



Yale University

Dental Plan *for*

Faculty
Post Doctoral Associates
Post Doctoral Fellows
Managerial & Professional

About Delta Dental

Delta Dental of New Jersey, Inc. covers more than one million people in commercial, school board, and government programs. It is our mission to promote oral health to the greatest number of people by providing accessible dental benefits programs of the highest quality, service, and value.

Since 1969, Delta Dental, a not-for-profit dental service corporation, has led the industry in offering innovative programs designed to control costs while ensuring quality of benefits.

Delta Dental is a member of the Delta Dental Plans Association, a national system of not-for-profit dental service corporations covering 28 million people across the country. The national Delta Dental system is the oldest and largest dental benefits system in the country.

Delta Dental PPO Point of Service Program

Delta Dental offers two networks under this plan – Delta Dental Premier and Delta Dental PPO. You may use any dentist under this plan. You will maximize your benefits by using an in-network dentist.

Delta Premier is the larger of the two networks and has modest discounts. Delta PPO is a smaller, network, but fees are more deeply discounted.

When you use a Delta Dental PPO dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s).

When you use a Delta Dental Premier dentist, the maximum fee for a covered service will not exceed the contacted Premier fee.

Claims for services provided by dentists who are neither Delta Dental Premier or Delta Dental PPO dentists are paid based on the lesser of the dentist's actual charge or Delta's maximum allowable charge.

How to Use Your Program

Before visiting the *dentist*, check to see whether your *dentist* participates with Delta Dental in your program (e.g., *Delta Dental Premier* or *Delta Dental PPO*).

At the time of your first appointment, tell your *dentist* that you are covered under this Delta Dental program. Give him or her your group's name and group number, as well as your Social Security number. Your dependents, if covered, also must give your Social Security number.

After your *dentist* performs an examination, he or she may submit a *Pre-Treatment Estimate* of benefits to Delta Dental to determine how much of the charge will be your responsibility.

Before treatment is started, be sure you discuss with your *dentist* the total amount of his or her fee. Although *Pre-Treatment Estimates* are not required, Delta Dental strongly recommends you ask your *dentist* to submit a *Pre-Treatment Estimate* for treatment costing \$300 or more. This is especially important when using a *non-participating dentist* because the *Pre-Treatment Estimate* lets you know in advance how much of the costs are your responsibility. Please keep in mind that *Pre-Treatment*

Estimates are only estimates and not a guarantee of payment.

Locating a *Dentist*

Delta Dental offers two easy ways to locate a *participating dentist* **24 hours a day, 7 days a week**. Subscribers can either:

- Call 1-(800) DELTA-OK or 1-(800) 335-8265
- Search the Internet at www.deltadentalnj.com

By calling the toll-free number, you can obtain a customized list of *participating dentists* within the geographic area of your request. Delta Dental mails the list to your home.

By searching on the Internet, you can obtain a list of *participating dentists* in a specific town. The list can be downloaded immediately, and you can search for as many towns as needed.

Using either method, you can request a list of Delta Dental *participating dentists* within a designated area. You can specify listings of *general dentists* only or specialists only. *Participating dentist* information can be obtained for *dentists* nationwide.

Why Select a *Participating Dentist*?

All Delta Dental *participating dentists* have agreed, in writing, to abide by our claims processing procedures. Through their commitment and support, we, in turn, can provide you with a program that's tailored to meet your dental health wants and needs.

- *Participating dentists* have agreed to accept the least of their actual charge, their prefiled fee, or Delta Dental's maximum allowable fee for the program as payment in full and to not charge patients for amounts in excess of those indicated in the "patient payment" portion of the *Notification of Delta Dental Benefits*.
- *Participating dentists* will usually maintain a supply of *claim forms* (also referred to as Attending Dentist's Statements) in their office. You may be asked to complete a portion of the form when you visit.
- *Participating dentists* will complete the rest of the form, including a description of the services that were performed or will be performed in the case of a *Pre-Treatment Estimate*, and require that you sign the *claim form* in the appropriate place. For *dentists* who submit claims electronically to Delta Dental, you will need to authorize your *dentist* to maintain your signature on file.
- *Participating dentists* will mail, fax, or electronically submit the *claim form*, together with the appropriate diagnostic materials, directly to our offices for processing.
- *Participating dentists* agree to abide by Delta Dental processing policies. For example, *participating dentists* agree not to bill separate charges for infection control measures. *Non-participating dentists* are not bound by such policies.
- *Participating dentists* will, in the case of dental services, which have been completed, receive

payment directly from Delta Dental for that portion of the *treatment plan*, which is covered by your dental program. You will receive a *Notification of Delta Dental Benefits* with a detailed description of covered benefits and the amount of your obligation.

