



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 should any questions regarding the benefits please contact Jeff Wrabel with Front Street Financial at 717-562-0709.

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

REQUIRED  
INFORMATION

DATE OF BIRTH Date of Retirement FACILITY YOU RETIRED FROM

CONTACT  
INFORMATION

STREET ADDRESS CITY STATE ZIP CODE

( )

HOME PHONE

( )

CELL PHONE

EMAIL ADDRESS

MEMBER SIGNATURE

DATE

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

### 2018 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)

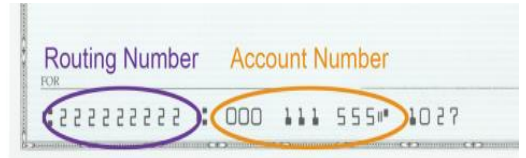
If you elect to change your dental plan, be sure to indicate your new premium.

*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  \_\_\_\_\_



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

Payments will be executed beginning January 5<sup>th</sup>, 2017 and will be recurring every 5<sup>th</sup> 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.

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**NAME OF RETIREE**

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**SOCIAL SECURITY NUMBER**

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**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



**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](mailto: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:      \_\_\_\_\_

# Enrollment/ Change Form

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



Please check the applicable box or boxes.

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

Delta Dental PPO<sup>SM</sup>

Delta Dental of Pennsylvania

Primary Enrollee Social Security Number

Last Name

First Name

Gender  
 Male  
 Female

Date of Birth

MI

City

State

Zip Code

Alternate Identification Number (if applicable)

Address (Is this a change of address?)  
 Yes  No

Street

State

City

State

Zip Code

Group Number

Sublocation

Group Name

PA18142 Pennsylvania State Corrections Officers Association

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

Date of Birth

Gender

Social Security Number

Spouse / Domestic Partner

M F

M F

M F

M F

M F

M F

Children

M F

M F

M F

M F

M F

Date of Hire:

Effective Date:

Primary Enrollee Signature

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.



Expert Solutions. Exceptional Service.

# PA STATE CORRECTIONS OFFICERS ASSOC - RETIREES

VBA # 2873

Effective: 1/1/18 – 12/31/19  
\$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 Amount Covered/Benefit (Less Copayment) <sup>G</sup>	Non-Participating Provider Amount Reimbursed (Zero Copayment)
<b>Vision Exam</b> (Glasses or Contacts)	100%	\$40
<b>Clear Standard Lenses</b> (Pair):		
Single Vision	100%	\$40
Bifocal	100%	\$50
Blended Bifocal	100%	\$50
Trifocal	100%	\$75
Progressives <sup>D</sup>	Controlled Cost <sup>E</sup>	\$75
Lenticular	100%	\$100
Polycarbonate <sup>C</sup>	100%	N/A
Scratch Coat-1 Yr	100%	N/A
<b>Frame<sup>B</sup></b>	100%	\$50
<b>-OR-</b>		
<b>Elective Contacts</b> (in lieu of eyeglass benefits)		
Material Allowance	\$125	\$125
Fitting Fee	15% off UCR <sup>A</sup>	N/A
<b>-OR-</b>		
<b>Medically Necessary Contacts<sup>F</sup></b>	100%	\$250
Low Vision Aids (Per 24 Months. No Lifetime Max)	\$650	\$650

- A Usual, Customary, and Reasonable.
- 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 Unless otherwise prohibited by law.
- F Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.
- G A \$5 copayment is applied to the routine vision examination and a \$20 copayment is applied to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only. Copayments do not apply to the contact material allowance.

# Limitations

VBA 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/Polarized Lenses
- Polycarbonate (covered under age 19)
- Hi-index Lenses
- Progressive (available starting at \$45)
- The coating of the lens or lenses (except 1 year scratch protection)
- A frame that costs more than the plan allowance
- Rimless Frames
- Anti-Reflective/Backside UV/Optifog

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 Worker's 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.



