

Small Group Dental Insurance for 2-9 lives

Insured by:



GETTHEALTH INSURANCE SERVICES, INC.

Providing employer group dental insurance coverage at competitive rates since 1982.

GISIT is administered by Gettysburg Health Administrators, Inc. which currently services group plans covering more than 40,000 employees and their dependents.



Overview of Delta Dental PPOSM Plans

Choose between Delta Dental PPO or Delta Dental PPO plus Premier for your business of 2 to 9 employees

Delta Dental, the leading dental benefits provider in the U.S., offers its most popular plans tailored especially for small businesses.

The small business plans offered by Delta Dental and GettHealth Insurance Services, Inc., make the purchase of dental benefits quick, easy and affordable – while providing maximum value for your small business.

DELTA DENTAL PPO PLAN

A discounted fee-for-service plan that gives enrollees the freedom to choose any dentist for treatment and receive applicable benefits. Delta Dental PPO features a special cost-saving “safety net” that protects enrollees from the higher out-of-pocket costs likely for services provided by non-participating dentists.

PPO enrollees actually have access to two dentist networks at once. Their out-of-pocket expenses are lowest when they visit any of the 131,000 PPO dental offices nationwide. In addition, if they visit a dentist who participates in only the Delta Dental Premier program – which has the largest network of dentists with 210,000 dental offices nationwide – Delta Dental limits the dentist’s total collectable charge. Premier dentists will charge enrollees the difference between the higher Premier allowance and the PPO allowance. Only with a non-participating dentist is there no contracted fee limit. See illustration for how PPO works.

PPO PLUS PREMIER PLAN

PPO plus Premier is a combination of the PPO and Premier networks. *PPO plus Premier* gives enrollees outstanding access to both of Delta Dental’s networks nationally while PPO dentists and Premier dentists are paid their respective allowances. This cost-saving, two-tier network approach is rarely available in the industry. It provides the most access to dentists while offering significant value for enrollees. Client savings would be slightly less than through the PPO plan alone, but *PPO plus Premier* offers the least out-of-pocket costs to enrollees.

HOW DELTA DENTAL PPO WORKS	Delta Dental PPO Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist
Example of Fee Charged	\$120	\$120	\$120
Sample PPO Allowance	\$80	\$80	\$80
Sample Premier Allowance	N/A	\$100	N/A
Percentage of Allowance Paid by Delta Dental	80%	80%	80%
Delta Dental Pays	\$64 (80% x \$80 =)	\$64 (80% x \$80 =)	\$64 (80% x \$80 =)
Patient Pays	\$16 (\$80 - \$64 =)	\$36 (\$100 - \$64 =)	\$56 (\$120 - \$64 =)

These are hypothetical numbers for illustrative purposes. Assume no maximum or deductibles are applicable in this example.

HOW DELTA DENTAL PPO PLUS PREMIER WORKS	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
Example of Fee Charged	\$120	\$120	\$120
Sample Delta Dental Allowance	\$80	\$100	\$100
Percentage of Allowance Paid by Delta Dental	80%	80%	80%
Delta Dental Pays	\$64 (80% x \$80 =)	\$80 (80% x \$100 =)	\$80 (80% x \$100 =)
Patient Pays	\$16 (\$80 - \$64 =)	\$20 (\$100 - \$80 =)	\$40 (\$120 - \$80 =)

These are hypothetical numbers for illustrative purposes. Assume no maximum or deductibles applicable in this example.

HOW ENROLLEES CAN SAVE

With **Delta Dental PPO**, enrollees likely will save...

- Most if they go to Delta Dental PPO dentists
- Moderately if they go to Delta Dental Premier dentists
- Least if they go to non-participating dentists

With **Delta Dental PPO plus Premier**, enrollees likely will save...

- Most if they go to Delta Dental PPO dentists
- Some if they go to Delta Dental Premier dentists
- Least if they go to non-participating dentists

THE DELTA DENTAL DIFFERENCE[®]

- Among the largest dentist networks.
- Lower out-of-pocket costs when enrollees visit Delta Dental dentists.
- Freedom of choice of dentists.
- No balance billing. Delta Dental dentists will not charge enrollees any more than their copayment and deductible, if applicable, before their claims are processed.
- Claims convenience. Delta Dental dentists submit claims and handle all paperwork for enrollees. Delta Dental pays participating dentists directly.
- Pre-existing conditions are covered.
- Pretreatment cost estimates.

