

Small Group Dental Insurance for 2-4 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.



Delta Dental Premier® and Delta Dental PPO Plan Designs

Benefits	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Diagnostic <ul style="list-style-type: none"> ◆ Exams (2 per 12-month period) ◆ Bitewing x-rays (2 per 12-month period) 	50%*	100%*	100%* deductible waived	100%* deductible waived	100%* deductible waived
Preventive <ul style="list-style-type: none"> ◆ Prophylaxis (cleaning) ◆ Fluoride treatments (to age 19) ◆ Sealants (to age 14) ◆ Space Maintainers (to age 16) 	50%*	100%*	100%* deductible waived	100%* deductible waived	100%* deductible waived
Basic Restorative <ul style="list-style-type: none"> ◆ Fillings (amalgam "silver" and composite "white" non-molar) 	50%*	75%*	75%*	75%*	75%*
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 	50%*	75%*	50%*	75%*	50%*
Endodontic <ul style="list-style-type: none"> ◆ Pulpal Therapy ◆ Root Canal 	50%*	75%*	50%*	75%*	50%*
Periodontic <ul style="list-style-type: none"> ◆ Treatment to the gums and supporting structures of the teeth 	50%*	75%*	50%*	75%*	50%*
Major Restorative <ul style="list-style-type: none"> ◆ Inlays ◆ Onlays ◆ Crowns 	not a benefit	not a benefit	not a benefit	not a benefit	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	not a benefit	not a benefit	not a benefit	50%*
Calendar year deductibles Individual/Family	\$0 / \$0	\$25 / \$75	\$50 / \$150	\$50 / \$150	\$50 / \$150
Calendar year maximum per person	\$500	\$750	\$1,000	\$1,000	\$1,000

*Percentages based on Delta Dental Maximum Plan Allowance or dentist's fee, whichever is less.

The **Delta Dental Premier** program makes its payments for both participating and non-participating dentists based on the Delta Dental Premier Maximum Plan Allowances (Delta Dental Premier MPA) or the dentists' charged fee, whichever is less (Delta Dental Premier Allowed Amount). Delta Dental Premier participating dentists agree to accept the Delta Dental Premier Allowed Amount as payment in full. Delta Dental's benefit is a percentage of the Delta Dental Premier Allowed Amount; an enrollee copayment may be required. Deductibles may also apply. Non-participating dentists may balance bill the patient without limit by Delta Dental.

The **Delta Dental PPO** program makes its payments for both participating and non-participating dentists according to the Delta Dental PPO Maximum Plan Allowances (MPA). The Delta Dental PPO participating dentists agree to accept these Allowances as payment in full. Delta's benefit is a percentage of the MPA; an enrollee copayment may be required. Deductibles may also apply. Dentists who participate in the Delta Dental Premier® network but not the Delta Dental PPO network may balance bill the patient up to the Delta Dental Premier Allowance. Non-participating dentists may balance bill the patient without limit by Delta Dental.

This information highlights coverage for Plans 1 through 5 of GettHealth Insurance Services, Inc.; this highlight sheet is not intended to be a complete list or complete description of benefits. Exclusions and limitations may apply.

The benefit explanations contained herein are subject to all provisions of the Group Dental Service Contract, and do not modify such contract in any way, nor shall the enrollee accrue any rights because of any statement in or omission from this highlight sheet.

Overview of Delta Dental Premier® and Delta Dental PPO Plans

Choose between the Premier or PPO program for your business of 2 to 4 employees

Delta Dental, one of the leading dental benefits providers 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 PREMIER PLAN

The original fee-for-service program combines the advantages of a traditional indemnity plan with access to one of the largest dentist networks in the U.S. Three out of four dentists participate with Delta Dental at more than 179,000 locations nationwide.

Delta Dental Premier is actually a managed-cost, fee-for-service product that allows enrollees the freedom to choose any licensed dentist for treatment and receive applicable benefits. However, they receive the greatest benefits – and potentially the greatest savings – when they visit a Delta Dental participating dentist.