- If you visit a *non-participating dentist*, you will be responsible for payment. Delta Dental will reimburse you for the portion of your services covered by your program.

We advise that you check with your *dentist* to confirm whether he or she participates in the Delta Dental program under which you are covered. While a *dentist* may participate with Delta Dental, he or she may not participate in all of our programs.

Where Do I Call/E-mail?

<u>Question</u>	<u>Phone Number</u>	<u>E-mail/Internet Address</u>
Customer Service	(800) 494-4138	service@deltadentalnj.com
Obtain <i>claim forms</i>	(800) 494-4138	service@deltadentalnj.com
<i>Notification of Delta Dental Benefits</i> statement	(800) 494-4138	service@deltadentalnj.com
Status of a claim	(800) 494-4138	service@deltadentalnj.com
Eligibility information	(800) 494-4138	service@deltadentalnj.com
Benefits information	(800) 494-4138	service@deltadentalnj.com
Completing the <i>claim form</i>	(800) 494-4138	service@deltadentalnj.com
<i>COBRA</i> matters	(973) 285-4145	administration@deltadentalnj.com
<i>Participating dentist</i> list	(800) DELTA-OK (800) 335-8265	www.deltadentalnj.com

Please note that all calls to our toll-free number first go through our *Interactive Voice Response (IVR)* system. Information available on the *IVR* includes eligibility, benefits, remaining maximum, *deductible*, claim payments, and ordering *claim forms*. Your question may be answered quicker by the *IVR*, where there is never a wait. You can also use this system to speak with a Customer Service representative. Note: A touch-tone phone is required.

We offer the following services for our non-English speaking and hearing-impaired subscribers:

Language Line Helper - a non-English speaking subscriber can also use our toll-free number. When the call is received, a translator will be obtained for the language the caller is fluent in and a three-way conversation will be held among the caller, translator, and a Delta Dental customer service representative.

TDD Line - a hearing-impaired subscriber can call 1-(800) 246-1020 Monday through Friday, 8:00 a.m. – 7:00 p.m. and be connected with a TDD machine to also access our Customer Service representatives.

Frequently Asked Questions

- Do I need to have an assigned *dentist*?

No, this plan allows you to be treated by any licensed *dentist* of your choice. Generally, the least out-of-pocket expense can be achieved by using a network dentist (*Delta Dental Premier* or *Delta Dental PPO*).

- Do I need a referral to a specialist?

You are not required to have a referral to a specialist if you or your dependents require specialized care. Generally, you will maximize your benefits by utilizing the services of a specialist who participates with Delta Dental.

- Is it required to have a *Pre-Treatment Estimate* (pre-determination of benefits)?

No, it is not required by Delta Dental that you obtain a *Pre-Treatment Estimate* of benefits prior to treatment. If your *dentist* indicates the need for treatment with dental charges in excess of \$300, it is strongly recommended that you request an estimate of dental benefits before receiving the treatment. Both you and your *dentist* will receive a voucher from Delta Dental showing the estimated payable benefit. It will also indicate your estimated patient responsibility including *deductible* if applicable. Your *dentist* needs to complete this voucher and submit it for payment when work has been completed. *Pre-Treatment Estimates* are only estimates and not a guarantee of payment. Payments of the approved services are subject to eligibility and to contract limitations (e.g., annual maximums) at the time services are rendered.

- Do I need an ID card as proof of coverage when I visit a *dentist*?

Although not required, you should show it to your *dentist*. An ID card does not verify active coverage. You or your *dentist* may obtain your group number, current eligibility and benefit information by contacting Delta Dental at (800) 494-4138, 24 hours a day, 7 days a week or by accessing Delta Dental's on-line Benefit Connection tool at www.deltadentalnj.com.

- What if I have questions about my benefits?

You can call our Customer Service Department at (800) 494-4138 and speak to a representative between 8:00 a.m. and 6:30 p.m. EST Monday - Friday. Also, our *interactive voice response* system can provide benefit, eligibility, remaining maximum and *deductible* information, and history of your recent claims 24 hours a day, 7 days a week along with Delta Dental's on-line Benefit Connection tool.

- How do I file a claim for dental charges?

There are several easy ways to submit a claim. Your *dentist* can complete a Delta Dental *claim form* or an ADA (American Dental Association) approved form and mail it to: Delta Dental of New Jersey, P.O. Box 222, Parsippany, NJ 07054-0222. The *claim form* may also be faxed to (800) 324-7939. If your *dentist* files claims electronically through his or her computer, no *claim form* is required. This method also speeds processing time.

Also, you may download a claim form from our web site and submit the claim as well.

- Is there a time limit for submitting dental claims?

Yes, you have one full year from the date of service to submit your dental claims. If there is coordination of benefits involved and Delta Dental is not the primary carrier, you have one year from the date on which the primary carrier(s) issues a statement of benefits. If the claim is submitted after these time frames, then the services are not covered.

