



PENNSYLVANIA STATE CORRECTIONS OFFICERS ASSOCIATION

2421 North Front Street

Harrisburg, PA 17110-1110

(717) 364-1700 phone | (717) 364-1705 fax

1-866-GO-PSCOA (PA)

...Patrolling the Toughest Blocks in the State...

Jason Bloom, President
jbloom@pscoa.org

Tim Walsh, Executive Vice President
twalsh@pscoa.org

Robert Storm, Vice President
rstorm@pscoa.org

Larry Blackwell, Vice President
lblackwell@pscoa.org

John Chernavage, Secretary/Treasurer
jchernavage@pscoa.org

Dear Retiree:

Joining the PSCOA Retired Chapter allows you to keep or obtain a specialty organizational license plate. You will retain full access to the PSCOA website. A membership id number will be issued to you.

To join the PSCOA Retired Chapter, please complete and return the **Retired Chapter application** at no charge to you.

To enroll in the PSCOA Retired Chapter vision and dental benefits, please complete and return the **Vision Benefits of America** and the **Delta Dental applications** along with **your completed ACH preauthorization agreement**.

If you do have any questions, feel free to contact me at 866.467.7262 ext. 301.

Thank you,
Paula Lapp
Administrative Assistant, PSCOA



Pennsylvania State Corrections Officers Association | Retired Chapter

MEMBERSHIP APPLICATION

PLEASE
PRINT

LAST NAME	FIRST NAME	MIDDLE INITIAL	EMPLOYEE NUMBER
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REQUIRED
INFORMATION

DATE OF BIRTH	Date of Retirement	FACILITY YOU RETIRED FROM
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CONTACT
INFORMATION

STREET ADDRESS	CITY	STATE	ZIP CODE
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() HOME PHONE	() CELL PHONE	EMAIL ADDRESS
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MEMBER SIGNATURE	DATE
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DO NOT WRITE IN THIS SECTION OFFICIAL USE ONLY		
RECEIVED BY	DATE	RC ISSUED ID#

JOINING THE PCSOA RETIRED CHAPTER ALLOWS YOU TO KEEP OR OBTAIN A PCSOA SPECIALTY ORGANIZATIONAL LICENSE PLATE AND RETAIN FULL ACCESS TO THE PCSOA WEBSITE. YOU WILL RECEIVE A MEMBERSHIP ID CARD, RETIRED MEMBER WINDOW DECAL AND RETIRED MEMBER PATCH.



Pennsylvania State Corrections Officers Association

Retired Chapter

2421 North Front Street | Harrisburg, PA 17110-1110
Phone: 717.364.1700 | toll free: 866.GO.PSCOA | fax 717.364.1705
www.pscOA.org

Dental and Vision Coverage Plans

2017 Membership Prices

Dental

	Delta Dental PPO	
Single Member	<input type="checkbox"/>	\$35.00
Member & Spouse	<input type="checkbox"/>	\$64.00
Member & One Child	<input type="checkbox"/>	\$64.00
Member & Children	<input type="checkbox"/>	\$102.00
Member & Family	<input type="checkbox"/>	\$102.00

Vision

Vision Benefit of America Monthly Premium		
Single Member	<input type="checkbox"/>	\$9.00
Member & Spouse	<input type="checkbox"/>	\$16.00
Member & One Child	<input type="checkbox"/>	\$16.00
Member & Children	<input type="checkbox"/>	\$23.00
Member & Family	<input type="checkbox"/>	\$23.00

Total Monthly Premium (Dental + Vision): \$ _____

(This is the amount that will be deducted from your account on a monthly basis)

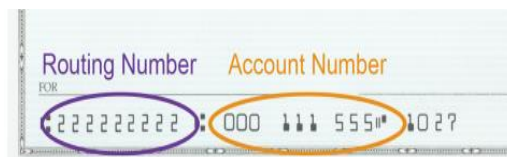
If you elect to change your dental plan, be sure to indicate your new premium.

For more information on these benefits, please feel free to call NFP at 1-866-822-4775

AUTHORIZATION AGREEMENT ACH PREAUTHORIZED PAYMENTS (DEBITS)

I hereby authorize PSCOA Member Benefit Trust, to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking/Savings account indicated below and the financial institution named below to credit (or debit) the same to such account.

Account Type: Checking Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____



***** PLEASE ATTACH A VOIDED CHECK TO CONFIRM ACCOUNT INFORMATION *****

Payments will be executed beginning January 5th, 2017 and will be recurring every 5th of the month, unless that payment date falls on a weekend or holiday, then payment will be executed next business day.

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

NAME OF RETIREE

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

Please send forms to this address:

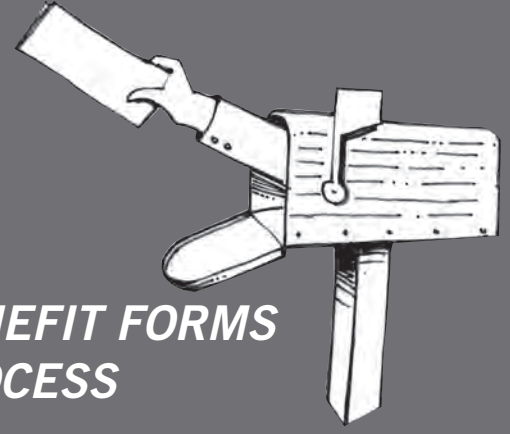
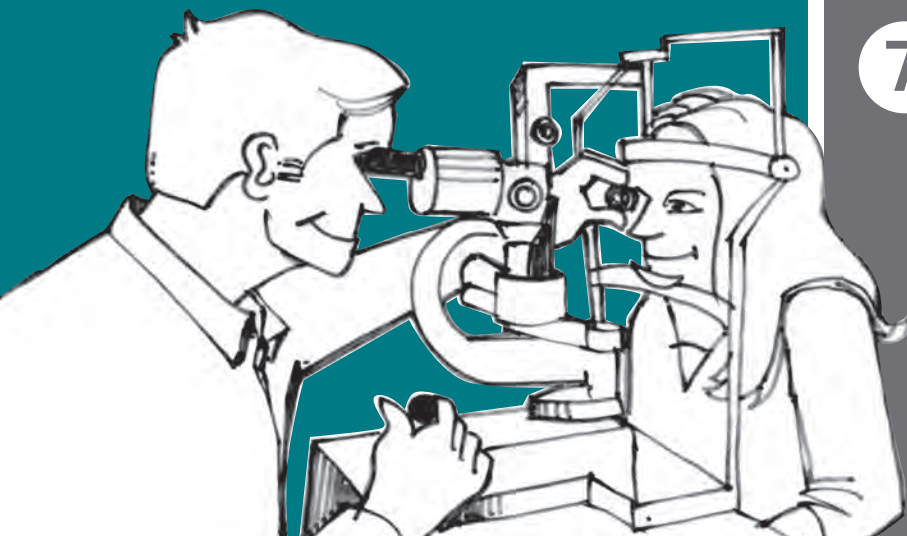
PSCOA Retirement Chapter
c/o Front Street Financial
Attn: Jeff Wrabel
2417 N. Front Street
Harrisburg, PA 17110

HOW VISION BENEFITS OF AMERICA WORKS



ELECTRONIC PROCESS

- 1e** *VBA brochure informs employee of plan benefits.*
- 2e** *Employee may visit visionbenefits.com to search for a doctor (**bold print**) who does e-claims (**no benefit form needed**).*
- 3e** *Simply make appointment with one of those doctors, saying that you are a VBA covered employee, and that you want to use the e-claim system.*
- 4e** *The doctor verifies eligibility and provides vision examination.*
- 5e** *Doctor orders prescription from VBA approved lab, verifies accuracy and dispenses Rx to employee.*
- 6e** *VBA pays doctor for all covered professional services.*



BENEFIT FORMS PROCESS

- 1** *VBA brochure informs employee of plan benefits.*
- 2** *Employee may request vision care either by calling 1-800-432-4966 or by visiting visionbenefits.com*
- 3** *VBA verifies eligibility and mails benefit form and current doctors' list to employee.*
- 4** *Employee chooses anyone from VBA doctors' list and makes appointment.*
- 5** *Employee presents benefit form at time of first visit and is examined by doctor (**no paperwork for employee**).*
- 6** *Doctor orders prescription from VBA approved lab, verifies accuracy and dispenses Rx to employee.*
- 7** *VBA pays doctor for all covered professional services.*



Vision Benefits
of America

Clearly Managed. Clearly Focused.