DELTA DENTAL PPO PLAN

A discounted fee-for-service program that allows enrollees the freedom to choose any licensed dentist for treatment and receive applicable benefits. However, PPO enrollees receive the greatest potential savings when they visit any of the more than 102,000 PPO dentist locations nationwide.

While the PPO network is smaller than the Premier network, it offers deeper fee discounts. In addition, the PPO program gives enrollees access to both the Delta Dental PPO and Delta Dental Premier networks. Enrollees typically have lower out-of-pocket expenses when they visit a PPO participating dentist. But Premier dentists agree to limit their collectable charges, which likely will save enrollees money over non-participating dentists, who do not contract with Delta Dental to limit their fees.

HOW ENROLLEES CAN SAVE

With **Delta Dental Premier**, enrollees can save when they choose Delta Dental participating dentists.

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

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

THE DELTA DENTAL DIFFERENCESM

- 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.

FREQUENTLY ASKED QUESTIONS

How do I know if my dentist is participating?

Delta Dental's web site at www.deltadentalins.com features an online dentist directory. You can search for dentists by name, practice name and address. You can get directions and maps to dentists' offices online. You can also call Delta Dental's toll-free number – **800-932-0783** – and a customer service representative can tell you if your dentist participates with Delta Dental – or your dentist's office can tell you if your dentist participates with Delta Dental.

How long will it take to process my claim?

Delta Dental typically processes claims in 10 calendar days or less from the date Delta Dental receives the claim, provided it is complete and eligibility can be verified.

What if I'm currently having treatments?

Procedures that are begun (opened or prepared) – such as crowns, root canals, dentures and bridgework – prior to the effective date of Delta Dental's coverage are considered to be the responsibility of the previous carrier. Delta Dental considers itself liable for a procedure once the procedure irrevocably begins after the effective date of Delta Dental's coverage.

When do Delta Dental's allowances for services apply?

You are eligible for Delta Dental's allowances when you receive services that are covered benefits. In the event Delta Dental receives a claim for a covered service that results in your exceeding your annual maximum benefit amount, you will be responsible for paying the difference between the amount paid by Delta Dental that results in your reaching your maximum allowable benefits and Delta Dental's allowance for the service if it was provided by a Delta Dental participating dentist. If the service was provided by a non-participating dentist, you are responsible for paying the difference between Delta Dental's payment and the dentist's actual charge.

If you receive a service that is not a covered benefit, you will be responsible for payment of the dentist's actual charge, regardless whether the dentist participates with Delta Dental or not.

If a service you receive is subject to frequency limitations and you exceed the limitation, you will be responsible for paying the dentist's actual charge for the service. Services that exceed a limitation on frequency are not eligible for Delta Dental's allowance for the service, regardless of the attending dentist's participation status with Delta Dental.

Underwriting Policies and Requirements

Group Contribution and Participation Requirements

Plans 1 through 5 Rates require that the employer will contribute 50 percent (minimum 50 percent contribution by the employee) of the cost of the plan and that there will be no less than 75 percent enrollment of all eligible employees (if dependent coverage is not elected by the employer) and 75 percent of all eligible employees and their dependents (if dependent coverage is elected by the employer). This includes other dental coverage through a spouse's plan and/or if the employee/dependent has dentures.

Benefit Limitations

- Dependents are covered to age nineteen (19), full-time students to age twenty-three (23). 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, except with oral surgery.
16. Major Restorative services, inlays, onlays and crowns are not a benefit under Plans 1, 2, 3, and 4.
17. Prosthodontic services, including bridges and dentures, are not a benefit under Plans 1, 2, 3, and 4.
18. Orthodontic services, including tooth guide appliances.
20. Prophylaxis and exams are a benefit twice in any twelve (12) month period.
21. Bitewing x-rays are a benefit twice in any twelve (12) month period.
22. Full mouth x-rays are a benefit once in any three (3) year period.
23. Sealants are a benefit, limited to age fourteen (14), once in any thirty-six (36) month period on unfilled permanent first and second molars.
24. Space maintainers are a benefit, limited to age sixteen (16).
25. 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.
26. 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.

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