

Delta Dental's Federal Employees Dental Program[®]

deltadentalfeds.org

2014

A Nationwide Dental PPO Plan

Who may enroll in this Plan: All Federal employees and annuitants in the United States and overseas who are eligible to enroll in Federal Employees Dental and Vision Insurance Program.

Enrollment Options for this Plan:

- High Option – Self Only
- High Option – Self Plus One
- High Option – Self and Family
- Standard Option – Self Only
- Standard Option – Self Plus One
- Standard Option – Self and Family

This Plan has five enrollment regions, including international; please see the end of this brochure to determine your region and corresponding rates.

Authorized for distribution by the:



**United States
Office of Personnel Management**

Healthcare and Insurance
www.opm.gov/healthcare-insurance

Introduction

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The Act directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants.

This brochure describes the benefits of Delta Dental's Federal Employees Dental Program under Delta Dental of California contract OPM01-FEDVIP-01AP-3 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

Delta Dental of California
Federal Employees Dental Program
PO Box 537009
Sacramento , CA 95853-7009
855-410-3255 during Open Season enrollment questions
855-410-3255 for Customer Service
www.deltadentalfeds.org

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits.

If you are enrolled in this plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits, if they are also listed on the coverage. You and your family members do not have a right to benefits that were available before January 1, 2014, unless those benefits are also shown in this brochure.

OPM negotiates benefits and rates with each carrier annually. Rates are shown at the end of this brochure.

Delta Dental's Federal Employees Dental Program is responsible for the selection of in-network providers in your area. Contact us at 855-410-3255 (TDD 866-847-1264) for the names of participating providers or to request a provider directory. You may also view or request the most current directory via our website at deltadentalfeds.org. Continued participation of any specific provider cannot be guaranteed. Thus, you should choose your plan based on the benefits provided and not for a specific provider's participation. When you phone for an appointment, please remember to verify that the provider is currently in-network. If your provider is not currently participating in the provider network, you may nominate him or her to join at <http://www.deltadentalca.org/enrollee/forms/Nominateddentist.asp?DPO>. Nomination forms are available on our website, or call us and we will have a form sent to you. You cannot change plans, outside of Open Season, because of changes to the provider network.

Provider networks may be more extensive in some areas than others. We cannot guarantee the availability of every specialty in all areas. If you require the services of a specialist and one is not available in your area, please contact us for assistance.

This Delta Dental's Federal Employees Dental Program and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program.

We want you to know that protecting the confidentiality of your individually identifiable health information is of the utmost importance to us. To review full details about our privacy practices, our legal duties, and your rights, please visit our website, deltadentalfeds.org. If you do not have access to the internet or would like further information, please contact us by calling 855-410-3255.

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FEDVIP Program Highlights

A Choice of Plans and Options	You can select from several nationwide, and in some areas, regional dental Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO) plans, and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Visit www.opm.gov/healthcare-insurance/dental-vision/ for more information.
Enroll Through BENEFEDES	You enroll through the Internet at www.BENEFEDES.com . Please see Section 2, Enrollment, for more information.
Dual Enrollment	If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) can not be covered by two FEDVIP dental plans or two FEDVIP vision plans.
Coverage Effective Date	If you sign up for a dental and/or vision plan during the 2013 Open Season, your coverage will begin on January 1, 2014. Premium deductions will start with the first full pay period beginning on/after January 1, 2014. You may use your benefits as soon as your enrollment is confirmed.
Pre-Tax Salary Deduction for Employees	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars.
Annual Enrollment Opportunity	Each year, an Open Season will be held, during which you may enroll or change your dental and/or vision plan enrollment. This year, Open Season runs from November 11, 2013 through December 9, 2013. You do not need to re-enroll each Open Season unless you wish to change plans or plan options; your coverage will continue from the previous year. In addition to the annual Open Season, there are certain events that allow you to make specific types of enrollment changes throughout the year. Please see Section 2, Enrollment, for more information.
Continued Group Coverage After Retirement	Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may also be able to continue enrollment after your death. Please see Section 1, Eligibility, for more information.
Waiting Period	The only waiting period is for orthodontic services. To meet this requirement, the person receiving the services must be enrolled in this plan for the entire waiting period of 12 months.

Section 1 Eligibility

Federal Employees	<p>If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP if you are eligible for the Federal Employees Health Benefits (FEHB) Program or the Health Insurance Marketplace (Exchange) and your position is not excluded by law or regulation, you are eligible to enroll in FEDVIP. Enrollment in the FEHB Program or a Health Insurance Marketplace (Exchange) plan is not required.</p>
Federal Annuitants	<p>You are eligible to enroll if you:</p> <ul style="list-style-type: none">retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government. <p>Your FEDVIP enrollment will continue into retirement if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for 5 years of service prior to retirement in order to continue coverage into retirement, as there is with the FEHB Program.</p> <p>Your FEDVIP coverage will end if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You may enroll in FEDVIP again when you begin to receive your annuity.</p> <p>Advise BENEFEDS of your new payroll office number.</p>
Survivor Annuitants	<p>If you are a survivor of a deceased Federal/U.S. Postal Service employee or annuitant and you are receiving an annuity, you may enroll or continue the existing enrollment.</p>
Compensationers	<p>A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury/illness who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.</p>
Family Members	<p>Eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.</p> <p>FEDVIP rules and FEHB rules for family member eligibility are NOT the same. For more information on family member eligibility visit the website at www.opm.gov/healthcare-insurance/dental-vision/ or contact your employing agency or retirement system.</p>
Not Eligible	<p>The following persons are not eligible to enroll in FEDVIP, regardless of FEHB eligibility or receipt of an annuity or portion of an annuity:</p> <ul style="list-style-type: none">Deferred annuitantsFormer spouses of employees or annuitantsFEHB Temporary Continuation of Coverage (TCC) enrolleesAnyone receiving an insurable interest annuity who is not also an eligible family member

Section 2 Enrollment

Enroll Through BENEFEDES

You must use BENEFEDES to enroll or change enrollment in a FEDVIP plan. BENEFEDES is a secure enrollment website (www.BENEFEDES.com) sponsored by OPM. If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to enroll or change your enrollment.

If you are currently enrolled in FEDVIP and do not want to change plans, **your enrollment will continue automatically. Please Note:** Your plans' premiums may change for 2014.

Note: You cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDES.

Enrollment Types

Self Only: A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family; however, your family members will not be covered under FEDVIP.

Self Plus One: A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

Note: A Self Plus One enrollment option does not exist under the FEHB Program.

Self and Family: A Self and Family enrollment covers you as the enrolled employee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

Dual Enrollment

If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) can not be covered by two FEDVIP dental plans or two FEDVIP vision plans.

Opportunities to Enroll or Change Enrollment

Open Season

If you are an eligible employee or annuitant, you may enroll in a dental and/or vision plan during the November 11, 2013 through December 9, 2013 Open Season. Coverage is effective January 1, 2014.