PA STATE CORRECTIONAL OFFICERS ASSOCIATION

Dear Valued Employee:

In order that we might assist you in using your VBA Vision Benefits, we've compiled the following most frequently asked questions and answers. It is our hope that this will provide you with a better understanding of how the program works and what you must do to receive the maximum benefit.

1. What is the benefit of using a VBA Participating Provider?

Every VBA Participating Provider location must have either a licensed practicing Doctor of Optometry or Ophthalmology associated with it. Each has agreed to accept VBA's fee as full payment for their services and adhere to VBA's comprehensive examination standards. Additionally, all lenses will be fabricated at one of VBA's Approved Optical Labs, where both the cost and the quality are strictly controlled.

2. Who are the VBA Participating Providers in my area?

VBA represents one of the most comprehensive networks of Optometrists, Ophthalmologists and well known Retail Optical Stores in the nation. An up-to-date list of the providers in your area will be sent to your home, along with a validated benefit form, when you request service from VBA. You can also search for providers by visiting our website at www.visionbenefits.com

3. Do I have to request a benefit form before making my eye appointment?

YES! You should either call VBA's Customer Service Department at 1-800-432-4966 or visit our website at www.visionbenefits.com before making your eye appointment. VBA will determine if you are eligible for the benefit at that time. If so, a validated VBA Benefit Form and a current list of Participating Providers will be sent to your home, generally within a week. Select a provider from the list and make an appointment. Remember in order to take full advantage of the benefits available, YOU MUST PRESENT THE VALIDATED VBA BENEFIT FORM TO THE VBA PROVIDER ON YOUR FIRST VISIT. Failure to do so will result in higher charges.

- OR -

You may visit our website at www.visionbenefits.com to view a listing of VBA Network Providers in your area. The VBA Doctors who have their names bolded in black would be able to deliver your benefits without the traditional VBA Benefit Form, by submitting your claim electronically. You would simply have to make an appointment with one of them (for an E-Claim) if you are eligible for your VBA benefits at that time.

4. When is the best time to call VBA's Customer Service Department?

If you only need to request VBA Benefit Forms for yourself or your dependents, you can visit our website or call any time. After reaching our Customer Service Department at 1-800-432-4966, simply press Option 4. However, if you need to speak with a VBA Customer Service Representative, you may call between the hours of 8:30 am and 7:00 pm EST Monday through Friday. You may experience longer waiting times in the morning hours. Generally, later in the day and later in the week is better.

5. Once I have received my VBA benefit form, how long do I have to make an appointment?

Since your vision benefits through VBA are prepaid, the Benefit Form you receive is similar to a voucher and must be used within 90 days after you have received it. As long as you have made your appointment within that 90 day period, the VBA Participating Provider will accept it.

6. Will there be any extra charges if I use a VBA Provider?

Your plan will provide a complete vision exam, clear lenses and a quality frame at no out-of-pocket cost to you other than the \$25 copayment amount. Also, VBA provides Polycarbonate Lenses for children under age 19 and 1 Year Scratch Protection for all ages, when spectacle lenses are obtained through a VBA Participating Provider. However, should you select optional items, such as tinted lenses, photograys or progressive no-line bifocals, there will be additional charges that you will be responsible for. Additionally, frames whose acquisition cost exceeds the plan's wholesale frame allowance (approximately \$100 to \$135 retail value) will also result in extra charges. Even though these optional items aren't covered under the plan, the amounts you will be charged are strictly controlled by VBA and are considered fair and reasonable. Ask the VBA Provider if the items you select would result in any additional charges.

NOTE: MAKE SURE YOU ARE AWARE OF ANY ADDITIONAL CHARGES BEFORE YOU SIGN THE BENEFIT FORM. VBA MONITORS ALL ADDITIONAL CHARGES TO INSURE THAT THEY ARE CORRECT.

7. What kind of frames are covered under the plan?

Any frame with a wholesale acquisition cost that is less than your plan's allowance is fully covered. A frame such as this would typically retail in the \$100 to \$135 range. If you select a frame that has a wholesale cost in excess of what the plan allows, you will be charged a controlled fee by the provider. The provider does not have to disclose the actual wholesale cost to you, but he must disclose the exact amount of the additional charges, if any, for the frame you select.

8. How long will it take to receive my glasses?

Generally, your glasses will be back from the VBA Laboratory within two weeks (VBA allows 10 working days). If, however, the frame you selected is out of stock from the manufacturer, or if you have requested an anti-reflective coating or progressive bifocals, it may take slightly longer.

9. What guarantee do I have that my glasses will be made right?

VBA guarantees every pair of glasses 100%. If your prescription is not totally accurate, or if the VBA Lab did not produce the lenses in exact accordance with your prescription, VBA will make it right at no additional cost to you.

10. If my glasses are broken or lost, can they be replaced?

No. Unless you are eligible for the benefit at that time, there are no provisions for lost or broken glasses. Some providers may offer this protection at an additional cost to you if you ask.

11. What should I do if I wish to get contacts instead of glasses?

You should proceed in the same manner as if you were going to get glasses. We would advise, however, that you shop around for both a provider and a price that you are comfortable with, since the cost of contacts is not controlled by VBA. You will simply be reimbursed up to \$125 toward the total retail cost of the contact lenses and/or contact lens exam.

VBA will accept a maximum of two (2) submissions per covered member for the benefit period up to the \$125 benefit limit. This contact lens/services reimbursement is in lieu of all other benefits (exam/spectacle lenses/frames) for the benefit period.

12. What if I wish to use a provider that does not participate with VBA?

Under the plan, you may use any provider you wish. You should still request a validated VBA Benefit Form to determine your eligibility and to assure a prompt reimbursement. Then, after you have received your exam and/or materials, simply attach your itemized receipts (exam cost, frame cost and the type and cost of lenses) to your VBA Benefit Form and return it to VBA. Reimbursements are made biweekly and are in the amounts printed in your VBA Benefits Brochure.

If you wish to use a non-participating doctor for your exam, you may still use a VBA Participating Provider to obtain your glasses. VBA Providers who will dispense glasses from another doctor's prescription are indicated with an asterisk in the in the VBA Providers' List. You must take both the Benefit Form and the prescription to the VBA Provider. The receipt for your non-participating doctor exam should be returned to VBA, along with a note including the name of your employer/company and your name and address. You will be reimbursed directly for your exam according to the schedule printed in your benefits pamphlet.

NOTE: If any problems arise with your glasses or contacts due to an inaccurate prescription written by a Non-Participating Doctor, neither VBA nor the Participating Provider assume any responsibility.

13. Does my benefit include any accommodation for laser vision correction?

YES. VBA has partnered with TLCVision, the leading provider of laser vision correction in North America. VBA covered members will receive a discount off of the usual and customary charges for LASIK when you have your procedure performed by a TLC Advantage Network surgeon. To learn more about this exciting new benefit, you may contact TLC Laser Eye Centers at www.tlcvision.com OR 1-877-PLAN TLC.