- How do eligible children attending college away from home find a *participating dentist*?

A customized list of *participating dentists* for a specific geographic location can be obtained by calling 1-(800) DELTA-OK or 1-(800) 335-8265. This list will be mailed or can be faxed in case of an emergency situation. Also, listings of *participating dentists* throughout the country are available on our web site at www.deltadentalnj.com.

- If I am not located in the same state as my employer's headquarters, where do I call?

No matter where you are located in the country, you can still call the same toll-free number (800) 494-4138 to reach our Customer Service Department, Monday to Friday, 8 a.m. to 6:30 p.m. EST. Our *Interactive Voice Response* system is available 24 hours a day, 7 days a week.

- What is an *alternate benefit* provision and how does it work?

The *alternative benefit* provision of your group contract is applied when there are two dentally acceptable ways to treat a dental condition and both procedures are covered. In such cases your benefit is based on the treatment that costs less. This does not mean that your *dentist* made a poor recommendation. In fact, you may use Delta Dental's payment towards the treatment you choose. Since Delta Dental's payment is the same no matter which treatment you choose, you may have higher out-of-pocket expenses if you choose the treatment that costs more.

- What if more than one visit is necessary to complete treatment?

Benefits are payable based on date of completion of treatment.

- For more Frequently Asked Questions please visit Delta Dental's web site at www.deltadentalnj.com.

Description of Covered Services

Plan Pays:

Preventive & Diagnostic Services (No Deductible)

100%

- Exams, Cleanings, (each twice per calendar year per person, ages 14 and older are considered adults)
- X-rays-full mouth series or panoramic (either one, once in three years)
- X-rays-bitewing (maximum of four films per calendar year)
- X-rays-single films (multiple x-rays on the same date of service will not exceed the benefit of a full-mouth series)
- Fluoride Treatment (two per calendar year, for eligible children to age 19, combinations with cleanings are applied to time limits for both)
- Space Maintainers (twice per space per lifetime, for children under age 19)
- Consultations are counted as exams for purposes of frequency limitations
- Sealants (1st and 2nd permanent, decay-free molars, once per tooth in any 36 consecutive months, for children to age 14)
- Emergency Care (necessary palliative treatment for minor dental pain)

Basic Services (After Deductible)

80%

- Fillings - composite and amalgam. Payment is allowed for one restoration per tooth surface in 365 days (composite fillings on back teeth are given the alternate benefit of an amalgam filling)
- Extractions, Oral Surgery (impacted wisdom teeth claims should first go to medical carrier)
- Endodontics (root canals on permanent teeth and root surgery each once per 24 months)
- Periodontics, Periodontal Surgery – Pre-treatment estimate is strongly recommended
- Repair & relining of dentures (repair of existing prosthetic appliances)
- General anesthesia (when medically necessary)

Prosthodontics & Crowns (After Deductible)

50%

- Crowns and crown-related procedures (post and core, core buildup, etc., once every five years, permanent teeth only, for ages 12 and older) An alternate benefit of a metal crown is payable for porcelain or fused porcelain crowns placed on posterior teeth.
- Bridgework (once every five years, for ages 16 and older) (bridges with four or more missing teeth in that arch may be given an alternate benefit of a partial denture)
- Full & Partial Dentures (either one, once every five years, partial dentures for ages 16 and older) (fixed bridges and removable partial dentures are not benefits in the same arch; benefits will be provided for the removable partial denture only)
- Inlays (inlays are only payable when done in conjunction with an onlay; by themselves they are given the alternate benefit of an amalgam filling)

Calendar Year Maximum (per person)

\$1,500.00

Calendar Year Deductible

- Individual \$50.00
- Family (family deductible is accumulated by individual deductibles) \$100.00

Orthodontia (Employee and Dependents) 50%

Orthodontic treatment is a benefit limited to once in a lifetime.

- Maximum per individual \$1,600.00

Under all programs, non-participating dentists may balance bill above the maximum allowable charge.

Orthodontic Payment Schedule

Payment for comprehensive orthodontics will be processed in two (2) equal payments (subject to continuation of treatment and/or eligibility for orthodontic benefits at the time services are rendered).

The first payment will be made upon insertion of appliances. The second and final payment will be made upon the completion of the first twelve (12) months of treatment. These payments will represent Delta Dental's full liability.

When the appliances are inserted prior to the effective date of eligibility, orthodontic benefits will be *pro-rated*.

Eligibility Requirements

You are eligible for dental coverage if you satisfy one of the following requirements:

- You are a faculty, post-doctoral associate or fellow with an appointment of at least 50% time
- You are a managerial & professional employee scheduled to work at least 20 hours per week

Please note: A two year waiting period applies if a member dis-enrolls and wished to re-enroll.