During future annual Open Seasons, you may enroll in a plan, change or cancel your dental and/or vision coverage. The effective date of these Open Season enrollments and changes will be set by OPM. If you want to continue your current enrollment, do nothing. **Your enrollment carries over from year to year, unless you change it.**

New hire/Newly eligible

You may enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant if not already covered under FEDVIP; or
- an employee returning to service following a break in service of at least 31 days.

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDES receives and confirms your enrollment.

Qualifying Life Event

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season.

The following chart lists the QLEs and the enrollment actions you may take.

Qualifying Life Event	From Not Enrolled to Enrolled	INCREASE: Enrollment Type	DECREASE: Enrollment Type	Cancel	CHANGE: from one plan to another
Acquiring an eligible family member	No	Yes	No	No	No
Losing a covered family member	No	No	Yes	No	No
Losing other dental/ vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan's service area	No	No	No	No	Yes
Going on active military duty, non-pay status (enrollee and spouse)	No	No	No	Yes	No
Returning to pay status from active military duty (enrollee and spouse)	Yes	No	No	No	No
Annuity/ compensation restored	Yes	Yes	Yes	No	No
Transferring to an eligible Federal position*	No	NO	No	Yes	No

*Position must be in a Federal agency that provides dental and/or vision coverage with 50 percent or more employer-paid premium.

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area and
- You cannot request a new enrollment based on a QLE before the QLE occurs, except for enrollment because of loss of dental or vision insurance. You must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Once you enroll in a plan, your 60-day window for that type of plan ends, even if 60 calendar days have not yet elapsed. That means once you have enrolled in either plan, you cannot change or cancel that particular enrollment until the next Open Season, unless you experience a QLE that allows such a change or cancellation.

Canceling an enrollment

You may cancel your enrollment only during the annual Open Season. An eligible family member's coverage also ends upon the effective date of the cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the Open Season effective date.

When Coverage Stops

Coverage ends when you:

- no longer meet the definition of an eligible employee or annuitant;
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments; or
- cancel the enrollment during Open Season.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

Continuation of Coverage

Under FEDVIP, there is no 31-day extension of coverage. The following are also NOT available under the FEDVIP plans:

- Temporary Continuation of Coverage (TCC);
- spouse equity coverage; or
- right to convert to an individual policy (conversion policy).

FSAFEDS/High Deductible Health Plans and FEDVIP

If you are planning to enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA), you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time period permitted. This is known as the “Use-it-or-Lose-it” rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in 2014. See www.fsafeds.com or call 1-877-FSA-FEDS (1-877-372-3337) TTY number 1-800-952-0450.

Delta Dental’s Federal Employees Dental Program will transmit plan payment information for members that enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA) to the FSAFEDS carrier. Members that participate are not required to submit claims on behalf of the Delta Dental Federal plan to be reimbursed.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you can use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB and FEDVIP plans.

Section 3 How You Obtain Care

Identification Cards/ Enrollment Confirmation

When you enroll for the first time, you will receive a welcome letter along with an identification card ("ID Card"). It is important to bring your FEDVIP and FEHB ID card to every dental appointment because most FEHB plans offer some level of dental benefits separate from your FEDVIP coverage. Presenting both ID cards can ensure that you receive the maximum allowable benefit under each Program.

If you require a replacement ID card, you will be able to view and print your ID card via deltadentalfed.org. An ID card is neither a guarantee of benefits nor does your provider need it to render dental services. Your dentist may call 855-410-3255 to confirm your enrollment in the plan and the benefits available to you.

Where You Get Covered Care

You can obtain care from any licensed dentist in the United States or overseas.

Plan Providers

We list our plan providers on our website at: deltadentalfed.org which we update weekly. When you make your appointment please advise the dentist office that you are enrolled in the FEDVIP plan and wish to use your in-network benefits. This will also serve to confirm that the dentist is a Delta Dental PPO provider. You may also contact customer service at 855-410-3255.

In-Network

An employee is not required to select a primary care dentist. Employees are free to select the dentist of their choice. Plan benefits are available, subject to plan provisions, whether the dentist participates in our network or not. If you use a Delta Dental PPO network provider, you are responsible only for billable charges up to our negotiated plan allowance per procedure. You are not responsible for treatment service charges in excess of the in-network negotiated per procedure maximum unless you consent in writing for these additional treatment charges. Delta Dental's Federal Employees Dental Program's network consists of independently credentialed and contracted providers. To find a dentist in your area go to deltadentalfed.org. You may also contact customer service at 855-410-3255.

Out-of-Network

You may obtain care from any licensed dentist. If the dentist you use is not part of our network, benefits will be considered out-of-network. Because these providers are out of our network, we pay for out-of-network services based on an out-of-network plan allowance. You are responsible for the difference between the plan payment and the amount billed.

Emergency Services

All expenses for emergency services are payable as any other expense. If you utilize the services of an out-of-network dentist for emergency services, benefits will be paid under the out-of-network plan provisions. You are responsible for the difference between the plan payment and the amount billed.

Plan Allowance

The plan allowance is the amount we allow for a specific procedure. When you use a participating provider, your out-of-pocket cost is limited to the difference between the plan allowance and our payment. When you use an out-of-network provider, you are responsible for the difference between the plan allowance and our payment plus the difference between the amount the provider bills and the plan allowance.

Pre-Certification

You and your dentist may request us to pre-certify dental/vision procedures that your dentist plans to perform. We will provide an explanation of benefits to both you and your dentist that will indicate if procedures are covered and an estimate of what we will pay for those specific services.

Alternate Benefit	If more than one service or procedure can be used to treat the covered person's dental/vision condition, Delta Dental's Federal Employees Dental Program may decide to authorize coverage only for the less costly covered service or procedure when that service is deemed by the dental/vision profession to be an appropriate method of treatment and the service selected must meet broadly accepted national standards of dental/vision practice.
Dental Review	Our review process includes periodontal surgery, crowns, occlusal adjustments and there are other services that are looked at, if they are submitted on the same claim as another service. Your provider should submit x-rays with crowns and periodontal charting with periodontal surgeries.
First Payor	<p>When you visit a provider who participates with both your FEHB plan and your FEDVIP plan, the FEHB plan will pay benefits first. The FEDVIP plan's allowance will be the prevailing charge, in these cases. You are responsible for the difference between the FEHB and FEDVIP payments and the FEDVIP plan allowance. We are responsible for facilitating the process with the primary FEHB first payor.</p> <p>It is important to bring your FEDVIP and FEHB identification cards to every dental appointment because most FEHB plans offer some level of dental benefits separate from your FEDVIP coverage. Presenting both identification cards can ensure that you receive the maximum allowable benefit under each Program.</p>
Coordination of Benefits	<p>We will coordinate benefit payments with the payment of benefits under other group health benefits coverage (non-FEHB) you may have and the payment of dental/vision costs under no-fault insurance that pays benefits without regard to fault.</p> <p>If you are covered under a non-FEHB plan, Delta Dental's Federal Employees Dental Program Dental benefits will be coordinated using traditional COB provisions for determining payment.</p>
Rating Areas	Your rates are determined based on where you live. This is called a rating area. If you move, you must update your address through BENEFEDS at www.BENEFEDS.com or by phone at (877) 888-3337. Your rates might change because of the move.
Limited Access Area	If you live in an area with limited access to a network provider and you receive covered services from an out-of-network provider, we will pay the same benefit level as if you utilized the services of an in-network provider. You are responsible for any difference between the amount billed and our payment. Call us at 855-410-3255, if you are having problems locating a dentist in your area.