IF YOU HAVE ANY FURTHER QUESTIONS ON THESE OR ANY OTHER ASPECTS OF YOUR VISION BENEFIT, WE ASK THAT YOU CONTACT THE BENEFITS OFFICE OR CALL VBA DIRECTLY AT 1-800-432-4966 OR VISIT OUR WEBSITE AT WWW.VISIONBENEFITS.COM THANK YOU!



Vision Benefits of America

Enrollment / Change / Delete Form

Please Note: Incomplete information may delay processing of this form.

Group Administrator: please return completed forms to: VBA at elig@visionbenefits.com or fax to 412-881-4898

This Section to be completed by the Group Administrator

Date: _____ Group #/Name: 2873 / PA STATE CORRECTIONS OFFICERS ASSOC-RETIRES

Administrator: _____ Phone #: _____ Ext: _____

Effective Date of Change: _____ Enrollment Status ___Active ___Cobra

Employee Information Transaction Type: ___Add ___Change ___Delete

Social Security Number: _____ Date of Birth: _____

Employee Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

First Name, Middle Initial, Last Name Action Codes: (A)dd (C)hange (D)elete

Spouse: _____ DOB: _____ Action: _____

Child 1: _____ DOB: _____ Action: _____

Child 2: _____ DOB: _____ Action: _____

Child 3: _____ DOB: _____ Action: _____

Child 4: _____ DOB: _____ Action: _____

Child 5: _____ DOB: _____ Action: _____

Special Dependent Information - To be used to designate a Full-Time Student or Handicapped Dependent

Child Name _____ Handicapped _____

Child Name _____ School _____

Child Name _____ School _____

I agree to all terms and conditions of the VBA Vision Plan and corresponding payroll deductions (if applicable).

Employee Signature: _____ Date: _____

LIMITATIONS

Vision Benefits of America is designed to cover visual needs rather than cosmetic materials, and consequently includes some limitations in order to control costs. The following options or services will generally result in additional charges to the patient or are not covered under the plan.

ADDITIONAL CHARGES

A patient selecting any of the following items will be responsible for the additional charges, all of which are monitored and controlled by **VBA**.

- Tinted Lenses
- Photochromic lenses
- Polycarbonate (*covered under age 19*)
- Hi-Index lenses
- Progressive (available starting at \$45)
- The coating of the lens or lenses (*except 1-Yr Scratch Protection*)
- A frame that costs more than the plan allowance
- Rimless frames

Additionally, costs for contact lenses/services in excess of the plan's scheduled reimbursement allowances are the responsibility of the patient.

NOT COVERED

The contract gives **VBA** the right to waive any of the plan limitations if, in the opinion of our optometric consultants, it is necessary for the patient's welfare. **VBA** provides no benefit for professional services or materials connected with the following:

- Orthoptics or vision training
- Non-prescription lenses
- Two pair of glasses in lieu of bifocals
- Medical or surgical treatment of the eyes
- Any eye examination, or corrective eyewear, required by an employer as a condition of employment
- Services or materials provided as a result of any Workers' Compensation Law or similar legislation
- Glasses and contacts during the same eligibility period

Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.

NOTE: In addition, if the covered person does not obtain the **VBA** benefit form in advance, but visits the Participating Doctor as a private patient, the Participating Doctor is not obligated to accept **VBA** fees as full payment for these services, and may elect to charge his or her usual and customary fees.



Expert Solutions. Exceptional Service.

PA State Corrections Officers Associates

VBA #2873

Effective 5/1/15 – 4/30/17

\$5 Exam / \$20 Materials Copay

FREQUENCY OF SERVICE: Calendar Year: **DEPENDENT AGE: 26**

	Employee	Spouse	Children
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months

BENEFITS: Employee can select either:

	VBA Participating Provider	Non-Participating Provider
	Amount Covered/Benefit (Less Copayment)^G	Amount Reimbursed (Zero Copayment)
Vision Exam (For Glasses)	100%	\$40
Clear Standard Lenses (Pair):		
Single Vision	100%	\$40
Bifocal	100%	\$50
Blended Bifocal	100%	\$50
Trifocal	100%	\$75
Progressives ^D	Controlled Cost ^A	\$75
Lenticular	100%	\$100
Polycarbonate ^C	100%	N/A
Scratch Coat-1 Yr	100%	N/A
Frame^B	100%	\$50
-OR-		
Contacts (selected in lieu of eyeglass benefits listed above)		
Elective Contacts ^E	\$125	\$125
-OR-		
Medically Required Contacts^F	100%	\$250
Low Vision Aids (Per 24 Months. No Lifetime Max)	\$650	\$650

- A Unless otherwise prohibited by law.
- B Within the program's \$50 wholesale allowance (approximately \$125 to \$150 retail).
- C Available In-Network at no charge for children under age 19.
- D Progressive lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.
- E The contact allowance is applied to all services/materials associated with contact lenses. This includes, but not limited to, contact exam, fitting, dispensing, cost of the lenses, etc. No guarantee the contact allowance will cover the entire contact cost (materials/services).
- F Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.
- G A \$5.00 copayment is applied to the vision exam and a \$20.00 copayment is applied to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only. However, copayments do not apply to contacts.

VBA PATIENT OPTION PRICE LIST

<u>PATIENT OPTION</u>	<u>TYPICAL RETAIL CHARGE</u>	<u>CONTROLLED VBA CHARGE</u>
Polycarbonate Lens Material (<i>single</i>)	\$ 40.00	\$ 20.00
Polycarbonate Lens Material (<i>multifocal</i>)	\$ 60.00	\$ 30.00
Glass Photochromic (<i>single</i>)	\$ 35.00	\$ 18.00
Glass Photochromic (<i>multifocal</i>)	\$ 45.00	\$ 28.00
Plastic Photochromic (<i>single</i>)	\$ 80.00	\$ 55.00
Plastic Photochromic (<i>multifocal</i>)	\$ 100.00	\$ 65.00
Solid Tints	\$ 12.00	\$ 10.00
Gradient Tints	15.00	12.00
Color/Edge Coating	28.00	23.00
Mirror Coating	40.00	32.00
UV400	18.00	12.00
Rimless Mounting (<u>usually included in frame price</u>)	12.00	8.00
Roll & Polish Edges	15.00	10.00
Polarized Lenses (<i>single</i>)	\$ 80.00	\$ 56.00
Polarized Lenses (<i>multifocal</i>)	100.00	66.00
Super A/R *99%+ Transmission	\$ 50.00	\$ 40.00
Super A/R Premium/Scratch Coated	70.00	49.00
Ultra A/R (Alize, Teflon)	95.00	59.00
Scratch Resistant Coating	\$ 28.00	\$ N/C
Premium Scratch Resistant Coating	40.00	30.00
Blended Bifocal	\$ 55.00	\$ N/C
Smart Seg Bifocal	55.00	35.00
<u>Progressive Lenses Add Ons:</u>		
Super No-Line / Navigator / etc.	\$ 90.00	\$ 45.00
Kodak / Summit / etc.	125.00	58.00
Comfort / Solamax, Compact / etc.	185.00	80.00
Mid Index Plastic (<i>single</i>)	\$ 60.00	\$ 28.00
Mid Index Plastic (<i>multifocal</i>)	80.00	35.00
Hi Index Plastic (<i>single</i>)	\$ 100.00	\$ 50.00
Hi Index Plastic (<i>multifocal</i>)	125.00	60.00

NOTE: VBA's controlled prices are considered fair and reasonable in today's market, thus assuring your members will not be overcharged for items not covered by the Plan.

TLC Offers a LASIK Advantage

Vision Benefits of America and TLCVision[®], helping you see to a clearer tomorrow with the TLCVision Advantage Program.