Visiting faculty are **not** eligible for dental coverage.

The following dependents are considered "eligible dependents" in accordance with Section 152 of the Internal Revenue Code.

- Your legal spouse
- Unmarried dependent children until the end of the month in which they reach age 19
- Unmarried dependent children, until the end of the month in which they reach age 25 if the child is a full time student at an accredited school.
- Disabled dependent children, regardless of age

Civil Union Partners

Please view the Civil Union policy in effect April 1, 2006 online at www.yale.edu/benefits

When does coverage begin?

Coverage for a faculty, post-doctoral associate or fellow, managerial or professional staff begins on the 1st day of the month following the employee's date of hire or on the 1st day of the month if the employee's date of hire is the 1st of the month.

Visiting faculty are not eligible for dental coverage.

When does coverage terminate?

Coverage for employees and their eligible dependents shall cease upon the earliest of:

- End of the calendar month following termination of employment. (Post-doctoral Fellow coverage ends at the end of the month of employment termination)
- End of the calendar month in which the death of employee occurs
- End of the calendar month in which the termination of group contract occurs

Coverage for a dependent spouse shall terminate at the end of the calendar month in which the divorce from the covered employee occurs unless otherwise stated by divorce decree.

Coverage for a dependent child shall terminate upon the end of the calendar month of attaining the limiting contract age (see eligibility section).

For coordination of benefits, Yale uses the birthday rule to establish which coverage is primary.

Exclusions and Limitations: Services Not Covered by This Dental Plan

- To be eligible for coverage, a service must be required for the prevention, diagnosis, or treatment of a dental disease, injury, or condition. Services not dentally necessary are not covered benefits. Your dental plan is designed to assist you in maintaining dental health. The fact that a procedure is prescribed by your dentist does not make it dentally necessary or eligible under this program. We can request proof (such as x-rays, pathology reports, or study models) to determine whether services are necessary. Failure to provide this proof may cause adjustment or denial of any procedure performed.
- Services for injuries or conditions which are compensable under Workers Compensation Employers Liability Laws; services provided to the eligible patient by any Federal or State Government Agency or provided without cost to the eligible patient by any municipality, county, or other political subdivision.
- Services with respect to congenital or developmental malformations (including TMJ and replacing congenitally missing teeth), cosmetic surgery, and dentistry for purely cosmetic reasons (e.g., bleaching, veneers, or crowns to improve appearance).
- Services provided in order to alter occlusion (change the bite); replace tooth structure lost by wear, abrasion, attrition, abfraction, or erosion; splint teeth; or treat or diagnose jaw joint and muscle problems (TMJ).
- Specialized or personalized services (e.g., overdentures and root canals associated with overdentures, gold foils) are excluded and a benefit will be allowed for a conventional procedure (e.g., benefiting a conventional denture towards the cost of an overdenture and the root canals associated with it. The patient is responsible for additional costs.)

- Prescribed drugs, analgesics (pain relievers), fluoride gel rinses, and preparations for home use.
- Orthodontic procedures to achieve minor tooth movement.
- Experimental procedures, materials, and techniques and procedures not meeting generally accepted standards of care.
- Educational services such as nutritional or tobacco counseling for the control and prevention of oral disease. Oral hygiene instruction or any equipment or supplies required.
- Services rendered by anyone who does not qualify as a fully licensed *dentist*.
- Charges for hospitalization including hospital visits or broken appointments, office visits, and house calls.
- Services performed prior to effective date or after termination of coverage. Benefits are payable based on date of completion of treatment.
- Services performed for diagnosis such as laboratory tests, caries tests, bacterial studies, diagnostic casts, or photographs.
- Temporary procedures and appliances, pulp caps, occlusal adjustments, inhalation of nitrous oxide, analgesia, local anesthetic, and behavior management.
- Procedures or preparations, which are part of or included in the final restoration (bases, acid etch, or micro abrasion).
- Composite restorations on posterior teeth are given the alternate benefit of an amalgam filling.
- Transplants, implants, and procedures directly associated with implants.
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars.
- Periodontal charting, chemical irrigation, delivery of local chemotherapeutic substances, application of desensitizing medicine, synthetic bone grafts, and guided tissue regeneration.
- Post removal (not in conjunction with root canal therapy).
- Completion of claim forms, providing documentation, requests for pre-determination, and services submitted for payment more than twelve (12) months following completion.
- Separate fee for infection control and OSHA compliance.

This is a general description of your dental plan to be used as a convenient reference, and some exclusions and limitations may not be listed. All benefits are governed by your group contract.

Delta Dental of New Jersey, Inc.
P. O. Box 222
Parsippany, NJ 07054-0222
(800) 494-4138
www.deltadentalnj.com

The Plan That Keeps You Smiling.