Section 4 Your Cost For Covered Services

This is what you will pay out-of-pocket for covered care:

Deductible

A deductible is a fixed amount of expenses you must incur for certain covered services and supplies before we will pay for covered services. There is no family deductible limit. Covered charges credited to the deductible are also counted towards the Plan maximum and limitations.

	In-Network High Option	In-Network Standard Option	Out-of- Network High Option	Out-of- Network Standard Option
Class A	\$0	\$0	\$0	\$0
Class B	\$0	\$0	\$50	\$75
Class C	\$0	\$0	\$50	\$75
Orthodontics	\$0	\$0	\$0	\$0

Coinsurance

Coinsurance is the percentage of our allowance that you must pay for your care. Coinsurance does not begin until you meet your deductible, if applicable.

	In-Network High Option	In-Network Standard Option	Out-of- Network High Option	Out-of- Network Standard Option
Class A	0%	0%	10%	40%
Class B	30%	45%	40%	60%
Class C	50%	65%	60%	80%
Orthodontics	50%	50%	50%	50%

Annual Benefit Maximum

Once you reach this amount, you are responsible for all additional charges. The Annual Benefit Maximums within each option are combined between in and out of network services. The total Annual Benefit Maximum will never be greater than the In-Network Maximum Annual Benefit.

	In-Network High Option	In-Network Standard Option	Out-of- Network High Option	Out-of- Network Standard Option
Maximum Annual Benefits	\$4,000	\$1,500	\$3,000	\$600

Lifetime Benefit Maximum

The Lifetime Maximum is applicable to Orthodontia benefits only. There are no other lifetime maximums under this Plan.

	In-Network High Option	In-Network Standard Option	Out-of-Network High Option	Out-of-Network Standard Option
Lifetime Orthodontic Maximum	\$2,000	\$2,000	\$2,000	\$1,000

In-Network Services

You pay the coinsurance percentage of our network allowance for covered services. You are not responsible for charges above that allowance.

Out-of-Network Services

If the dentist you use is not part of our network, benefits will be considered out-of-network. Because these providers are not part of our network, we pay for out-of-network services based on an out-of-network plan allowance.

Plan Allowance

The plan allowance is the amount we allow for a specific procedure. When you use a participating provider, your out-of-pocket cost is limited to the difference between the plan allowance and our payment. When you use an out-of-network provider, you are responsible for the difference between our payment and the billed amount.

Calendar Year

The calendar year refers to the plan year, which is defined as January 1, 2014 to December 31, 2014.

Emergency Services

Emergency services are defined as those dental/vision services needed to relieve pain or prevent the worsening of a condition when that would be caused by a delay.

Section 5 Dental Services and Supplies Class A Basic

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is \$0, if you use an in network provider. There is no family deductible.
- If you elect to use an out-of-network provider, the Standard Option contains a \$75 deductible per person, and the High Option has a \$50 deductible per person. Neither Option contains a family deductible, each enrolled covered person must satisfy their own deductible.
- The Annual Benefit Maximum in the High Option for non-orthodontic services is \$4,000, for in-network and \$3,000 for out-of-network services. The Standard Option Annual Benefit Maximum for non-orthodontic services is \$1,500 for in-network services and \$600 for out-of-network services. In no instance will Delta Dental's Federal Employees Dental Program allow more than \$1,500 in combined benefits under the Standard Option in any plan year.
- Alternate benefits - if more than one service can be used to treat your dental/vision conditions, we may decide to authorize alternate treatment coverage only for less costly covered service provided that the service selected must be deemed by the dental/vision profession to be an appropriate method of treatment.
- Any dental/vision service or treatment not listed as a covered service is not eligible for benefits.

You Pay:

- **High Option**
 - **In-Network:** \$0 for covered services as defined by the plan subject to plan deductibles and maximums.
 - **Out-of-Network:** 10% of the plan allowance along with a \$50 deductible and any difference between our allowance and the billed amount.
- **Standard Option**
 - **In-Network:** \$0 for covered services as defined by the plan subject to plan deductibles and maximums.
 - **Out-of-Network:** 40% of the plan allowance along with a \$75 deductible and any difference between our allowance and the billed amount.

Diagnostic and treatment services

D0120 Periodic oral evaluation

D0140 Limited oral evaluation – problem focused

D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver

D0150 Comprehensive oral evaluation

D0180 Comprehensive periodontal evaluation

D0210 Intraoral – complete set of radiographic images including bitewings

D0220 Intraoral – periapical first radiographic image

D0230 Intraoral – periapical – each additional radiographic image

D0240 Intraoral – occlusal radiographic image

D0250 Extraoral -- first radiographic image

D0260 Extraoral -- each additional radiographic image

D0270 Bitewing – single radiographic image

D0272 Bitewings – two radiographic images

Diagnostic and treatment services - continued on next page

Diagnostic and treatment services (cont.)

D0273 Bitewings – three radiographic images

D0274 Bitewings – four radiographic images

D0277 Vertical bitewings – 7 to 8 radiographic images

D0330 Panoramic radiographic image

D0425 Caries susceptibility tests

Preventative services

D1110 Prophylaxis – Adult

D1120 Prophylaxis – Child

D1206 Topical application of fluoride varnish

D1208 Topical application of fluoride

D1351 Sealant – per tooth

D1352 Preventive resin restoration in a moderate to high caries risk patient – permanent tooth

D1510 Space maintainer – fixed – unilateral

D1515 Space maintainer – fixed – bilateral

D1520 Space maintainer – removable – unilateral

D1525 Space maintainer – removable – bilateral

D1550 Re-cementation of space maintainer

Additional procedures covered as basic services

D9110 Palliative treatment of dental pain – minor procedure

Not covered:

- *Plaque control programs*
 - *Oral hygiene instruction*
 - *Dietary instructions*
 - *Over-the-counter dental products, such as teeth whiteners, toothpaste, dental floss*
 - *Any exclusions or limitations listed under Section 7 of this plan document*
 - *Charges for missed appointments*
 - *Filling out paperwork*
 - *Submitting claim forms*
 - *Sterilizing instruments*
-

Class B Intermediate

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is \$0, if you use an in network provider. There is no family deductible. If you elect to use an out-of-network provider, the Standard Option contains a \$75 deductible per person, and the High Option has a \$50 deductible per person. Neither Option contains a family deductible, each enrolled covered person must satisfy their own deductible.
- The Annual Benefit Maximum in the High Option for non-orthodontic services is \$4,000, for in-network and \$3,000 out-of-network services. The Standard Option Annual Benefit Maximum for non-orthodontic services is \$1,500 for in-network services and \$600 for out-of-network services. In no instance will Delta Dental's Federal Employees Dental Program allow more than \$1,500 in combined benefits under the Standard Option in any plan year.
- Alternate benefits - if more than one service can be used to treat your dental/vision conditions, we may decide to authorize alternate treatment coverage only for less costly covered service provided that the service selected must be deemed by the dental/vision profession to be an appropriate method of treatment.
- Any dental/vision service or treatment not listed as a covered service is not eligible for benefits.