How do I know if my dentist is participating?

- Check Delta Dental’s online dentist directory at www.deltadentalins.com. You can get directions and maps to dentists’ offices.
- Ask a Delta Dental customer service representative at **800-932-0783**.
- Ask your dentist’s office if your dentist is a Delta Dental PPO dentist.

Delta Dental PPOSM Plan Designs

Benefits	Basic	Traditional	High
Diagnostic <ul style="list-style-type: none"> Exams (2 per 12-month period) Bitewing x-rays (2 per 12-month period) Pregnancy Enhancement** 	100%*	100%*	100%*
Preventive <ul style="list-style-type: none"> Prophylaxis (cleaning) Fluoride treatments (to age 19) Sealants (to age 14) Space Maintainers (to age 14) Pregnancy Enhancement** 	100%*	100%*	100%*
Basic Restorative <ul style="list-style-type: none"> Fillings (amalgam "silver" and composite "white" non-molar) 	50%*	80%*	80%*
Oral Surgery <ul style="list-style-type: none"> Extraction and oral surgery procedures, including pre- and post-operative care General anesthesia is covered when used in conjunction with covered oral surgical procedures 	not a benefit	50%*	80%*
Endodontic <ul style="list-style-type: none"> Pulpal Therapy Root Canal General Anesthesia and IV Sedation 	not a benefit	50%*	50%*
Periodontic <ul style="list-style-type: none"> Treatment to the gums and supporting structures of the teeth General Anesthesia 	not a benefit	50%*	50%*
Major Restorative <ul style="list-style-type: none"> Inlays Onlays Crowns 	not a benefit	50%*	50%*
Prosthodontics <ul style="list-style-type: none"> Procedures for replacement of missing teeth by construction or repair of bridges and partial or complete dentures 	not a benefit	50%*	50%*
Orthodontics <ul style="list-style-type: none"> Straightening of teeth (dependent children to age 19) 	not a benefit	not a benefit	50%*
Calendar year deductibles Individual / Family (Diagnostic & Preventive services exempt from deductible)	\$25 / \$75	\$50 / \$150	\$50 / \$150
Calendar year maximum per person	\$1,000	\$1,250	\$1,500
Orthodontic lifetime maximum	not a benefit	not a benefit	\$1,000

***How Dentists Are Paid:** Percentage based on Delta Dental's applicable Maximum Plan Allowance or the dentist's actual fee, whichever is less. This is known as the Allowed Amount.

Delta Dental PPO

Delta Dental makes payments for covered services to dentists who participate in the Delta Dental PPO program based on the Delta Dental PPO Maximum Plan Allowance (PPO MPA) or the dentist's charged fee, whichever is less (PPO Allowed Amount). Delta Dental PPO participating dentists agree to accept the PPO Allowed Amount as payment in full. Delta Dental's benefit is a percentage of the PPO Allowed Amount; an enrollee copayment may be required. Deductibles may also apply. Delta Dental makes payments for covered services to dentists who participate in only the Delta Dental Premier[®] program also based on the PPO MPA. Dentists who participate in only the Delta Dental Premier program have not agreed to accept the PPO Allowed Amount as payment in full, but will limit their billing to the Premier Allowed Amount (Delta Dental Premier Maximum Plan Allowance or the dentist's charged fee, whichever is less). Delta Dental's benefit is a percentage of the PPO Allowed Amount. Premier dentists will charge the patient the difference between the higher Premier Allowed Amount and Delta Dental's portion of the PPO Allowed Amount. Payment for services performed by a non-participating dentist is calculated by Delta Dental on the basis of the PPO Allowed Amount. Delta Dental sends its benefit payment directly to the enrollee. The enrollee is responsible for paying the non-participating dentist's total fee, which may include amounts in addition to the PPO Allowed Amount and services not covered by the Contract.