The TLCVision Advantage Program Savings

Members save up to 15%[†] on LASIK services. The benefit is available at more than 100 Advantage Program Network locations across the U.S.

The TLCVision Advantage Program Services Include:

- FREE Consultation to determine candidacy.
- Comprehensive pre-operative testing with some of the most advanced technology in the industry.
- LASIK with an experienced surgeon at any TLCVision Advantage Network location.
- Post-operative visits for up to 12 months following your procedure.
- Affordable and convenient payment plans. Our financial application process is quick and easy. Usually, approvals take only a few minutes.
- The TLC Lifetime Commitment[®] for qualified candidates.



[†] TLCVision Advantage Program members will receive a 15% savings off of the usual and customary global fee OR 5% off any promotional pricing being offered on LASIK services at any of the more than 100 Advantage Program network locations in the United States.

* Most common rate is listed. Offer varies at some locations. The TLC Lifetime Commitment is available only at participating TLC Laser Eye Centers[®]. TLC Surgeon to determine eligibility prior to initial surgery. Not available with Silver Package. Must be purchased at time of surgery. A refundable deposit may also be required at the time services are scheduled.

Learn
More

To Learn More About LASIK

Members should schedule a FREE Consultation to determine if they are a candidate. During the visit, Members may ask any questions they have about the benefits and risks of LASIK. Members must identify themselves as part of the TLCVision Advantage Program in order to qualify for the preferred rate, and they will be required to pay this rate on the day of their procedure.

877.PLAN.TLC www.tlcvision.com/why_advantage.fxml

The Right Procedure for You

The FREE Consultation will help determine which procedure is best for your vision.

Conventional LASIK

Conventional LASIK corrects basic vision errors such as nearsightedness, farsightedness and astigmatism.

CustomLASIK

After deciding to have LASIK many patients opt for CustomLASIK — the enhanced FDA approved vision correction technology. Corneas are like fingerprints — detailed, unique and no two are alike. This uniqueness creates distortions that Conventional LASIK is not designed to treat. That's why we offer CustomLASIK.

- Using wavefront technology, an analyzer projects waves of light into the eye.
- A customized map is created for each individual eye.
- Digital technology identifies and measures imperfections 25 times more precise than Conventional LASIK to offer higher levels of precision and treatment accuracy.

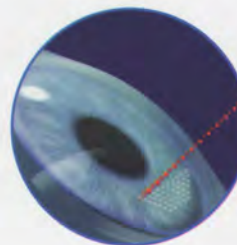
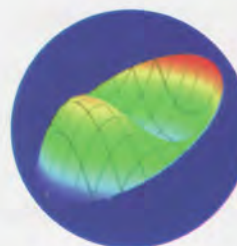
Bladeless LASIK

A silent computer-guided laser is used during the first step of the LASIK procedure to create the corneal flap. Bladeless LASIK eliminates the hand held microkeratome, giving you a truly 'all laser' procedure.

- The laser allows customization of the flap.
- Accounts for the natural curvature of the cornea, creating a flap of uniform thickness.
- In recent studies done by IntraLase®, this technology may now make it possible to treat patients with LASIK who were previously dismissed as candidates due to thin corneas.

LASIK is an Eligible Pre-tax Expense

Members may further increase their savings by using a pre-tax account such as a Flexible Spending Account (FSA) or Health Savings Account (HSA). Before allocating funds to a pre-tax account for LASIK, Members should first find out if they are a good candidate for the procedure. TLCVision provides FREE Consultations to any interested Member.



TLC Lifetime Commitment®

Purchase this exclusive TLC benefit and receive an enhancement at any of TLC's more than 80 centers across North America at NO CHARGE! Members should schedule a FREE Consultation to determine if they are a candidate. Call 877.PLAN.TLC or visit www.tlcvision.com/why_advantage.fxml.

Savings on Hearing Aids

for our members, their parents & grandparents



We have arranged a discount program through TruHearing that offers digital hearing aids at a reduced price.* This program is available to Vision Plan enrollees, as well as their parents and grandparents who are not enrolled in this Vision Plan.

Simply choose the price level you desire (see below), and then select the style within that level. Call TruHearing to discuss your options and to find the nearest provider.

The TruHearing program includes:

- Free hearing screening
- 45-day money back guarantee
- 2-year warranty
- 12 months, no interest financing available upon approved credit

Highest Quality at Exceptional Prices



TruHearing **Basic**

- Value in 100% Digital

Your Price \$995 ea.†

Regular Price \$1,595 ea.
100% digital, plus:

- 2 channels
- 2 memories
- Microphone Noise Reduction

TruHearing **Medallion**

- Technology & Value

Your Price \$1,495 ea.†

Regular Price \$3,595 ea.
Everything in Basic, plus:

- 7 channels
- 3 memories
- Sensitive Voice Processing
- Adaptive Feedback Detection

TruHearing **Ultra**

- Highest Technology
- Complete Features

Your Price \$1,995 ea.†

Regular Price \$4,755 ea.
Everything in Medallion, plus:

- 14 channels
- 6 compression areas
- Adaptive Noise Reduction
- Speech Preservation
- Much more...

TruHearing
www.truhearing.com

For More Information, Call
(800) 319-1012

Enrollment/ Change Form



One Delta Drive, Mechanicsburg, PA 17055
 (800) 932-0783
 TTY/TDD (888) 373-3582
 deltadentalins.com

Please check the applicable box or boxes.

- New enrollment
- COBRA
- Coverage change
- Name change
- Address change
- Change of dependents
- Termination
- Decline Coverage

Please check the applicable box or boxes.

- Delta Dental PPOSM
- DeltaCare[®] USA

The Delta Dental plan that administers your dental benefits.

Delta Dental of Pennsylvania

Primary Enrollee Social Security Number	Last Name	First Name	MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Alternate Identification Number (if applicable)	Address (Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Street	City	State	ZIP Code

Group Number PA18142/PA78670	Sublocation	Group Name Pennsylvania State Corrections Officers Association
DeltaCare USA Primary Care Dentist (required for DeltaCare USA enrollees)		DeltaCare USA Primary Dental Office ID No. (required for DeltaCare USA enrollees)

Change of Coverage

New Coverage: _____ Former Coverage: _____

Name Change

From: _____ To: _____

Dependent Change

Please check one of the boxes: Add dependent(s) listed below Delete dependent(s) listed below

Do you or your dependents have other dental coverage?
 Yes No *If yes, please complete the following:*

Carrier Name and Address: _____
 Group Number: _____

Last name (if different)	First Name	MI	Gender	Date of Birth	Social Security Number
Spouse			M F		
Children			M F		
			M F		
			M F		
			M F		
			M F		

Date of Hire:	Effective Date:	Primary Enrollee Signature _____
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Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Enrollees whose company is headquartered in the state of New York and who commit a fraudulent insurance crime shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



YOUR SMILE, YOUR CHOICE

At Delta Dental, *we keep you smiling!*[®] Our plans provide easy access to large, stable dentist networks and help keep your mouth healthy by encouraging regular, preventive care. Your two quality dental plan choices are:

› **Delta Dental PPO**¹: Our preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Your plan covers all or a portion of each treatment and you pay the balance.² Get the most plan value by choosing a Delta Dental PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

› **DeltaCare USA**: Like the Delta Dental PPO plan, you can visit any dentist, anywhere, with DeltaCare USA,³ but you'll usually save the most money when you choose an in-network dentist. DeltaCare USA offers predictable costs that help make budgeting simple. Enjoy set copayments and no maximums or deductibles for covered benefits.²

Turn the page for more details to help you choose the best plan for your needs.

DELTA DENTAL PPOSM
& **DELTACARE**[®] USA

¹ In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.
² Refer to your plan booklet for more information about covered services, deductibles and maximums.