# With VBA, your benefits extend beyond typical coverage.

**VBA partners with several other companies that provide services to better your health and wellness.**

## LASIK OFFERS

LASIK surgery reshapes the cornea of your eye, redirecting the light angle as it enters the eye to refocus correctly on your retina. With this surgery, your dependence on glasses and contact lenses diminishes significantly.



### Receive a free consultation and 10% off a LASIK procedure from TLC Laser Eye Centers.

TLC Laser Eye Centers offer the most advanced LASIK procedures including Bladeless and Custom LASIK. TLC has performed over two million procedures, and provides enhancement procedures free of charge if necessary. Learn more at [www.TLCVision.com](http://www.TLCVision.com).



### Save 40-50% off LASIK procedures from QualSight, including flexible payment plans as low as \$53/mth.

QualSight provides a managed Laser Vision Correction program through a national, credentialed network of the nation's most experienced surgeons, who have collectively performed more than 6.5 million procedures. QualSight has more than 900 locations nationwide, serving over 75 million members. Learn more at [www.qualsight.com](http://www.qualsight.com) or call 877-437-6105.

## HEARING OFFERS

Along with your vision, VBA understands the importance of your auditory health.



### Receive a free hearing screening and 20% off all Beltone hearing aids, including free loss, stolen or damage protection.

For over 70 years, Beltone remains the most trusted brand for quality hearing products and care among adults aged 50 and older. We're devoted to giving patients the best listening experience, at over 1500 locations nationwide. Learn more at [www.Beltone.com](http://www.Beltone.com).

To take advantage of any of these offers, contact an exceptional customer care representative today.

400 Lydia Street, Suite 300  
Carnegie, PA 15106  
1-800-432-4966  
[www.vbaplans.com](http://www.vbaplans.com)





# GREAT REASONS TO GO PPO!

Your Delta Dental PPO<sup>SM</sup> 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.<sup>1</sup> 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](http://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 nationwide<sup>2</sup> — 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.

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

<sup>2</sup> NetMinder Dental Network Trend Report, March 2014.



Visit [mysmileway.com](http://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](http://mysmilekids.com) for kid-friendly oral health stories, games and tips.

Delta Dental Premier® and Delta Dental PPO<sup>SM</sup> 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 PPO<sup>SM</sup> : YOUR SMILE IS COVERED

## GO PPO

Visit a PPO<sup>1</sup> dentist to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](http://deltadentalins.com).<sup>4</sup>

## ACCESS ONLINE SERVICES

Get information about your plan anytime, anywhere by signing up for an Online Services account at [deltadentalins.com](http://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.<sup>5</sup> You can find this date by logging in to Online Services.

**NEWLY COVERED?** Visit [deltadentalins.com/welcome](http://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](http://deltadentalins.com/about/legal/index-enrollee.html)

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

<sup>2</sup> 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.

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

<sup>4</sup> Verify that your dentist is a PPO dentist before each appointment.

<sup>5</sup> 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 PPO<sup>SM</sup>**

**BENEFIT HIGHLIGHTS**

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

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental PPO dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings and bitewings	100 %	100 %
<b>Basic Services</b> Fillings, simple tooth extractions, space maintainers, all other x-rays and sealants	80 %	80 %
<b>Endodontics</b> (root canals) Covered Under Major Services	50 %	50 %
<b>Periodontics</b> (gum treatment) Covered Under Major Services	50 %	50 %
<b>Oral Surgery</b> Covered Under Major Services	50 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	50 %	50 %
<b>Prosthodontics</b> 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	<b>Customer Service</b> 800-932-0783	<b>Claims Address</b> 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	<b>\$650</b>	\$350	\$0	<b>\$1,000</b>

*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](http://mysmileway.com).

## Connect with us!

[facebook.com/deltadentalins](https://facebook.com/deltadentalins)  
[twitter.com/deltadentalins](https://twitter.com/deltadentalins)  
[youtube.com/deltadentalins](https://youtube.com/deltadentalins)

## 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](http://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