You Pay:

- **High Option**
 - **In-Network:** 30% of the Network Allowance for covered services as defined by the plan subject to plan deductibles and maximums.
 - **Out-of-Network:** 40% of the plan allowance along with a \$50 deductible and any difference between our allowance and the billed amount.
- **Standard Option**
 - **In-Network:** 45% of the Network Allowance for covered services as defined by the plan subject to plan deductibles and maximums.
 - **Out-of-Network:** 60% of the plan allowance along with a \$75 deductible and any difference between our allowance and the billed amount.

Minor restorative services

- D2140 Amalgam – one surface, primary or permanent
- D2150 Amalgam – two surfaces, primary or permanent
- D2160 Amalgam – three surfaces, primary or permanent
- D2161 Amalgam – four or more surfaces, primary or permanent
- D2330 Resin-based composite – one surface, anterior
- D2331 Resin-based composite – two surfaces, anterior
- D2332 Resin-based composite – three surfaces, anterior
- D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior)
- D2391 Resin-based composite – one surface, posterior
- D2392 Resin-based composite – two surfaces, posterior
- D2393 Resin-based composite – three surfaces, posterior
- D2394 Resin-based composite – four or more surfaces, posterior

Minor restorative services - continued on next page

Minor restorative services (cont.)

D2910 Re-cement inlay

D2920 Re-cement crown

D2930 Prefabricated stainless steel crown – primary tooth

D2931 Prefabricated stainless steel crown – permanent tooth

D2951 Pin retention – per tooth, in addition to restoration

Not covered:

- Restorations, including veneers, which are placed for cosmetic purposes only
- Gold foil restorations
- Any exclusions or limitations listed under Section 7 of this plan document

Endodontic services

D3110 Pulp cap - direct (excluding final restoration)

D3120 Pulp cap - indirect (excluding final restoration)

D3220 Therapeutic pulpotomy (excluding final restoration)

D3221 Pulpal debridement, primary and permanent teeth

D3222 Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development.

D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)

D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)

Periodontal services

D4341 Periodontal scaling and root planing – four or more teeth per quadrant

D4342 Periodontal scaling and root planing – one to three teeth, per quadrant

D4910 Periodontal maintenance – 4 in 12 months combined with adult prophylaxis after the completion of active periodontal therapy

D7921 Collect – Apply Autologous Product – Limited to 1 in 36 months

Prosthodontic services

D5410 Adjust complete denture – maxillary

D5411 Adjust complete denture – mandibular

D5421 Adjust partial denture – maxillary

D5422 Adjust partial denture – mandibular

D5510 Repair broken complete denture base

D5520 Replace missing or broken teeth – complete denture (each tooth)

D5610 Repair resin denture base

D5620 Repair cast framework

D5630 Repair or replace broken clasp

D5640 Replace broken teeth – per tooth

D5650 Add tooth to existing partial denture

D5660 Add clasp to existing partial denture

D5670 Replace all teeth and acrylic on cast metal framework, maxillary

D5671 Replace all teeth and acrylic on cast metal framework, mandibular

D5710 Rebase complete maxillary denture

D5711 Rebase complete mandibular denture

D5720 Rebase maxillary partial denture

D5721 Rebase mandibular partial denture

D5730 Reline complete maxillary denture (chairside)

D5731 Reline complete mandibular denture (chairside)

Prosthodontic services (cont.)

D5740 Reline maxillary partial denture (chairside)

D5741 Reline mandibular partial denture (chairside)

D5750 Reline complete maxillary denture (laboratory)

D5751 Reline complete mandibular denture (laboratory)

D5760 Reline maxillary partial denture (laboratory)

D5761 Reline mandibular partial denture (laboratory)

D5850 Tissue conditioning (maxillary)

D5851 Tissue conditioning (mandibular)

D6930 Recement fixed partial denture

D6980 Fixed partial denture repair, by report

Oral surgery

D7111 Extraction coronal remnants, deciduous tooth

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth

D7220 Removal of impacted tooth – soft tissue

D7230 Removal of impacted tooth – partially bony

D7240 Removal of impacted tooth – completely bony

D7241 Removal of impacted tooth – completely bony, with unusual surgical complications

D7250 Surgical removal of residual tooth roots (cutting procedure)

D7251 Coronectomy - intentional partial tooth removal

D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

D7280 Surgical access of an unerupted tooth

D7310 Alveoloplasty in conjunction with extractions – per quadrant

D7311 Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

D7320 Alveoloplasty not in conjunction with extractions – per quadrant

D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

D7471 Removal of exostosis

D7510 Incision and drainage of abscess – intraoral soft tissue

D7910 Suture of recent small wounds up to 5 cm

D7971 Excision of pericoronal gingiva

D7999 Unspecified oral surgery procedure, by report

Class C Major

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is \$0 if you use an in network provider. There is no family deductible. If you elect to use an out-of-network provider, the Standard Option contains a \$75 deductible per person, and the High Option has a \$50 deductible per person. Neither Option contains a family deductible; each enrolled covered person must satisfy his/her own deductible.
- The Annual Benefit Maximum in the High Option for non-orthodontic services is \$4,000 for in-network and \$3,000 for out-of-network services. The Standard Option Annual Benefit Maximum for non-orthodontic services is \$1,500 for in-network services and \$600 for out-of-network services. In no instance will Delta Dental's Federal Employees Dental Program allow more than \$1,500 in combined benefits under the Standard Option in any plan year.
- Alternate benefits - if more than one service can be used to treat your dental/vision conditions, we may decide to authorize alternate treatment coverage only for less costly covered service provided that the service selected must be deemed by the dental/vision profession to be an appropriate method of treatment.
- Any dental/vision service or treatment not listed as a covered service is not eligible for benefits.

You Pay:

- **High Option**
 - **In-Network:** 50% of the Network Allowance for covered services as defined by the plan subject to plan deductibles and maximums.
 - **Out-of-Network:** 60% of plan allowance along with a \$50 deductible and any difference between our allowance and the billed amount.
- **Standard Option**
 - **In-Network:** 65% of the Network Allowance for covered services as defined by the plan subject to plan deductibles and maximums.
 - **Out-of-Network:** 80% of plan allowance along with a \$75 deductible and any difference between our allowance and the billed amount.