³ In WY, you must visit a DeltaCare USA dentist in order to receive benefits. In AK, CT and SD, each enrollee has an out-of-network calendar year maximum of \$500.

COMPARE PLAN FEATURES

PLAN FEATURES ⁴	Delta Dental PPO	DeltaCare USA
Dentist network	You may visit any licensed dentist, but fees are typically lowest when you choose an in-network dentist. ⁵	
Coinsurance/ copayments	Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%.	Covered services provided by a network dentist have predetermined dollar copayments. Additional fees may apply for non-network dentists. ⁵
Coverage	Wide range of covered services No exclusions for most pre-existing conditions ⁶ Diagnostic and preventive services have little or no coinsurance	Covers over 300 procedures No exclusions for most pre-existing conditions ⁶ No or low copayments for most diagnostic and preventive services
Changing your dentist	Change your dentist at any time without contacting us. ⁵	
Transitions from previous plan	Coverage is provided only for treatment started and completed after your effective date. Procedures started under another dental plan are the responsibility of your prior carrier.	
Orthodontic treatment-in-progress	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <i>When ortho was covered under your prior group-sponsored plan and you are in active treatment on your new effective date:</i> </div> Typically, we will pay the remaining amount of the total case fee not paid by your prior dental plan. You are responsible for the copayments and fees subject to the provisions of your prior dental plan.	
Authorization for specialty care treatment	Preauthorization is not required for specialty care. ⁵	
Out-of-area coverage	Visit any licensed dentist. ⁵	
Deductibles and maximums	Annual deductibles and maximums apply to most plans.	No annual deductibles or maximums. ⁵
Claims	Delta Dental dentists file claim forms and receive payment directly from us. You never have to pay more than the patient's share of the bill when you visit a Delta Dental dentist.	Network dentists file claim forms and receive payment directly from us. When you visit a network dentist, you pay only the copayment for covered services at the time of your visit. ⁵

⁴ Please refer to your plan booklet for benefits, limitations and exclusions, any waiting periods and other coverage details.

⁵ DeltaCare USA enrollees in AK, CT and SD have an out-of-network calendar year maximum of \$500. DeltaCare USA enrollees in WY must visit a DeltaCare USA dentist in order to receive benefits, and may require a referral for specialty care. Refer to your plan booklet for more information.

⁶ Delta Dental covers treatment started and completed after your plan's effective date of coverage. If you are transitioning from another dental plan, procedures started under that plan are the responsibility of your prior carrier.

PRODUCT ADMINISTRATION

DeltaCare[®] USA is underwritten in these states by these entities: ME, NC, ND, NH, OK, SD, VT, WY – Dentegra Insurance Company; AK, CT, LA, MS, MT – Delta Dental Insurance Company. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Delta Dental PPOSM is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a Dental Provider Organization (DPO) plan.



DeltaCare[®] USA – provided by Delta Dental of Pennsylvania



We'll do **whatever it takes and then some.**

Find a DeltaCare USA dentist

Select from among the many conveniently located DeltaCare USA contracted general dentists. To find the most current listing of DeltaCare USA dental offices you can:

Visit our website at deltadentalins.com/enrollees. Under Find a dentist, select DeltaCare USA as your network.

Or call Customer Service at **800-422-4234** for help in finding a DeltaCare USA dentist.



Welcome to DeltaCare USA – quality, convenience, predictable costs

DeltaCare USA is a dental program that provides you and your family with quality dental benefits at an affordable cost. The DeltaCare USA program is designed to encourage you and your family to visit the dentist regularly to maintain your dental health.

When you enroll, you select a contract dentist to provide services. The DeltaCare USA network consists of private practice dental facilities that have been carefully screened for quality.

Enroll in DeltaCare USA and you'll enjoy these features:

Quality

- Extensive benefits for you and your family
- Most pre-existing conditions covered
- Large, stable network of dentists, so you can enjoy a long-term relationship with your dentist

Convenience

- No claim forms to complete
- Easy access to specialty care
- Expanded business hours for toll-free customer service, from 8 a.m. to 9 p.m., Eastern time

Predictable costs

- No deductibles
- Out-of-pocket costs are clearly defined
- No annual or lifetime dollar maximums



Administered by Delta Dental Insurance Company



What if I have questions about my DeltaCare USA Program?

Eligibility for you and your family

If you meet your group's eligibility requirements for dental coverage, you can enroll in the DeltaCare USA program. You may also enroll eligible dependents. Contact your benefits administrator if you have any questions.

Easy enrollment

Simply complete the enrollment process as directed by your benefits administrator. Be sure to indicate a dentist (from the list of contract dental facilities) for both yourself and your eligible dependents. Include the name of your group.

How your DeltaCare USA program works

Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you.

After you have enrolled, you will receive a membership packet that includes an identification card and an Evidence of Coverage that fully describes the benefits of your dental program. Also included in this packet are the name, address and phone number of your contract dentist. Simply call the dental facility to make an appointment.

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 "Description of Benefits and Copayments" for a list of your benefits.

Please note: Dental services that are not performed by your selected contract dentist, or are not covered under provisions for emergency care below, must be preauthorized by us to be covered by your DeltaCare USA program.

Provisions for emergency care

Under your DeltaCare USA program, you and your eligible dependents are covered for emergencies if you are unable to reach your contract dentist or for out-of-area dental emergencies (35 or more miles from your contract dentist).

My dentist is a Delta Dental dentist but is not on the list of DeltaCare USA dentists. Can I still receive treatment from this dentist?

You must receive treatment from your selected DeltaCare USA contract dentist. Please note that Delta Dental dentists are not necessarily DeltaCare USA dentists.

Do my family members receive treatment from the same DeltaCare USA contract dentist?

You and your eligible dependents may receive care from the same contract dentist, or if you prefer, you may collectively select up to a maximum of three contract dental facilities.

Does my DeltaCare USA program cover tooth-colored fillings and crowns?

Porcelain and other tooth-colored materials are included as a benefit under your program. The copayment shows you what your out of pocket cost will be.

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) until you have been covered under the program for 12 months.

If an individual begins comprehensive orthodontic treatment within 90 days immediately prior to becoming eligible under the DeltaCare USA program, a provision for treatment in progress is available subject to a waiting period of 12 months of continuous coverage

Highlights of your DeltaCare USA Program

under the DeltaCare USA program unless the individual qualifies for the orthodontic treatment in progress provision.

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 (deltadentalins.com). If you contact us by the 21st of the month, the change will become effective the first of the following month.

Can I have my teeth whitened under the DeltaCare USA program?

External bleaching is a benefit under your program. See the "Description of Benefits and Copayments" and talk to your contract dentist about your options.

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.

How does the DeltaCare USA program encourage preventive care?

Your DeltaCare USA 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. See the enclosed "Description of Benefits and Copayments."

Does my DeltaCare USA program cover specialists' services?

Your contract dentist will coordinate your specialty care needs for oral surgery, endodontics, periodontics or pediatric dentistry 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 if I have questions about my DeltaCare USA program?

Call Customer Service at 800-422-4234. 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.

Our Customer Service representatives have worked in dental facilities and can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program and is not to be interpreted as CDT-2015 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999 I. DIAGNOSTIC		
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	\$5.00
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - first radiographic image	No Cost
D0260	Extraoral - each additional radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image	No Cost
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>limited to children age 3 to 19, 1 every 3 years</i>	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>limited to children age 3 to 19, 1 every 3 years</i>	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>limited to children age 3 to 19, 1 every 3 years</i>	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	\$5.00
D1000-D1999 II. PREVENTIVE		
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i>	\$5.00
D1110	<i>Additional prophylaxis cleaning</i> - adult (<i>within the 6 month period</i>)	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i>	\$5.00
D1120	<i>Additional prophylaxis cleaning</i> - child (<i>within the 6 month period</i>)	\$35.00
D1206	Topical application of fluoride varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i>	No Cost
D1208	Topical application of fluoride - excluding varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i>	No Cost

D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	\$15.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i>	\$15.00
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i>	\$15.00
D1510	Space maintainer - fixed - unilateral	\$70.00
D1515	Space maintainer - fixed - bilateral	\$70.00
D1520	Space maintainer - removable - unilateral	\$80.00
D1525	Space maintainer - removable - bilateral	\$80.00
D1550	Re-cement or re-bond space maintainer	\$15.00
D1555	Removal of fixed space maintainer	\$15.00

D2000-D2999 III. RESTORATIVE

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.

- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.

- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

D2140	Amalgam - one surface, primary or permanent	\$8.00
D2150	Amalgam - two surfaces, primary or permanent	\$12.00
D2160	Amalgam - three surfaces, primary or permanent	\$18.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$22.00
D2330	Resin-based composite - one surface, anterior	\$22.00
D2331	Resin-based composite - two surfaces, anterior	\$26.00
D2332	Resin-based composite - three surfaces, anterior	\$30.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$55.00
D2390	Resin-based composite crown, anterior	\$65.00
D2391	Resin-based composite - one surface, posterior	\$65.00
D2392	Resin-based composite - two surfaces, posterior	\$75.00
D2393	Resin-based composite - three surfaces, posterior	\$85.00
D2394	Resin-based composite - four or more surfaces, posterior	\$95.00
D2510	Inlay - metallic - one surface	\$185.00
D2520	Inlay - metallic - two surfaces	\$195.00
D2530	Inlay - metallic - three or more surfaces	\$205.00
D2542	Onlay - metallic - two surfaces	\$200.00
D2543	Onlay - metallic - three surfaces	\$210.00
D2544	Onlay - metallic - four or more surfaces	\$230.00
D2610	Inlay - porcelain/ceramic - one surface	\$310.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$345.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$365.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$340.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$375.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$395.00
D2650	Inlay - resin-based composite - one surface	\$210.00
D2651	Inlay - resin-based composite - two surfaces	\$235.00
D2652	Inlay - resin-based composite - three or more surfaces	\$270.00
D2662	Onlay - resin-based composite - two surfaces	\$265.00
D2663	Onlay - resin-based composite - three surfaces	\$290.00
D2664	Onlay - resin-based composite - four or more surfaces	\$335.00
D2710	Crown - resin-based composite (indirect)	\$185.00
D2712	Crown - $\frac{3}{4}$ resin-based composite (indirect)	\$185.00
D2720	Crown - resin with high noble metal	\$335.00
D2721	Crown - resin with predominantly base metal	\$235.00
D2722	Crown - resin with noble metal	\$275.00
D2740	Crown - porcelain/ceramic substrate	\$395.00
D2750	Crown - porcelain fused to high noble metal	\$395.00
D2751	Crown - porcelain fused to predominantly base metal	\$295.00
D2752	Crown - porcelain fused to noble metal	\$335.00

D2780	Crown - ¾ cast high noble metal	\$395.00
D2781	Crown - ¾ cast predominantly base metal	\$295.00
D2782	Crown - ¾ cast noble metal	\$335.00
D2783	Crown - ¾ porcelain/ceramic	\$395.00
D2790	Crown - full cast high noble metal	\$395.00
D2791	Crown - full cast predominantly base metal	\$295.00
D2792	Crown - full cast noble metal	\$335.00
D2794	Crown - titanium	\$395.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$20.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$20.00
D2920	Re-cement or re-bond crown	\$20.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	\$55.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i>	\$75.00
D2930	Prefabricated stainless steel crown - primary tooth	\$75.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$75.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	\$85.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	\$75.00
D2940	Protective restoration	\$20.00
D2941	Interim therapeutic restoration - primary dentition	\$20.00
D2949	Restorative foundation for an indirect restoration	\$80.00
D2950	Core buildup, including any pins when required	\$80.00
D2951	Pin retention - per tooth, in addition to restoration	\$15.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	\$110.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$80.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	\$95.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$70.00
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i>	\$20.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$60.00
D2980	Crown repair necessitated by restorative material failure	\$30.00
D2981	Inlay repair necessitated by restorative material failure	\$30.00
D2982	Onlay repair necessitated by restorative material failure	\$30.00
D2983	Veneer repair necessitated by restorative material failure	\$30.00
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i>	\$15.00

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	\$5.00
D3120	Pulp cap - indirect (excluding final restoration)	\$5.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$45.00
D3221	Pulpal debridement, primary and permanent teeth	\$50.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$45.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$60.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$60.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration)	\$125.00
D3320	<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration)	\$215.00
D3330	<i>Root canal</i> - endodontic therapy, molar (excluding final restoration)	\$365.00
D3331	Treatment of root canal obstruction; non-surgical access	\$80.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$80.00
D3333	Internal root repair of perforation defects	\$80.00
D3346	Retreatment of previous root canal therapy - anterior	\$155.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$245.00
D3348	Retreatment of previous root canal therapy - molar	\$395.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$80.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$55.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$55.00

D3410	Apicoectomy - anterior	\$155.00
D3421	Apicoectomy - bicuspid (first root)	\$165.00
D3425	Apicoectomy - molar (first root)	\$175.00
D3426	Apicoectomy (each additional root)	\$100.00
D3427	Periradicular surgery without apicoectomy	\$155.00
D3430	Retrograde filling - per root	\$75.00
D3450	Root amputation - per root	\$85.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$75.00

D4000-D4999 V. PERIODONTICS

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$160.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$95.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$95.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$160.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$95.00
D4245	Apically positioned flap	\$175.00
D4249	Clinical crown lengthening - hard tissue	\$150.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$385.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$308.00
D4263	Bone replacement graft - first site in quadrant	\$235.00
D4264	Bone replacement graft - each additional site in quadrant	\$85.00
D4270	Pedicle soft tissue graft procedure	\$235.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$90.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$235.00
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$235.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$60.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$50.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	\$60.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i>	\$45.00
D4910	<i>Additional periodontal maintenance (within the 6 month period)</i>	\$55.00
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.

D5110	Complete denture - maxillary	\$365.00
D5120	Complete denture - mandibular	\$365.00
D5130	Immediate denture - maxillary	\$385.00
D5140	Immediate denture - mandibular	\$385.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$325.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$325.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$395.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$395.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$445.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$445.00

D5410	Adjust complete denture - maxillary	\$18.00
D5411	Adjust complete denture - mandibular	\$18.00
D5421	Adjust partial denture - maxillary	\$18.00
D5422	Adjust partial denture - mandibular	\$18.00
D5510	Repair broken complete denture base	\$55.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$35.00
D5610	Repair resin denture base	\$55.00
D5620	Repair cast framework	\$55.00
D5630	Repair or replace broken clasp	\$55.00
D5640	Replace broken teeth - per tooth	\$45.00
D5650	Add tooth to existing partial denture	\$45.00
D5660	Add clasp to existing partial denture	\$55.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$180.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$180.00
D5710	Rebase complete maxillary denture	\$105.00
D5711	Rebase complete mandibular denture	\$105.00
D5720	Rebase maxillary partial denture	\$105.00
D5721	Rebase mandibular partial denture	\$105.00
D5730	Reline complete maxillary denture (chairside)	\$60.00
D5731	Reline complete mandibular denture (chairside)	\$60.00
D5740	Reline maxillary partial denture (chairside)	\$60.00
D5741	Reline mandibular partial denture (chairside)	\$60.00
D5750	Reline complete maxillary denture (laboratory)	\$95.00
D5751	Reline complete mandibular denture (laboratory)	\$95.00
D5760	Reline maxillary partial denture (laboratory)	\$95.00
D5761	Reline mandibular partial denture (laboratory)	\$95.00
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	\$125.00
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	\$125.00
D5850	Tissue conditioning, maxillary	\$30.00
D5851	Tissue conditioning, mandibular	\$30.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered**D6000-D6199 VIII. IMPLANT SERVICES - Not Covered****D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])**

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$100.00 per unit, beyond the 6th unit.

- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.

D6210	Pontic - cast high noble metal	\$395.00
D6211	Pontic - cast predominantly base metal	\$295.00
D6212	Pontic - cast noble metal	\$335.00
D6240	Pontic - porcelain fused to high noble metal	\$395.00
D6241	Pontic - porcelain fused to predominantly base metal	\$295.00
D6242	Pontic - porcelain fused to noble metal	\$335.00
D6245	Pontic - porcelain/ceramic	\$395.00
D6250	Pontic - resin with high noble metal	\$335.00
D6251	Pontic - resin with predominantly base metal	\$235.00
D6252	Pontic - resin with noble metal	\$275.00
D6600	Inlay - porcelain/ceramic, two surfaces	\$345.00
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$365.00
D6602	Inlay - cast high noble metal, two surfaces	\$295.00
D6603	Inlay - cast high noble metal, three or more surfaces	\$305.00
D6604	Inlay - cast predominantly base metal, two surfaces	\$195.00
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$205.00
D6606	Inlay - cast noble metal, two surfaces	\$225.00
D6607	Inlay - cast noble metal, three or more surfaces	\$235.00

D6608	Onlay - porcelain/ceramic, two surfaces	\$340.00
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$375.00
D6610	Onlay - cast high noble metal, two surfaces	\$300.00
D6611	Onlay - cast high noble metal, three or more surfaces	\$310.00
D6612	Onlay - cast predominantly base metal, two surfaces	\$200.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$210.00
D6614	Onlay - cast noble metal, two surfaces	\$220.00
D6615	Onlay - cast noble metal, three or more surfaces	\$240.00
D6720	Crown - resin with high noble metal	\$335.00
D6721	Crown - resin with predominantly base metal	\$235.00
D6722	Crown - resin with noble metal	\$275.00
D6740	Crown - porcelain/ceramic	\$395.00
D6750	Crown - porcelain fused to high noble metal	\$395.00
D6751	Crown - porcelain fused to predominantly base metal	\$295.00
D6752	Crown - porcelain fused to noble metal	\$335.00
D6780	Crown - $\frac{3}{4}$ cast high noble metal	\$395.00
D6781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$295.00
D6782	Crown - $\frac{3}{4}$ cast noble metal	\$335.00
D6783	Crown - $\frac{3}{4}$ porcelain/ceramic	\$395.00
D6790	Crown - full cast high noble metal	\$395.00
D6791	Crown - full cast predominantly base metal	\$295.00
D6792	Crown - full cast noble metal	\$335.00
D6930	Re-cement or re-bond fixed partial denture	\$25.00
D6940	Stress breaker	\$50.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$70.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D7111	Extraction, coronal remnants - deciduous tooth	\$10.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$14.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$55.00
D7220	Removal of impacted tooth - soft tissue	\$70.00
D7230	Removal of impacted tooth - partially bony	\$95.00
D7240	Removal of impacted tooth - completely bony	\$120.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$140.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$45.00
D7251	Coronectomy - intentional partial tooth removal	\$140.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$130.00
D7280	Surgical access of an unerupted tooth	\$120.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$120.00
D7283	Placement of device to facilitate eruption of impacted tooth	No Cost
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	\$40.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$100.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$100.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$120.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$120.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	\$100.00
D7472	Removal of torus palatinus	\$100.00
D7473	Removal of torus mandibularis	\$100.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$25.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$20.00
D7970	Excision of hyperplastic tissue - per arch	\$80.00
D7971	Excision of pericoronal gingiva	\$80.00

D8000-D8999 XI. ORTHODONTICS

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.
- The Retention Copayment includes adjustments and/or office visits up to 24 months.

Pre and post orthodontic records include:

	The benefit for pre-treatment records and diagnostic services includes:	\$200.00
D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	Cephalometric radiographic image	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	
	The benefit for post-treatment records includes:	\$70.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	\$1,150.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,150.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,150.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$1,350.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$1,150.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$1,150.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,900.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,900.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$2,100.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	\$275.00
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$100.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$20.00
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for deep sedation or general anesthesia	No Cost
D9220	Deep sedation/general anesthesia - first 30 minutes	\$165.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$80.00
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	\$165.00
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$25.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$5.00
D9440	Office visit - after regularly scheduled hours	\$35.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9931	Cleaning and inspection of a removable appliance	No Cost
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	\$105.00
D9951	Occlusal adjustment, limited	\$55.00
D9952	Occlusal adjustment, complete	\$105.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i>	\$125.00
D9986	Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time</i>	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time</i>	\$10.00

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide specialized services, and are referred by the assigned Contract Dentist, must be preauthorized by Delta Dental. The Enrollee pays the Copayment specified for such services.

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees." "Filed fees" mean the Contract Dentist's fees on file with the Administrator. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

SCHEDULE B

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by the Administrator, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.
7. A Preexisting Condition is a disease or physical condition caused by illness or injury for which medical advice or treatment has been received within 90 days immediately prior to becoming eligible with the DeltaCare USA Program. Such condition shall be covered after the individual has been covered for more than 12 months under the group contract. Example: Teeth prepared for crowns, root canals in progress, orthodontic treatment.

If an individual begins comprehensive orthodontic treatment within 90 days immediately prior to becoming eligible under the DeltaCare USA Program, a provision for treatment in progress is available, subject to a waiting period of 12 months of continuous coverage, under the DeltaCare USA Program unless the individual qualifies for the one-time orthodontic treatment in progress provision.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, a preauthorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Lost, stolen or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies.
16. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

SmileWay® Wellness Program

Find all of our dental health resources, including a risk assessment tool, articles, videos and a free e-newsletter subscription, at: mysmileway.com.

DeltaCare USA Customer Service

800-422-4234

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment.

In Pennsylvania, DeltaCare USA is underwritten by Delta Dental of Pennsylvania and administered by Delta Dental Insurance Company. These companies are financially responsible for their own products.

Customer Service

800-422-4234
Monday through Friday
8 a.m. to 9 p.m., Eastern time

Provided by:

Delta Dental of Pennsylvania

1 Delta Drive
Mechanicsburg, PA 17055

Administered by:

Delta Dental Insurance Company

P.O. Box 1803
Alpharetta, GA 30023



deltadentalins.com/enrollees





GREAT REASONS TO GO PPO!

Your Delta Dental PPOSM plan lets you visit any licensed dentist, but you'll maximize plan value by taking advantage of our robust, nationwide PPO network. Here are six great reasons to "go PPO":

- 1. Reduced costs.** Stretch your dental budget further! We contract directly with PPO dentists to bring you reduced fees for services.
- 2. Quality assurance.** Make sure your smile gets the care it deserves. We monitor PPO dentists to ensure that proper licensing, cleanliness and safety procedures are followed and regularly update them on policies and contracting requirements.
- 3. No balance billing.** PPO dentists agree not to charge more than the amount determined by your plan. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's contracted rate — a process known as "balance billing."

SAVE WITH A PPO DENTIST



DELTA DENTAL PPO



DELTA DENTAL PREMIER



**NON-DELTA
DENTAL DENTISTS**

4. Avoid unbundling. PPO dentists agree not to “unbundle” services that are part of a treatment, like tooth preparation or local anesthesia. Out-of-network dentists may charge for these services separately, making their overall charges higher.

5. Less paperwork. PPO dentists handle all claim forms and other paperwork for you. If you choose an out-of-network dentist, you may need to submit a claim yourself.

