>
Diagnostic	Exams (twice in a 12-month period) and x-rays (bitewing x-rays covered twice in a 12-month period and full mouth x-rays are covered once in a 3-year period)	100%	0%	100%	0%	100%	0%
Preventive	Prophylaxis (twice in a 12-month period), fluoride treatments (to age 19, twice in a 12-month period), space maintainers (to age 14), sealants (to age 14)	100%	0%	100%	0%	100%	0%
Basic Restorative	Fillings	80%	20%	80%	20%	80%	20%
Oral Surgery	Extractions	80%	20%	80%	20%	80%	20%
Endodontics	Root canal therapy	80%	20%	80%	20%	80%	20%
Periodontics	Treatment of gum disorders	80%	20%	80%	20%	80%	20%
Major Restorative	Inlays, Onlays, Crowns	50%	50%	50%	50%	50%	50%
Prosthodontics	Dentures, bridgework	50%	50%	50%	50%	50%	50%
Orthodontics	Straightening of teeth for eligible dependent children to the end of the month they attain age 25	50%	50%	50%	50%	50%	50%
Denture Repair	Repair of existing dentures	80%	20%	80%	20%	80%	20%
<b>Maximum</b>		\$1,000 per person per calendar year					
<b>Deductible</b>		Not Applicable					
<b>Orthodontic Maximum*</b>		\$600 lifetime per person					

\* Orthodontic maximums include benefits received under any prior dental program.

<b>Option 4</b>							
		<b>Delta Dental PPO Dentists</b>		<b>Delta Dental Premier Dentists</b>		<b>Non-Participating Dentists</b>	
<b>Category</b>	<b>Service</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>
Diagnostic	Exams (twice in a 12-month period) and x-rays (bitewing x-rays covered twice in a 12-month period and full mouth x-rays are covered once in a 3-year period)	100%	0%	100%	0%	100%	0%
Preventive	Prophylaxis (twice in a 12-month period), fluoride treatments (to age 19, twice in a 12-month period), space maintainers (to age 14), sealants (to age 14)	100%	0%	100%	0%	100%	0%
Basic Restorative	Fillings	100%	0%	100%	0%	100%	0%
Oral Surgery	Extractions	100%	0%	100%	0%	100%	0%
Endodontics	Root canal therapy	100%	0%	100%	0%	100%	0%
Periodontics	Treatment of gum disorders	100%	0%	100%	0%	100%	0%
Major Restorative	Inlays, Onlays, Crowns	50%	50%	50%	50%	50%	50%
Prosthodontics	Dentures, bridgework	50%	50%	50%	50%	50%	50%
Orthodontics	Straightening of teeth for eligible dependent children to the end of the month they attain age 25	50%	50%	50%	50%	50%	50%
Denture Repair	Repair of existing dentures	100%	0%	100%	0%	100%	0%
<b>Maximum</b>		\$1,000 per person per calendar year					
<b>Deductible</b>		Not Applicable					
<b>Orthodontic Maximum*</b>		\$600 lifetime per person					

\* Orthodontic maximums include benefits received under any prior dental program.

<b>Option 5</b>							
		<b>Delta Dental PPO Dentists</b>		<b>Delta Dental Premier Dentists</b>		<b>Non-Participating Dentists</b>	
<b>Category</b>	<b>Service</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>
Diagnostic	Exams (twice in a 12-month period) and x-rays (bitewing x-rays covered twice in a 12-month period and full mouth x-rays are covered once in a 3-year period)	100%	0%	100%	0%	100%	0%
Preventive	Prophylaxis (twice in a 12-month period), fluoride treatments (to age 19, twice in a 12-month period), space maintainers (to age 14), sealants (to age 14)	100%	0%	100%	0%	100%	0%
Basic Restorative	Fillings	50%	50%	50%	50%	50%	50%
Oral Surgery	Extractions	50%	50%	50%	50%	50%	50%
Endodontics	Root canal therapy	50%	50%	50%	50%	50%	50%
Periodontics	Treatment of gum disorders	50%	50%	50%	50%	50%	50%
Major Restorative	Inlays, Onlays, Crowns	50%	50%	50%	50%	50%	50%
Prosthodontics	Dentures, bridgework	50%	50%	50%	50%	50%	50%
Denture Repair	Repair of existing dentures	50%	50%	50%	50%	50%	50%
<b>Maximum</b>		\$1,000 per person per calendar year					
<b>Deductible</b>		\$25 per person, not to exceed \$75 per family					

<b>Option 6</b>							
		<b>Delta Dental PPO Dentists</b>		<b>Delta Dental Premier Dentists</b>		<b>Non-Participating Dentists</b>	
<b>Category</b>	<b>Service</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>	<b>Paid by Delta Dental</b>	<b>Paid by Patient</b>
Diagnostic	Exams (twice in a 12-month period) and x-rays (bitewing x-rays covered twice in a 12-month period and full mouth x-rays are covered once in a 3-year period)	100%	0%	100%	0%	100%	0%
Preventive	Prophylaxis (twice in a 12-month period), fluoride treatments (to age 19, twice in a 12-month period), space maintainers (to age 14), sealants (to age 14)	100%	0%	100%	0%	100%	0%
Basic Restorative	Fillings	50%	50%	50%	50%	50%	50%
Oral Surgery	Extractions	50%	50%	50%	50%	50%	50%
Endodontics	Root canal therapy	50%	50%	50%	50%	50%	50%
Periodontics	Treatment of gum disorders	50%	50%	50%	50%	50%	50%
Major Restorative	Inlays, Onlays, Crowns	50%	50%	50%	50%	50%	50%
Prosthodontics	Dentures, bridgework	50%	50%	50%	50%	50%	50%
Orthodontics	Straightening of teeth for eligible dependent children to the end of the month they attain age 25	50%	50%	50%	50%	50%	50%
Denture Repair	Repair of existing dentures	50%	50%	50%	50%	50%	50%
<b>Maximum</b>		\$1,000 per person per calendar year					
<b>Deductible</b>		\$25 per person, not to exceed \$75 per family.					
<b>Orthodontic Maximum*</b>		\$600 lifetime per person					

