A New Approach to Dental Care

In an age of rising health care costs, ALPHA offers an alternative way to provide you and your family's dental care needs economically and conveniently through the DeltaCare program. ALPHA was founded on the principle of delivering quality dental care and preventing dental problems before they start.

ALPHA has contracted with a network of private dental offices. As an enrollee in the DeltaCare program, you select one dentist from any of these dental offices to provide you and your family's needs. This network of dental offices is composed of established dental practices.

Advantages

No claim forms
The dental location you choose provides all primary dental services. There are no claim forms to complete.

No deductibles
In the DELTACARE program there are no required deductibles to pay, so your benefits begin immediately.

No dollar limit of dental benefits
No annual maximum.

No pre-existing condition restrictions
These conditions are not excluded in the DeltaCare program. EXCEPTION: Work in progress.

Prepaid plan saves on dental costs
Your out-of-pocket savings are substantial. You know the exact cost prior to treatment and this aids in better fiscal planning for you and your family.

Quality review of dental providers
On-site audit of participating dental locations to insure that established standards of quality are maintained.

Specialty services
The DeltaCare program offers services in dental specialty areas. These include periodontics (treatment of diseased gums and bone), endodontics (root canal therapy), and oral surgery procedures.
How it works
Sign up through the HR Department and indicate a dentist from the list of contract dental facilities for both yourself and your eligible dependents. 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 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. Please note: Dental services that are not performed by your selected contract dentist or are not covered under Provisions for Emergency Care must be preauthorized by us to be covered by your Delta Care program.

Who Can Join
You may enroll in DeltaCare as a new hire, during the annual open enrollment period or within 30 days of a valid family status change. You may also enroll your eligible dependents, which include your lawful spouse, same sex domestic partner, unmarried children, including step-children, legally adopted children, foster children and grandchildren up to age 25, if they remain solely dependent upon you for their support.

Summary of Benefits
The DeltaCare program provides all reasonable and customary dental care (subject to the master contract provisions, limitations and exclusions) if care is rendered by your ALPHA panel dentist. There is no cost for covered services except for copayments on certain procedures.

Emergency Services
The Contract Dentist will provide Emergency Dental Services for covered procedures whenever possible. If an Enrollee requires Emergency Dental Services and is unable to access care from the Contract Dentist, then ALPHA shall reimburse the Enrollee for the cost of such Emergency Dental Services which exceeds the Copayment. Emergency Dental Services shall be limited to listed procedures, and as described in code D9110: "Palliative (emergency) treatment of dental pain." any further treatment of the cause of such Emergency Dental Services must be obtained from the Contract Dentist. All services are subject to the limitations and exclusions of the program.

Limitations
1. Prophylaxis limited to one per 6 month period.
2. Full upper and/or lower dentures are not to exceed one each in any five-year period.
3. Denture replacement is subject to a limitation requiring the existing denture to be 5+ years old.
4. Denture rebases and relines limited to one per denture during any 12 consecutive months.
5. Periodontal treatments (scaling/root planning/subgingival curettage) are limited to four quadrants during any 12 consecutive months.
6. Bitewing x-rays limited to not more than one series of 4 films in any 6 month period.
7. Full mouth x-rays limited to one set every 24 consecutive months.
8. Sealants are limited to noncarious, nonrestored permanent first and second molars only to age 14. Bridge replacement is subject to a limitation requiring the existing bridge to be 5+ years old.
9. Bridge replacement is subject to a limitation requiring the existing bridge to be 5+ years old.
Exclusions
1. General anesthesia and the services of special anesthesiologist.
2. Cosmetic dental care.
3. Dental conditions arising out of and due to the enrollee’s employment or for which Worker’s Compensation is payable. Services which are provided to the enrollee by State government or an agency thereof, or are provided without cost to the enrollee by any municipality, country or other subdivisions.
4. Treatment required by reason of war.
5. Dental services performed in a hospital and related hospital fees.
6. Treatment of fractures or dislocations.
7. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures).
8. Dental expenses incurred in connection with any dental procedure started after termination of eligibility of coverage.
9. Any service that is not specifically listed as a covered expense.
12. Cysts and malignancies.
13. Dispensing of drugs not normally supplied in a dental office.
14. Accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits.
15. Cases in which, in the professional judgment of the attending dentist, a satisfactory result cannot be obtained or where the prognosis is poor or guarded.
16. Dental services received from any dental office other than the assigned dental office, unless expressly authorized in writing by ALPHA or as cited under "Out-of-Area Emergency Treatment."
17. Prophylactic removal of impactions (asymptomatic non-pathological).
19. Implant placement or removal, appliances placed on or services associated with implants.