Delta Dental PPO plus Premier

Delta Dental makes payments for covered services to dentists who participate in the Delta Dental PPO program based on the Delta Dental PPO Maximum Plan Allowance (PPO MPA) or the dentist's charged fee, whichever is less (PPO Allowed Amount). Delta Dental PPO participating dentists agree to accept the PPO Allowed Amount as payment in full. Delta Dental's benefit is a percentage of the PPO Allowed Amount; an enrollee copayment may be required. Deductibles may also apply. Delta Dental makes payments for covered services to dentists who participate in only the Delta Dental Premier program based on the Delta Dental Premier Maximum Plan Allowance (Premier MPA) or the dentist's charged fee, whichever is less (Premier Allowed Amount). Delta Dental Premier participating dentists agree to accept the Premier Allowed Amount as payment in full. Delta Dental's benefit payment is a percentage of the Premier Allowed Amount; an enrollee copayment may be required. Payment for services performed by a non-participating dentist is calculated by Delta Dental on the basis of the Premier Allowed Amount. Delta Dental sends its benefit payment directly to the enrollee. The enrollee is responsible for paying the non-participating dentist's total fee, which may include amounts in addition to the Premier Allowed Amount and services not covered by the Contract.

Out-of-pocket costs may include applicable copayments, deductibles, charges where maximums have been exceeded, and services not covered by the Group Dental Service Contract.

**The pregnancy benefit includes an additional oral exam and a choice of an additional cleaning, additional periodontal scaling/root planing or additional periodontal maintenance procedure for pregnant women.

Underwriting Policies and Requirements

Group Contribution and Participation Requirements

Basic, Traditional, and High Plans Rates require that the employer will contribute a minimum of 50 percent of the cost of the plan and that there will be no less than 50 percent enrollment of all eligible employees and no less than 50 percent enrollment of their dependents if dependent coverage is elected by the employer. **Employees covered through a spouse's dental plan, and employees and/or dependents with dentures will be counted toward meeting the participation requirement.** Minimum enrollment of two (2) lives.

Benefit Limitations

- Dependents are covered to age 26. Children who become mentally or physically disabled and incapable of self-support before age nineteen (19) while covered by this contract or another contract are covered.
- There is a mandatory 90-day waiting period for all new hires.

Limitations and Exclusions

1. Services or supplies which are provided to patient by any federal or state government agency or by any municipality, county, or other political subdivision.
2. Charges for which benefits or services are provided to the patient by any hospital, medical or dental service corporation, any group insurance, franchise, or other prepayment plan for which an employer, union, trust or association makes contributions or payroll deductions (unless the coordination of benefit provisions provide otherwise).
3. Procedures to correct congenital or developmental malformations except for children eligible at birth.
4. Treatments or devices that increase the vertical dimension of an occlusion, restore an occlusion to normal, replace tooth structure lost by attrition or erosion, or otherwise.
5. Treatments or supplies primarily for cosmetic purposes.
6. Services provided or supplies furnished or devices started prior to the effective eligibility date of a patient.
7. Preventive plaque control programs, including oral hygiene programs.
8. Periodontal splinting, equilibration and gnathological recordings.
9. Myofunctional therapy.
10. Temporomandibular joint dysfunction, unless covered under the group contract.
11. Implants.
12. Prescription drugs, pre-medication, and relative analgesias.
13. Treatment or supplies for which the patient would have no legal obligation to pay in the absence of this or any other similar coverage.
14. Experimental procedures.
15. General anesthesia is not covered except for oral surgery procedures of 1 or more simple extractions and/or with surgical extractions for patients under age 19 and with 3 or more simple extractions and/or with surgical extractions for patients age 19 and over.
16. Oral Surgery is not a benefit under the basic plan.
17. Endodontic services are not a benefit under the basic plan.
18. Periodontic services are not a benefit under the basic plan.
19. Major Restorative services, inlays, onlays and crowns are not a benefit under the basic plan.
20. Prosthodontic services, including bridges and dentures, are not a benefit under the basic plan.
21. Orthodontic services, including tooth guide appliances are not a benefit under the Basic and Traditional plans.
22. Prophylaxis and exams are a benefit twice in any twelve (12) month period.
23. Bitewing x-rays are a benefit twice in any twelve (12) month period.
24. Full mouth x-rays are a benefit once in any three (3) year period.
25. Sealants are a benefit, limited to age fourteen (14), once in any thirty-six (36) month period on unfilled permanent first and second molars.
26. Space maintainers are a benefit, limited to age fourteen (14).
27. Episodes of surgical periodontal treatment must be separated by a period of no less than five (5) years to qualify the patient for additional periodontal benefits.
28. Substandard work until corrected.

This brochure describes coverage briefly and in general terms. Coverage is governed by all terms, conditions, restrictions, limitations and definitions contained in the Group Master Contract between Delta Dental of Pennsylvania and Gettysburg Insurance Services Industry Trust.

Marketing and Administration by:

Claims Processed and Administered by:



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