Major restorative services

D0160 Detailed and extensive oral evaluation – problem focused, by report

D2510 Inlay-metallic - one surface

D2520 Inlay - metallic- two surfaces

D2530 Inlay - metallic - three surfaces

D2542 Onlay – metallic – two surfaces

D2543 Onlay – metallic – three surfaces

D2544 Onlay – metallic – four or more surfaces

D2740 Crown – porcelain/ceramic substrate

D2750 Crown – porcelain fused to high noble metal

D2751 Crown – porcelain fused to predominately base metal

D2752 Crown – porcelain fused to noble metal

D2780 Crown – 3/4 cast high noble metal

D2781 Crown – 3/4 cast predominately base metal

D2782 Crown – 3/4 cast noble metal

Major restorative services (cont.)

D2783 Crown – 3/4 porcelain/ceramic
D2790 Crown – full cast high noble metal
D2791 Crown – full cast predominately base metal
D2792 Crown – full cast noble metal
D2794 Crown – titanium
D2950 Core buildup, including any pins when required
D2954 Prefabricated post and core, in addition to crown
D2980 Crown repair, by report
D2981 Inlay repair
D2982 Onlay repair
D2983 Veneer repair
D2990 Resin infiltration/smooth surface

Not covered:

- *Gold foil restorations*
- *Protective restoration*
- *Restorations for cosmetic purposes only*
- *Composite resin inlays*
- *Any exclusions or limitations listed under Section 7 of this plan document*

Endodontic services

D3310 Anterior root canal (excluding final restoration)
D3320 Bicuspid root canal (excluding final restoration)
D3330 Molar root canal (excluding final restoration)
D3346 Retreatment of previous root canal therapy – anterior
D3347 Retreatment of previous root canal therapy – bicuspid
D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352 Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
D3353 Apexification/recalcification – final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)
D3410 Apicoectomy/periradicular surgery – anterior
D3421 Apicoectomy/periradicular surgery – bicuspid (first root)
D3425 Apicoectomy/periradicular surgery – molar (first root)
D3426 Apicoectomy/periradicular surgery (each additional root)
D3427 Periradicular surgery without apicoectomy
D3430 Retrograde filling – per root
D3450 Root amputation – per root
D3920 Hemisection (including any root removal) – not including root canal therapy

Periodontal services

- D4210 Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant
- D4211 Gingivectomy or gingivoplasty – one to three teeth, per quadrant
- D4212 Gingivectomy or gingivoplasty - with restorative procedures, per tooth
- D4240 Gingival flap procedure, including root planing, four or more contiguous teeth or bounded teeth spaces per quadrant
- D4241 Gingival flap procedure, including root planning - one to three teeth per quadrant
- D4249 Clinical crown lengthening – hard tissue
- D4260 Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant
- D4261 Osseous surgery (including flap entry and closure), one to three contiguous teeth or bounded teeth spaces per quadrant
- D4268 Surgical revision procedure, per tooth
- D4270 Pedicle soft tissue graft procedure
- D4273 Subepithelial connective tissue graft procedures (including donor site surgery)
- D4275 Soft tissue allograft (there is no donor site)
- D4276 Combined connective tissue and double pedicle graft, per tooth
- D4277 Free soft tissue graft procedure, first tooth or edentulous position in graft
- D4278 Free soft tissue graft procedure, each additional tooth or edentulous position in graft
- D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis

- D4381 Localized delivery of antimicrobial agents

Prosthodontic services

- D5110 Complete denture – maxillary
- D5120 Complete denture – mandibular
- D5130 Immediate denture – maxillary
- D5140 Immediate denture – mandibular
- D5211 Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
- D5212 Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
- D5213 Maxillary partial denture – cast metal framework with resin denture base (including any conventional clasps, rests and teeth)
- D5214 Mandibular partial denture – cast metal framework with resin denture base (including any conventional clasps, rests and teeth)
- D5281 Removable unilateral partial denture – one piece cast metal (including clasps and teeth)
- D6010 Endoseal implant - surgical placement
- D6013 Surgical placement of mini implant
- D6053 Implant/Abutment supported removable denture for complete edentulous arch
- D6054 Implant/Abutment supported removable denture for partial edentulous arch
- D6055 Connecting Bar - implant supported or abutment supported
- D6056 Prefabricated abutment - includes modification and placement
- D6057 Custom fabricated abutment - includes modification and placement
- D6058 Abutment supported porcelain/ceramic crown
- D6059 Abutment supported porcelain fused to metal crown - high noble metal
- D6060 Abutment supported porcelain fused to metal crown - predominantly based metal
- D6061 Abutment supported porcelain fused to metal crown - noble metal
- D6062 Abutment supported cast metal crown - high noble metal

Prosthodontic services - continued on next page

Prosthodontic services (cont.)

D6063	Abutment supported cast metal crown - predominantly based metal
D6064	Abutment supported cast metal crown - noble metal
D6065	Implant supported porcelain/ceramic crown
D6066	Implant supported porcelain fused to metal crown - titanium, titanium alloy, high noble metal
D6067	Implant supported metal crown - titanium, titanium alloy, high metal noble
D6068	Abutment supported retainer for porcelain/ceramic FPD
D6069	Abutment supported retainer for porcelain fused to metal FPD - high noble metal
D6070	Abutment retainer for porcelain fused to metal FPD - predominantly base metal
D6071	Abutment supported retainer for porcelain fused to metal FPD - noble metal
D6072	Abutment supported retainer for cast metal FPD - high noble metal
D6073	Abutment supported retainer for cast metal FPD - predominantly base metal
D6074	Abutment supported retainer for cast metal FPD - noble metal
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported reatiner for porcelain fused metal FPD - titanium, titanium alloy, or high noble metal
D6077	Implant supported retainer for cast metal FPD - titanium, titanium alloy, or high noble metal
D6078	Implant/abutment supported fixed denture for completely edentulous arch
D6079	Implant/abutment supported fixed denture for partially edentulous arch
D6080	Implant Maintenance Procedures when prostheses are removed and reinserted including cleansing of abutments
D6090	Repair Implant Prothesis
D6091	Replacement of Semi-Precision or Precision Attachment
D6094	Abutment supported crown - titanium
D6095	Repair Implant Abutment
D6100	Implant Removal
D6194	Abutment supported retainer crown for FPD - titanium
D6210	Pontic – cast high noble metal
D6211	Pontic – cast predominately base metal
D6212	Pontic – cast noble metal
D6214	Pontic – titanium
D6240	Pontic – porcelain fused to high noble metal
D6241	Pontic – porcelain fused to predominately base metal
D6242	Pontic – porcelain fused to noble metal
D6245	Pontic – porcelain/ceramic
D6545	Retainer – cast metal for resin bonded fixed prosthesis
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis
D6600	Inlay, porcelain/ceramic, two surfaces
D6601	Inlay/onlay – porcelain/ceramic, three or more surfaces
D6604	Inlay – cast predominantly base metal, two surfaces
D6605	Inlay – cast predominantly base metal, three or more surfaces
D6613	Onlay – cast predominantly base metal, three or more surfaces
D6740	Crown – porcelain/ceramic
D6750	Crown – porcelain fused to high noble metal
D6751	Crown – porcelain fused to predominately base metal
D6752	Crown – porcelain fused to noble metal
D6780	Crown – 3/4 cast high noble metal

Prosthodontic services - continued on next page

Prosthodontic services (cont.)