Summary of Orthodontic Limitations
1. Orthodontic treatment must be provided by the contract orthodontist.
2. Benefits cover 24 months of active comprehensive orthodontic treatment.
3. Treatment plans extending beyond 24 months of active treatment or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the enrollee not to exceed $75 per month.
4. Should an enrollee’s coverage be canceled or terminated for any reason, and receiving any orthodontic treatment at the time, the enrollee will be responsible for payment of any balance due for treatment provided after cancellation or termination. In such a case the enrollee’s payment shall be based on a maximum of $2,800 for covered dependent children to age 19 and $3,000 for covered adults and covered dependent children to age 25. The amount will be prorated over the number of months to completion of the treatment and will be payable by the enrollee on such terms and conditions as are arranged between the enrollee and the contract orthodontist.
5. If treatment is not required or the enrollee chooses not to start treatment after the diagnosis and consultation has been completed by the contract orthodontist, the enrollee will be charged a consultation fee of $25 in addition to diagnostic record fees.

6. Three recommendations or replacements of a bracket/band on the same tooth or a total of five rebracketings/rebandings on different teeth during the covered course of treatment are benefits. If any additional recommendations or replacements of brackets/bands are performed, the enrollee is responsible for the cost at the contract orthodontist's usual and customary fee.

7. Comprehensive orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make the enrollee's occlusion as ideal as possible. This treatment usually requires complete fixed appliances; however, when the contract orthodontist deems it suitable, a European or removable appliance therapy may be substituted at the same copayment amount as for fixed appliances.

8. The copayment is payable to the contract orthodontist who initiates banding in a course of orthodontic treatment. If, after banding has been initiated, the enrollee changes to another contract orthodontist to continue orthodontic treatment, (i) the enrollee will not be entitled to a refund of any amounts previously paid, and (ii) the enrollee will be responsible for all payments, up to and including the full copayment, that are required by the new contract orthodontist for completion of the orthodontic treatment.

Summary of Orthodontic Exclusions
1. Pre-, mid- and post-treatment records which include cephalometric x-rays, tracings, photographs and study models.
2. Lost, stolen or broken orthodontic appliances.
3. Retreatment of orthodontic cases.
4. Changes in treatment necessitated by accident of any kind, and/or lack of enrollee cooperation.
5. Surgical procedures incidental to orthodontic treatment.
6. Myofunctional therapy.
7. Surgical procedures related to cleft palate, micrognathia or macrognathia.
8. Treatment related to temporomandibular joint disturbances.
9. Supplemental appliances not routinely used in typical comprehensive orthodontics.
10. Cosmetic care as a result of orthodontic treatment.
11. Phase I orthodontics*, as well as activator appliances and minor treatment for tooth guidance and/or arch expansion.
12. Extractions solely for the purpose of orthodontics.
13. Treatment in progress at inception of eligibility.
14. Transfer after banding has been initiated.
15. Composite bands, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

*Phase I orthodontics is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.
Questions and Answers

Q. My dentist is a Delta dentist, but is not on the list of DeltaCare dentists. Can I still receive treatment from this dentist?
A. You must receive treatment from your selected DeltaCare contract dentist. Please note that Delta dentists are not necessarily DeltaCare dentists.

Q. Do my family members receive treatment from the same DeltaCare contract dentist?
A. You and your eligible dependents may receive care from the same contract dentist, or if you prefer, you may select individual contract dental facilities.

Q. Can I change my contract dentist?
A. You may change contract dentists by notifying DeltaCare by phone, in writing or by visiting www.deltadentalins.com. If you contact DeltaCare by the 21st of the month, the change will become effective the first of the following month.

Q. How long does it take to get an appointment with a dentist?
A. Three 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 dentists are in private group practices, which means greater appointment availability and extended office hours.

Q. Are pre-existing dental conditions and work in progress covered?
A. Treatment for pre-existing conditions such as extracted teeth is covered under the DeltaCare 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).

Q. How does the DeltaCare program encourage preventive care?
A. Your DeltaCare 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.

Q. Does my DeltaCare program cover specialists’ services?
A. 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.

Q. What if I have questions about my DeltaCare program?
A. Call Customer Service at 800-422-4234. Multilingual representatives are available from 7 a.m. to 8 p.m. Central Time, Monday through Friday. The Customer Service Representatives have worked in dental facilities and can answer benefit questions, as well as arrange facility transfers and urgent care referrals. NOTE: This is only a brief summary of the plan. The dental health plan contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment.
DESCRIPTION OF BENEFITS AND COPAYMENTS - Plan 225

You may obtain a detailed breakdown of services provided and copayment amounts (if any) at Human Resources, located in Northrup Hall, Room 210.