6. No pre-payment required. When you choose a PPO dentist, you’ll pay only your portion of the bill.¹ We’ll pay our share directly to your dentist. Out-of-network dentists may require you to pay the full cost of treatment up front and request reimbursement from Delta Dental.

Find a Delta Dental PPO dentist at deltadentalins.com. Verify that your dentist is a contracted Delta Dental PPO network dentist before each appointment.

Need another option? The Delta Dental Premier® network — the largest dentist network nationwide² — also provides cost protections for PPO enrollees. Premier dentists’ contracted fees are usually higher than PPO dentists’, but they offer many advantages, including high quality assurance standards and no unbundling or pre-payment for services.

¹ Enrollees are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

² NetMinder Dental Network Trend Report, March 2014.



Visit mysmileway.com — a one-stop-shop for oral health-related tools and tips, including interactive quizzes, a risk assessment tool and a subscription link for *Grin!*, our fun, free oral health e-newsletter.

Have children in your life? Stop by mysmilekids.com for kid-friendly oral health stories, games and tips.

Delta Dental Premier® and Delta Dental PPOSM are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In Texas, Delta Dental PPO is underwritten as a Dental Provider Organization (DPO) plan.

Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and our affiliated companies form one of the nation’s largest dental benefits delivery systems, covering nearly 33 million enrollees. All of our companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 68 million people in the U.S.





DELTA DENTAL PPOSM : YOUR SMILE IS COVERED

GO PPO

Visit a PPO¹ dentist to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.⁴

ACCESS ONLINE SERVICES

Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com. This free service lets you check benefits and eligibility information, find a network dentist and more.

CHECK IN WITH EASE

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered

under your plan, they will need your name, birth date and enrollee or social security number. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button. If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

UNDERSTAND TRANSITION OF CARE

Did you start on a dental treatment plan before your PPO coverage kicked in? Multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.⁵ You can find this date by logging in to Online Services.

NEWLY COVERED? Visit deltadentalins.com/welcome.

SAVE WITH A PPO DENTIST



PPO



NON-PPO

LEGAL NOTICES: Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html

¹ In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

⁴ Verify that your dentist is a PPO dentist before each appointment.

⁵ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier are responsible for any costs. Group- and state-specific exceptions may apply. Enrollees currently undergoing active orthodontic treatment may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.



Plan Benefit Highlights for: Pennsylvania State Corrections Officers Association

Group No: 18142

Effective Date: 1/1/2016

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26		
Deductibles Deductibles waived for Diagnostic & Preventive (D & P)?	\$50 per person / \$150 per family each calendar year		
	Yes		
Maximums D & P counts toward maximum?	\$1,000 per person each calendar year		
	No		
Waiting Period(s)	Basic Benefits None	Major Benefits 12 Months	Prosthodontics 12 Months

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and bitewings	100 %	100 %
Basic Services Fillings, simple tooth extractions, space maintainers, all other x-rays and sealants	80 %	80 %
Endodontics (root canals) Covered Under Major Services	50 %	50 %
Periodontics (gum treatment) Covered Under Major Services	50 %	50 %
Oral Surgery Covered Under Major Services	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %
Prosthodontics Bridges, dentures and implants	50 %	50 %

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

Delta Dental of Pennsylvania One Delta Drive Mechanicsburg, PA 17055	Customer Service 800-932-0783	Claims Address P.O. Box 2105 Mechanicsburg, PA 17055-6999
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

D&P Maximum Waiver®



We'll do whatever it takes and then some.

Preventive care is the key to good oral health

The D&P Maximum Waiver makes it easy for you to save on your out-of-pocket dental costs.

Delta Dental plans have always emphasized diagnostic and preventive benefits, such as coverage for checkups, so that you keep your mouth healthy and need fewer restorative services.

Your plan includes the D&P Maximum Waiver benefit, allowing you to obtain diagnostic and preventive dental services without those costs applying to the plan year maximum. This benefit promotes good oral health and may reduce the need for more expensive, restorative dental services that can result from undetected oral or related health problems.

Easy to use

The annual maximum is waived for defined diagnostic and preventive services when you visit any licensed dentist. There's nothing for you to keep track of except for your regular checkups. When you need more extensive dental services, there will be more of your annual benefit amount remaining for you to use.

What services are included?

Diagnostic and preventive dental services may include examinations, x-rays, cleanings and related treatments as defined by your dental plan. Review your Evidence of Coverage booklet for specific coverage details.

The following sample shows the impact on your annual maximum with and without the D&P Maximum Waiver. Plan benefits and dentist charges vary. Sample assumes two routine checkups and \$1,000 annual maximum.

Dental treatment	Without D&P Maximum Waiver			With D&P Maximum Waiver		
	Delta Dental Pays	Enrollee Pays	Maximum Remaining	Delta Dental Pays	Enrollee Pays	Maximum Remaining
Diagnostic & Preventive (exams, x-rays, cleanings): covered at 100% for two visits	\$350	\$0	\$650	\$350	\$0	\$1,000

Please review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

WE KEEP YOU SMILING®

Why do 59 million enrollees trust their smiles to Delta Dental?*

- More dentists
- Simpler process
- Less out-of-pocket

SmileWay® Wellness Program

Find all of our dental health resources, including risk assessment quizzes, articles, videos and a free e-newsletter subscription, at mysmileway.com.

Connect with us!

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Product administration

Delta Dental includes these companies in these states:
Delta Dental of California – CA •
Delta Dental of Pennsylvania – PA & MD •
Delta Dental of West Virginia – WV •
Delta Dental of Delaware, Inc. – DE •
Delta Dental of the District of Columbia, Inc. – DC •
Delta Dental of New York, Inc. – NY •
Delta Dental Insurance Company – AL, FL, GA, LA, MS, MT, NV, TX, UT

*Delta Dental of California, Delta Dental of Pennsylvania and Delta Dental Insurance Company, together with our affiliate companies and Delta Dental of New York, are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to more than 59 million people in the U.S.

Check out our new wellness resource



The SmileWay Wellness Challenge provides recommendations for how to participate in the program by taking advantage of the extensive resources available on our SmileWay Wellness site.

1. Review your habits

Take one or both of our interactive quizzes to see if you are at risk for cavities or gum (periodontal) disease. When you receive your quiz results, you can sign up to receive customized emails based on your risk level.

2. Get educated

Read any of the 100+ articles on dental health-related topics – everything from acid reflux to x-rays. We also have a variety of short videos on specific topics.

3. Stay informed

Receive regular dental health tips and information from us by:

- a. signing up for the *Grin!* newsletter (emailed quarterly)
- b. connecting with us on Facebook
- c. following us on Twitter

All of this is accessible from our SmileWay Wellness site at mysmileway.com. Bookmark the page so you can refer to it frequently.

Questions about oral health?

If you've got questions about oral health, be sure to check out our **SmileWay Wellness Site** for answers. We've compiled an extensive library of articles on oral health topics from amalgam fillings to x-rays and just about every oral health topic in between.

Mouth-body connection

- Diabetes and oral health
- Heart disease and oral health
- Men's and Women's oral health
- Stress and oral health

Preventive care

- Brushing and flossing
- Choosing a toothbrush
- Fighting bad breath
- Fluoride

Emergency care

- Dental care when traveling
- Handling dental emergencies

Kids & teens

- Baby bottle tooth decay
- Children's oral health
- Teens' oral health

Seniors

- Dentures
- Seniors' oral health

Dental treatments

- Amalgam and resin fillings
- Braces
- Dental implants
- Sealants

Conditions

- Dry mouth
- Mouth sores
- Sensitive teeth
- TMJ

Nutrition

- Diet and diabetes
- Snacking on the go
- Vegetarians
- What to eat to keep your teeth