D6781 Crown – 3/4 cast predominately base metal

D6782 Crown – 3/4 cast noble metal

D6783 Crown – 3/4 porcelain/ceramic

D6790 Crown – full cast high noble metal

D6791 Crown – full cast predominately base metal

D6792 Crown – full cast noble metal

D6794 Crown – Titanium

D9999 Unspecified Adjunctive procedure, by report

Class D Orthodontic

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is \$0 per person.
- The waiting period for orthodontic services is 12 months. To meet this requirement, the dependent child receiving orthodontic services must be covered under the same plan for the entire 12 month waiting period and continue orthodontia benefits in that same orthodontia vested plan option.
- The lifetime maximum for orthodontic services depends on the option in which you enroll and if you chose to receive services from a network provider. For example, if you are covered by the High Option, the lifetime maximum is \$2,000 regardless of the participating status of the provider. In the Standard Option services rendered by an In-Network provider will be subject to a \$2,000 lifetime maximum and services rendered by an Out-of-Network provider will be subject to a \$1,000 lifetime maximum.
- Alternate benefits - if more than one service can be used to treat your dental/vision conditions, we may decide to authorize alternate treatment coverage only for less costly covered service provided that the service selected must be deemed by the dental/vision profession to be an appropriate method of treatment.
- Covered services are limited to the maximum allowable charge as determined by us and are subject to alternative benefit, coinsurance, maximum benefit limits, waiting period and the other limitations described in this plan document.
- Any dental/vision service or treatment not listed as a covered service is not eligible for benefits.

You Pay:

- **High Option**
 - **In-Network:** 50% of the Network Allowance up to the lifetime maximum. You are responsible for all charges that exceed the lifetime maximum.
 - **Out-of-Network:** 50% of the plan allowance and any difference between our allowance and the billed amount.
- **Standard Option**
 - **In-Network:** 50% of the Network Allowance up to the lifetime maximum. You are responsible for all charges that exceed the lifetime maximum.
 - **Out-of-Network:** 50% of the plan allowance and any difference between our allowance and the billed amount.

Orthodontic Services

D8010 Limited orthodontic treatment of the primary dentition

D8020 Limited orthodontic treatment of the transitional dentition

D8030 Limited orthodontic treatment of the adolescent dentition

D8050 Interceptive orthodontic treatment of the primary dentition

D8060 Interceptive orthodontic treatment of the transitional dentition

D8070 Comprehensive orthodontic treatment of the transitional dentition

D8080 Comprehensive orthodontic treatment of the adolescent dentition

D8090 Comprehensive orthodontic treatment of the adult dentition

D8210 Removable appliance therapy

D8220 Fixed appliance therapy

Orthodontic Services (cont.)

D8660 Pre-orthodontic treatment visit

D8670 Periodic orthodontic treatment visit (as part of contract)

D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))

D8690 Orthodontic treatment (alternative billing to a contract fee)

Not covered:

- *Repair of damaged orthodontic appliances*
 - *Replacement of lost or missing appliance*
 - *Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.*
 - *Any exclusions or limitations listed under Section 7 of this plan document*
-

General Services

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is \$0, if you use an in network provider. There is no family deductible. If you elect to use an out-of-network provider, the Standard Option contains a \$75 deductible per person, and the High Option has a \$50 deductible per person. Neither Option contains a family deductible, each enrolled covered person must satisfy their own deductible.
- The Annual Benefit Maximum in the High Option for non-orthodontic services is \$4,000, for in-network and \$3,000 for out-of-network services. The Standard Option Annual Benefit Maximum for non-orthodontic services is \$1,500 for in-network services and \$600 for out-of-network services. In no instance will Delta Dental's Federal Employees Dental Program allow more than \$1,500 in combined benefits under the Standard Option in any plan year.
- Alternate benefits - if more than one service can be used to treat your dental/vision conditions, we may decide to authorize alternate treatment coverage only for less costly covered service provided that the service selected must be deemed by the dental/vision profession to be an appropriate method of treatment.
- Any dental/vision service or treatment not listed as a covered service is not eligible for benefits.

You Pay:

- **High Option**
 - **In-Network:** 30% of the Network Allowance for covered services as defined by the plan subject to plan deductibles and maximums.
 - **Out-of-Network:** 40% of the Network Allowance for covered services as defined by the plan subject to plan deductibles and maximums and a \$50 deductible.
- **Standard Option**
 - **In-Network:** 45% of the Network Allowance for covered services as defined by the plan subject to plan deductibles and maximums.
 - **Out-of-Network:** 60% of the billed amount.

Anesthesia Services

D9220 Deep sedation/general anesthesia - first 30 minutes

D9221 Deep sedation/general anesthesia - each additional 15 minutes

Intravenous Sedation

D9241 Intravenous conscious sedation/analgesia - first 30 minutes

D9242 Intravenous conscious sedation/analgesia - each additional 15 minutes

Consultations

D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)

Office Visits

D9440 Office visit – after regular scheduled hours

Medications

D9610 Therapeutic drug injection, by report

D9612 Therapeutic parenteral drugs, two or more administrations, different medications

Post-Surgical Services

D9930 Treatment of complications (post-surgical) unusual circumstances, by report

Miscellaneous Services

D9940 Occlusal guard, by report

D9941 Fabrication of athletic mouthguard

D9974 Internal bleaching - per tooth

Section 6 International Services and Supplies

International Claims Payment	We will pay benefits, subject to plan provisions, in an amount equal to the covered percentage for the charges incurred by you. All payments will be made in US currency.
Finding an International Provider	International employees and their dependents may contact Delta Dental's international referral service for referral to dental providers outside of the continental United States or may use the dentist of their choice. The process involves a plan participant calling 312-356-5971 collect or 888-558-2705 to find a local provider in their country. International participants will receive in-network benefit when services are performed by an out-of-network internationally located provider.
Filing International Claims	<p>The plan participant will be responsible for paying the dentist and submitting the claims to Delta Dental's Federal Employee Dental Program for reimbursement at the following address.</p> <p>Mail completed claim form to:</p> <p>Delta Dental of California Federal Employees Dental Program Claims PO. Box 537009 Sacramento, CA 95853-7009</p>
International Rates	There is one international region. Please see the rate table for the actual premium amount.