\* Orthodontic maximums include benefits received under any prior dental program.



## SERVICES NOT COVERED

- Prescription drugs, premedications, relative analgesia
- General anesthesia, except with covered oral surgery procedures of one or more simple extractions and/or with surgical extractions for patients under age 19; and except with three or more simple extractions and/or surgical extractions for patients age 19 and over
- **Charges for hospitalization, including hospital visits.**
- Plaque control programs, including oral hygiene and dietary instruction
- Procedures to correct congenital or developmental malformations except for children eligible at birth
- Procedures, appliances or restorations primarily for cosmetic purposes
- Increasing vertical dimension
- Replacing tooth structure lost by attrition
- Periodontal splinting
- Gnathological recordings
- Equilibration
- Treatment of dysfunctions of the temporomandibular joint
- Implants
- Adult Orthodontic services
- Experimental procedures
- Orthodontic services are not a covered benefit for Option 1 and Option 5

# **REFERENCE PAGE**

## **Mailing Addresses**

### **Dental Claims**

Delta Dental  
P.O. Box 2105  
Mechanicsburg, PA 17055-2105  
Fax #: 717-766-8719  
Phone: 800/932-0783

### **Company Name/Address Changes**

Manufacturer & Business Association  
2171 West 38<sup>th</sup> Street  
Erie, Pa. 16508  
Phone: 800/815-2660

### **Monthly Premium/Billing Issues/Adds/Terms**

Manufacturers' Association Insurance Plan  
P O Box 535194  
Pittsburgh, PA 15253-5194  
Phone 800/207-9307

## **Phone Numbers**

<b>Claim Forms.....</b>	<b>1-800/932-0783</b>
<b>Supplies/Claim Forms .....</b>	<b>1-800/932-0783</b>
<b>Billing Questions.....</b>	<b>1-800/207-9307</b>
<b>Dental Coverage Verification/Claim Questions .....</b>	<b>1-800/932-0783</b>
<b>Other Dental Questions.....</b>	<b>1-800/932-0783</b>
<b>Membership Issues.....</b>	<b>1-800/815-2660</b>

## **STATEMENT OF COBRA RIGHTS**

If you are covered under your company's dental insurance plan, you have the right to

choose continuation of coverage if you lose your group dental insurance coverage for any reason other than termination due to gross misconduct. If applicable, your spouse or other eligible dependents covered under your company's group dental insurance plan have the right to continuation coverage for themselves if they lose group dental insurance coverage under the group dental insurance plan for any of the following reasons:

- your death;
- your termination of employment (for reasons other than gross misconduct) or reduction in your hours of employment;
- your divorce or legal separation; or
- your dependent ceases to be a "dependent child" under the terms of the group dental plan.

The continuation coverage will not be conditioned on a physical examination or other evidence of insurability, and will be identical to the coverage provided to similarly situated employees or family members.

Under this law, you must notify your employer within 60 days of the event in the case of divorce, legal separation, or a child losing dependent status under the group. Your employer has 14 days to send you notification of your COBRA rights and the cost, if any, for continuation coverage. You have 60 days to respond from the date of notice or the date of the event, whichever is less. You then have 45 days to pay for any required premium.

The law permits your employer to charge any person who elects to continue coverage 102% of the full cost of the dental plan. If coverage is being continued due to a disability, the law permits your employer to charge 150% of the full cost of the dental plan for the last 11 months of the 29 month period during which the coverage may continue.

The continuation coverage will extend your plan coverage for either 18 months, in the event you lose benefits due to termination of employment (except for gross misconduct) or reduction of hours; or 36 months for your spouse and dependents in the event of your death, divorce, or if a dependent child no longer qualifies as a dependent under the dental plan.

The 18 month coverage period may be extended if an event which would otherwise qualify you or your eligible dependents for the 36 month coverage period occurs during the 18 month period. Coverage cannot continue longer than 36 months from the initial qualifying event except for spouses or dependents, in the case of your entitlement to Medicare.

Also, if you or your eligible dependent becomes disabled within the meaning of the Social Security Act, at the time of the qualifying event and have elected continuation coverage; or while continuation coverage is in effect and if notification is provided to your employer within 60 days of the determination and before the end of the initial 18 month period, continuation coverage for such disabled individual may be extended up to an additional 11 months for a total of 29 months.

Further, continuation of coverage can be terminated sooner than the specified periods if your employer no longer provides a group dental plan, if the premium for such coverage is not paid on time, if you become covered under another group dental plan or if you become entitled to Medicare.