

**Delta Dental of Indiana**  
**Dental Benefit Highlights for**  
**Taylor Community School Corporation #0814**



Delta Dental PPO<sup>SM</sup> (Point-of-Service)  
 Coverage effective January 1, 2016

	Delta Dental PPO Dentist	Delta Dental Premier <sup>®</sup> Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> - fillings and crown repair	90%	90%	90%
<b>Endodontic Services</b> - root canals	90%	90%	90%
<b>Periodontic Services</b> - to treat gum disease	90%	90%	90%
<b>Oral Surgery Services</b> - extractions and dental surgery	90%	90%	90%
<b>Other Basic Services</b> - misc. services	90%	90%	90%
<b>Relines and Repairs</b> - to bridges, dentures, and implants	90%	90%	90%
<b>Major Services</b>			
<b>Major Restorative Services</b> - crowns	60%	60%	60%
<b>Prosthodontic Services</b> - bridges, dentures, and implants	60%	60%	60%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	60%	60%	60%
<b>Orthodontic Age Limit</b> -	Up to age 19		

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

**Maximum Payment** – \$1,500 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services. \$1,250 per person total per lifetime on Orthodontics.

**Deductible** – \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except Diagnostic and Preventive Services, Emergency Palliative Treatment, Sealants, Brush Biopsy, X-rays, and Orthodontic Services.

**Note** – This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

**Welcome to Indiana's largest dental benefits family!**

As a member of Delta Dental of Indiana, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists – there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

**Quality Dental Program**

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our Certified Center of Excellence call center, as awarded by Benchmark Portal.

**Online Access**

Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more – all at your own convenience.

**A Healthy Smile**

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

**Questions?**

If you have questions, please call our Customer Service team at (800) 524-0149 or look online at [www.DeltaDentalin.com](http://www.DeltaDentalin.com).



# Eligibility Enrollment/Update

Check:  Indiana  Michigan  North Carolina  Ohio

Client Name: Taylor Community School Corporation

Client#/Subclient#

0814

Subscriber Information (please complete for all enrollments/updates:) Example: ABCDEF123456

Subscriber Name (Last)		(First)		(M.I.)	Sex <input type="radio"/> Male <input type="radio"/> Female
Subscriber Social Security Number		Birth Date		Status* <input type="radio"/> Active <input type="radio"/> Retiree	COBRA <input type="radio"/> Surviving
Street Address		Check here if this is a new address		Coverage Effective Date	
City		State		ZIP Code	

Plan Enrollment/Update Information (please indicate type of update and fill in appropriate information):

Type of Update:	<input type="radio"/> New Enrollment	<input type="radio"/> Reinstatement	<input type="radio"/> Change/Correction to Information	<input type="radio"/> Termination of Benefits	<input type="radio"/> Waive Benefits
Group Transfer	From: Client/Subclient#	To: Client/Subclient#	Rate Code Change*	From:	To:
				Effective Date of Change	Change is for: <input type="radio"/> Subscriber <input type="radio"/> Dependent

Enrollment/Corrections to Information (please fill in for spouse/dependents for first-time enrollment or corrections):

SPOUSE Name (Last)		(First)		(M.I.)	Sex <input type="radio"/> Male <input type="radio"/> Female
Social Security Number		Birth Date		Status* <input type="radio"/> Legal <input type="radio"/> Surviving	
DEPENDENT #1 Name (Last)		(First)		(M.I.)	Sex <input type="radio"/> Male <input type="radio"/> Female
Social Security Number		Birth Date		Status* <input type="radio"/> IRS Dep. <input type="radio"/> Disabled	<input type="radio"/> Surviving <input type="radio"/> Sponsored
DEPENDENT #2 Name (Last)		(First)		(M.I.)	Sex <input type="radio"/> Male <input type="radio"/> Female
Social Security Number		Birth Date		Status* <input type="radio"/> IRS Dep. <input type="radio"/> Disabled	<input type="radio"/> Surviving <input type="radio"/> Sponsored
DEPENDENT #3 Name (Last)		(First)		(M.I.)	Sex <input type="radio"/> Male <input type="radio"/> Female
Social Security Number		Birth Date		Status* <input type="radio"/> IRS Dep. <input type="radio"/> Disabled	<input type="radio"/> Surviving <input type="radio"/> Sponsored
DEPENDENT #4 Name (Last)		(First)		(M.I.)	Sex <input type="radio"/> Male <input type="radio"/> Female
Social Security Number		Birth Date		Status* <input type="radio"/> IRS Dep. <input type="radio"/> Disabled	<input type="radio"/> Surviving <input type="radio"/> Sponsored

\*See reverse side for instructions and explanation of codes.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

1 Subscriber's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please read the following information carefully before completing the other side of this form. You should fill out this form if you are enrolling for coverage or changing any information from an earlier enrollment. If you have any questions about filling out this form, your human resources or personnel department can help you.

**Subscriber Information** – This section must be completed for us to process your enrollment or update your records. All information should apply to you, the primary subscriber. Please print clearly or type.

**Effective Date:** The date that Delta Dental coverage takes effect for you and/or your dependents.

**Status Definitions** (Please select only one status):

**Active:** You are a current/active subscriber.

**Retiree:** You are retired and your group continues to provide you with dental benefits.

**COBRA:** You are no longer an active subscriber but you have continued self-paid coverage under COBRA. COBRA requires many employers to offer extended self-paid coverage to certain employees and qualified beneficiaries who lose group medical benefits coverage. **Please check with your human resources or personnel department.**

**Surviving:** The surviving spouse or child of a deceased subscriber.

**Plan Enrollment/Update Information** – This section should only be completed if you are: (1) Enrolling yourself or a family member for the first time, or (2) if your benefits were terminated and are not being reinstated or, (3) if you are making changes to your current enrollment information.

**Enrollment:** Check for first time enrollment for yourself or your dependents.

**Reinstatement:** Check for reinstatement coverage for yourself or your dependents.

**Change/Corrections:** Check if any changes are being submitted on the form.

**Termination of Benefits:** Check only if you are terminating Delta Dental coverage for yourself or a family member.

**Group Transfers:** When transferring from one group to another, all dependents will transfer unless otherwise indicated. This section should also be completed when transferring to COBRA.

When reporting a change or correction, the information that is incorrect or has changed should be listed on the line titled "from" and the correct information should be listed on the line titled "to".

When changing a rate code, please refer to the following explanation to select the code that describes who is being covered by your Delta Dental program.

**Rate Codes:**

- Rate 1 Employee Only
- Rate 2 Employee and spouse
- Rate 3 Employee, spouse and children
- Rate 5 Employee, one child, no spouse
- Rate 6 Employee and more than one child, no spouse

**Enrollment/Corrections To Information** – This section should be completed when: (1) enrolling dependents or, (2) if you have checked Changes/Corrections and are changing information that was previously submitted to Delta Dental. Please include both first and last names of any individuals for whom you are enrolling or submitting a change or correction.

**Dependent Status Definitions:**

**Legal:** Your current spouse

**Surviving:** The surviving spouse or child of a deceased subscriber.

**IRS Dependent:** An individual who is your dependent child according to the U.S. Internal Revenue Code. This could include your unmarried dependent child who is attending a university, college, community college, junior college or trade school on a full-time basis and for whom you provide principal support.

**Disabled:** Your permanently disabled child.

**Sponsored:** A dependent for whom you are legally responsible. Sponsored dependents could include parents, grandparents and foreign exchange students, but only if specified in your group's contract with Delta Dental.

**Delta Dental**  
**Attention: Eligibility Processing**  
**PO Box 30416**  
**Lansing, MI 48909-7916**