Section 7 General Exclusions – Things We Do Not Cover

The exclusions in this section apply to all benefits. **Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care, or treatment of a covered condition.**

We do not cover the following:

- Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law;
- Services and treatment which are experimental or investigational;
- Services and treatment which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the provision of any law or regulation or any government unit. This exclusion applies whether or not you claim the benefits or compensation;
- Services and treatment received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, VA hospital or similar person or group;
- Services and treatment performed prior to your effective date of coverage;
- Services and treatment incurred after the termination date of your coverage unless otherwise indicated;
- Services and treatment which are not dentally necessary or which do not meet generally accepted standards of dental practice.
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD);
- Services or treatment provided as a result of intentionally self-inflicted injury or illness;
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- Office infection control charges;
- Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/ mailing copies of your records, charts or x-rays;
- State or territorial taxes on dental services performed;
- Those submitted by a dentist, which is for the same services performed on the same date for the same member by another dentist;
- Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law;
- Those for which the member would have no obligation to pay in the absence of this or any similar coverage;
- Those which are for specialized procedures and techniques;
- Those performed by a dentist who is compensated by a facility for similar covered services performed for members;
- Duplicate, provisional and temporary devices, appliances, and services;
- Plaque control programs, oral hygiene instruction, and dietary instructions;

- Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth;
- Gold foil restorations;
- Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan;
- Treatment of services for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization;
- Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient);
- Charges by the provider for completing dental forms;
- Adjustment of a denture or bridgework which is made within 6 months after installation by the same Dentist who installed it;
- Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners;
- Cone Beam Imaging and Cone Beam MRI procedures;
- Sealants for teeth other than permanent molars;
- Precision attachments, personalization, precious metal bases and other specialized techniques;
- Replacement of dentures that have been lost, stolen or misplaced;
- Orthodontic services provided to a dependent of an enrolled member who has not met the 12 month waiting period requirement;
- Repair of damaged orthodontic appliances;
- Replacement of lost or missing appliances;
- Fabrication of athletic mouth guard;
- Internal and external bleaching;
- Nitrous oxide;
- Oral sedation;
- Topical medicament center;
- Orthodontic care for a member or spouse;
- Bone grafts when done in connection with extractions, apicoectomies or non-covered/non eligible implants;
- When two or more services are submitted and the services are considered part of the same service to one another the Plan will pay the most comprehensive service (the service that includes the other non-benefited service) as determined by Delta Dental's Federal Employees Dental Program.
- When two or more services are submitted on the same day and the services are considered mutually exclusive (when one service contradicts the need for the other service), the Plan will pay for the service that represents the final treatment as determined by this plan.
- All out-of-network services listed in Section 5 are subject to the usual and customary maximum allowable fee charges as defined by Delta Dental's Federal Employees Dental Program. The member is responsible for all remaining charges that exceed the allowable maximum.

Section 8 Claims Filing and Disputed Claims Processes

How to File a Claim for Covered Services

To avoid delay in the payment of your claims please have your dentist submit your claims directly to Delta Dental's Federal Employees Dental Program for payment.

Delta Dental's Federal Employees Dental Program dental providers may submit their claims directly to Delta Dental's Federal Employees Dental Program by accessing deltadentalfed.org where we provide them with real-time results. However, should you wish to send in a paper claim you may download a claim form from the website at deltadentalfed.org.

Mail completed claim form to:

Delta Dental of California
Federal Employees Dental Program
Dental Claims
PO Box 537009
Sacramento, CA 95853-7009

When a claimant files a claim for dental insurance benefits described in this brochure, both the notice of claim and the required proof should be sent to us within 12 months of the date of a loss. If notice of claim or proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and proof are given as soon as is reasonably possible

International Claims

For services you receive outside of the United States, send itemized bills that include an English translation and the exchange rate on the date the services were rendered. Benefits will be calculated using the daily rate of exchange for the date of service and reimbursed in United States currency. All international claims should be submitted to Delta Dental of California Federal Employees Dental Program, PO Box 537009, Sacramento, CA 95853-7009.

Please reply promptly when we ask for additional information. We may delay processing or deny your claim if you do not respond. See Section 6 International Services and Supplies for more information.

Deadline for Filing Your Claim

Send us all of the documents for your claims as soon as possible. You must submit your claim to us within 12 months following the delivery of the services in order for them to be considered for plan benefits, unless timely filing was prevented by administrative operations of the Government or legal incapacity, provided the claim was submitted as soon as reasonably possible. Once we pay benefits, there is a three-year limitation on the reissuance of uncashed checks.

We may, at our option, require supporting documentation such as clinical reports, charts, X-rays, and study models.

Disputed Claims Process

Follow this disputed claims process if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide a role for OPM to review disputed claims.**

Disputed Claim Steps:

1. Ask us in writing to reconsider our initial decision. You must include any pertinent information omitted from the initial claim filing and mail your additional proof to us within 90 days from the date of receipt of our decision.
2. Send your request for reconsideration to:

Delta Dental of California
Federal Employees Dental Program
Claims Appeals
PO Box 537015
Sacramento, CA 95853-7015

We will review your request and provide you with a written or electronic explanation of benefit determination within 30 days of the receipt of your request.

3. If you disagree with the decision regarding your request for reconsideration, you may request a second review of the denial. You must submit your request to us in writing to the address shown above along with any additional information you or your dentist can provide to substantiate your claim so that we can reconsider our decision. Failure to do so will disqualify the appeal of your claim.

4. If you do not agree with our final decision, under certain circumstances you may request an independent third party, mutually agreed upon by Delta Dental's Federal Employees Dental Program and OPM, to review the decision. To qualify for this independent third party review the reason for denial must be based on our determination that the rationale for the procedure did not meet our dental necessity criteria or our administration of the plans Alternate Benefit provision, for example, a bridge being given an alternate benefit of a partial denture.

The decision of the independent third party is binding and is the final review of your claim.

Section 9 Definitions of Terms We Use in This Brochure

Alternate Benefit	If we determine a service less costly than the one performed by your dentist could have been performed by your dentist, we will pay benefits based upon the less costly services. See Section 3 How You Get Care for a definition of alternate benefit.
Annual Benefit Maximum	The maximum annual benefit that you can receive per person.
Annuitants	Federal retirees (who retired on an immediate annuity) and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.
BENEFEDS	The enrollment and premium administration system for FEDVIP.
Benefits	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
Calendar Year	From January 1, 2014 through December 31, 2014. Also referred to as the plan year.
Class A Services	Basic services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants, and X-rays.
Class B Services	Intermediate services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments.
Class C Services	Major services, which include endodontic services such as root canals, periodontal services such as gingivectomy, major restorative services such as crowns, oral surgery, bridges, and prosthodontic services such as complete dentures.
Class D Services	Orthodontic services.
Coinsurance	Coinsurance is the stated percentage of covered expenses you must pay.
Copay/Copayment	A copayment is a fixed amount of money you pay to the provider when you receive services.
Cosmetic Procedure	A cosmetic procedure is any procedure or portion of a procedure performed primarily to improve physical appearance or is performed for psychological purposes.
Covered Service	Covered services shall include only those services specifically listed in Section 5 Dental Services and Supplies. A covered service must be incurred and completed while the person receiving the service is a covered person. Covered services are subject to plan provisions for exclusions and limitations and meet acceptable standards of dental practice as determined by us.
Date of Service	The calendar date on which you visit the dentist's office and services are rendered.
Enrollee	The Federal employee or annuitant enrolled in this plan.
FEDVIP	Federal Employees Dental and Vision Insurance Program.
Generally Accepted Dental Protocols	Dental Necessity means that a dental service or treatment is performed in accordance with generally accepted dental standards, as determined from multiple sources including but not limited to relevant clinical dental research from various research organizations including dental schools, current recognized dental school standard of care curriculums and organized dental groups including the American Dental Association, which is necessary to treat decay, disease or injury of teeth, or essential for the care of teeth and supporting tissues of the teeth.

Incur/Incurred	A covered service is deemed incurred on the date care, treatment or service is received.
Maximum Allowable Charge	Maximum Allowed Charge means the contracted or billed amount of the dental charge whichever is the lesser.
Network Allowance	Network Allowance means the allowance per procedure that Delta Dental's Federal Employees Dental Program has negotiated with the provider and they have agreed to accept as payment in full for his/her services.
Plan	Delta Dental's Federal Employees Dental Program
Plan Allowance	The amount we use to determine our payment for services. If services are provided by an in-network dentist the Plan Allowance is based on the discounted fee he or she accepts as payment in full for the procedure or procedures. If services are provided by an out-of-network dentist the Plan Allowance is based on Delta Dental's Federal Employees Dental Program's determination of usual and customary charges for the procedure or procedures.
Pre-Treatment Estimate	This is the procedure used by the plan to estimate covered services and the amount that the plan will cover. It is not a guarantee of payment.
Waiting Period	The amount of time that you must be enrolled in this plan before you can receive orthodontic services.
We/Us	Delta Dental's Federal Employees Dental Program
You	Enrollee or eligible family member.

Stop Health Care Fraud!

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

Protect Yourself From Fraud – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, Delta Dental's Federal Employees Dental Program, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your explanation of benefits (EOBs) statements.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
 - Call the provider and ask for an explanation. There may be an error.
 - If the provider does not resolve the matter, call us at 855-410-3255 and explain the situation, you will be required to state your complaint in writing to us.
- Do not maintain as a family member on your policy:
 - Your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise); or
 - Your child over age 22 (unless he/she is disabled and incapable of self- support).

If you have any questions about the eligibility of a dependent, please contact BENEFEDS.

Be sure to review Section 1, Eligibility, of this brochure prior to submitting your enrollment or obtaining benefits.

Fraud or intentional misrepresentation of material fact is prohibited under the plan. You can be prosecuted for fraud and your agency may take action against you if you falsify a claim to obtain FEDVIP benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the plan, or enroll in the plan when you are no longer eligible.

Summary of Benefits

- **Do not rely on this chart alone.** This page summarizes specific expenses we cover; for more details, please review the individual sections of this brochure.
- If you want to enroll or change your enrollment in this plan, please visit www.BENEFEDS.com or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

High Option Benefits	You Pay In-network	You Pay Out-of-network	Page
Class A (Basic) Services – preventative and diagnostic	0%	10% of the plan allowance and any difference between our allowance and the billed amount.	16
Class B (Intermediate) Services – includes minor restorative services	30%	40% of the plan allowance and any difference between our allowance and the billed amount.	18
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services	50%	60% of the plan allowance and any difference between our allowance and the billed amount.	22
Class D Services – orthodontic \$2,000 Lifetime Maximum	50%	50% of the plan allowance and any difference between our allowance and the billed amount.	28

Please Note: Class A, B, and C Services are subject to a \$4,000 annual maximum benefit

Standard Option Benefits	You Pay In-network	You Pay Out-of-network	Page
Class A (Basic) Services – preventative and diagnostic	0%	40% of the plan allowance and any difference between our allowance and the billed amount.	16
Class B (Intermediate) Services – includes minor restorative services	45%	60% of the plan allowance and any difference between our allowance and the billed amount.	18
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services	65%	80% of the plan allowance and any difference between our allowance and the billed amount.	22
Class D Services – orthodontic \$2,000 Lifetime Maximum Or a \$1000 Lifetime Maximum for out-of- network	50%	50% of the plan allowance and any difference between our allowance and the billed amount.	28

Please Note: Class A, B, and C Services are subject to a \$1,500 annual maximum benefit in-network and a \$600 out-of-network benefit.

Rate Information

How to find your rate

- In the first chart below, look up your state or zip code to determine our rating area.
- In the second chart on the following page, match your Rating Area to our enrollment type and plan option.

Premium Rating Areas by State/Zip Code (first three digits)

State		Rating Area	State		Rating Area	State		Rating Area
AK	Entire state	5	MD	219	4	PA	Rest of state	2
AL	Entire state	1	MD	Rest of state	5	PR	Entire area	1
AR	Entire state	2	ME	Entire state	5	RI	Entire state	5
AZ	Entire state	5	MI	Entire state	4	SC	Entire state	5
CA	Entire state	5	MN	Entire state	4	SD	Entire state	5
CO	Entire state	4	MO	Entire state	4	TN	Entire state	1
CT	Entire state	5	MS	Entire state	1	TX	739	3
DC	Entire state	5	MT	Entire state	1	TX	Rest of state	2
DE	Entire state	4	NC	Entire state	2	UT	Entire state	5
FL	Entire state	4	ND	Entire state	1	VA	200-205, 220-227	5
GA	Entire state	2	NE	Entire state	1	VA	Rest of state	3
GU	Entire area	5	NH	Entire state	5	VI	Entire area	5
HI	Entire state	5	NJ	080-084	4	VT	Entire state	5
IA	Entire state	4	NJ	Rest of state	5	WA	Entire state	5
ID	Entire state	5	NM	Entire state	4	WI	540	4
IL	Entire state	2	NV	Entire state	5	WI	Rest of state	5
IN	463-464	2	NY	Entire state	5	WV	254	5
IN	Rest of state	1	OH	Entire state	1	WV	Rest of state	2
KS	Entire state	4	OK	Entire state	3	WY	Entire state	5
KY	Entire state	1	OR	Entire state	5	INTER	International	5
LA	Entire state	1	PA	173-174, 183	5			
MA	Entire state	5	PA	189-196	4			

Monthly Rates

Rating Areas	High option Self Only	High option Self Plus One	High option Self and Family	Standard option Self Only	Standard option Self Plus One	Standard option Self and Family
1	\$36.16	\$72.37	\$108.53	\$18.87	\$37.79	\$56.66
2	\$39.67	\$79.37	\$119.04	\$20.56	\$41.19	\$61.75
3	\$43.51	\$87.06	\$130.56	\$22.19	\$44.40	\$66.60
4	\$46.28	\$92.63	\$138.93	\$23.40	\$46.80	\$70.20
5	\$53.84	\$107.75	\$161.59	\$26.74	\$53.52	\$80.25

Bi-weekly Rates

Rating Areas	High option Self Only	High option Self Plus One	High option Self and Family	Standard option Self Only	Standard option Self Plus One	Standard option Self and Family
1	\$16.69	\$33.40	\$50.09	\$8.71	\$17.44	\$26.15
2	\$18.31	\$36.63	\$54.94	\$9.49	\$19.01	\$28.50
3	\$20.08	\$40.18	\$60.26	\$10.24	\$20.49	\$30.74
4	\$21.36	\$42.75	\$64.12	\$10.80	\$21.60	\$32.40
5	\$24.85	\$49.73	\$74.58	\$12.34	\$24.70	\$37.04