

Delta Dental PPO (Point-of-Service) The Greater Bloomington Chamber Advantage Plan



The Greater Bloomington
Chamber of Commerce

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Bloomington, IN 47404
www.chamberbloomington.org



Underwritten and administered by Delta Dental of Indiana
Delta Dental of Indiana • 225 S. East Street, Suite 358 • Indianapolis, IN 46202

Delta Dental PPO (Point-of-Service) The Greater Bloomington Chamber Advantage Plan

- Administered by Delta Dental of Indiana, the most experienced dental benefits administrator in Indiana—serving top employers in the state for nearly 40 years.

Whether you're purchasing group dental benefits for the first time or looking for a new plan, it's hard to know which path to choose. Let us expertly guide you through the process.

A plan that puts you on the right path

- For groups with 2–99 employees.
- Offered on a contributory or voluntary basis.

Comprehensive benefits

- 100 percent coverage for preventive and diagnostic care with no waiting periods.
- Coverage for both basic and major services.
- Optional child orthodontic coverage available.
- Generous annual maximums up to \$2,000 and choice of low deductibles.*
- Certified Pediatric Dental Essential Health Benefit coverage can be paired with The Greater Bloomington Chamber Advantage Plan to help members satisfy health care reform requirements.

See any dentist or specialist

- Delta Dental PPOSM (Point-of-Service) provides members with access to TWO of the nation's largest networks of participating dentists—our Delta Dental PPO and Delta Dental Premier[®] network.
- Delta Dental is the only dental program to provide coverage under two fully owned, full-time networks, dramatically reducing the likelihood that members will access nonparticipating providers.
- Members can save the most money and receive the highest level of coverage when visiting a Delta Dental PPO dentist.

Advantages to seeing a network dentist include:

No balance billing—Members will not be billed for the difference between the actual procedure charge on covered services and what the plan allows. With nonparticipating dentists, members are responsible for the balance of the bill.

No paperwork—Network dentists bill us, and we pay them directly. Members choosing non-network dentists may have to submit their own claims.

The largest networks in the state—and the nation

- The Delta Dental PPO network is one of the largest PPO networks statewide.
- Delta Dental Premier is the state's largest network overall, with 79 percent of Indiana dentists participating.**
- More than 95 percent of all Delta Dental claims in the Monroe County area are in-network.

Unsurpassed service

- The Greater Bloomington Chamber is there for you every step of the way, from pre-enrollment through implementation and beyond.
- Delta Dental of Indiana processes 99.2 percent of all claims within 10 working days.***
- Delta Dental's call center resolves 99.9 percent of all inquiries on the first contact and is a certified Center of Excellence.***



Learn more about the The Greater Bloomington Chamber Advantage Plan

Call Stacy Bruce at 812–336–6381, email at sbruce@chamberbloomington.org or visit www.chamberbloomington.org.

*\$2,000 annual maximum only available for groups of 10+ enrolled employees and 75 percent or greater participation.

**Delta Dental of Indiana statistics, May 2019.

***Delta Dental of Indiana statistics, 2018.

The Greater Bloomington Chamber Advantage Plan

		Benefit		
Service	Description	Delta Dental PPO network	Delta Dental Premier network	Nonparticipating dentists
Diagnostic and preventive services, no waiting period	Oral evaluations and checkups, X-rays, dental cleanings, fluoride treatments	100%	100%	100%
Basic services, no waiting period	Basic restorative care and services: Fillings*, sealants, space maintainers, palliative treatment for emergencies	80%	80%	80%
Oral surgery services, 6 month waiting period	Oral surgery services: Basic extraction of erupted tooth or exposed root, surgical removal of erupted tooth, impacted teeth and tooth roots	50%	50%	50%
Complex or major services, 12 month waiting period	Endodontic services: Pulpal therapy, root canal therapy, pulpotomy	50%	50%	50%
	Periodontal services: Nonsurgical and surgical periodontal care	50%	50%	50%
	Onlays, crowns and crown repairs	50%	50%	50%
	Prosthetic services: Removable prosthetic services—dentures and partials, fixed prosthetic services—bridges, repairs—removable and fixed Implants Panoramic X-rays	50%	50%	50%
Orthodontics (optional), 12 month waiting period	5-99 employees enrolled: 50% coverage with \$1,000 lifetime maximum. Orthodontic coverage for dependent children only. Available for groups of 5+ enrolled employees.			
Lifetime deductible	\$100 per person—applies to diagnostic and preventive services, basic services, oral surgery services, and complex or major services.			
Annual maximum	\$1,000 per person/per calendar year.			

- Claim payments are subject to review. We strongly recommend a pre-treatment estimate for implants and all major services.
- The above summary is a sample of benefits. Policies have exclusions and limitations that may limit coverage. For complete details, refer to your dental benefit plan summary or certificate.
- Delta Dental is a registered mark of Delta Dental Plans Association (DDPA). Delta Dental of Indiana is an independent nonprofit dental services company and is an authorized licensee of the Delta Dental Plans Association of Oak Brook, Illinois. The Greater Bloomington Chamber is not an authorized licensee of DDPA. Nothing contained in this statement, or set forth in this document, is in any way meant to imply or suggest that The Greater Bloomington Chamber product or any of The Greater Bloomington Chamber's products or services are sponsored, approved, endorsed or recommended by DDPA or Delta Dental of Indiana.

*Composite resin (white) restorations are a covered service on posterior teeth.

Pediatric Dental Plan—Low

- Delta Dental PPO (Point-of-Service)—The Greater Bloomington Chamber Advantage Plan

Helping you meet health care reform requirements—pediatric dental is one of 10 Essential Health Benefits (EHBs) that medical carriers must offer to individuals and fully insured groups with 50 or fewer full-time employees. We have you covered with a certified pediatric dental EHB plan you can pair with The Greater Bloomington Chamber Advantage Plan.

2019 effective dates—Essential Health Benefits	Pediatric dental plan—Low		
	Delta Dental PPO dentist	Delta Dental Premier dentist	Nonparticipating dentist
Diagnostic and preventive services —routine exams and cleanings, space maintainers, emergency palliative treatment, sealants, X-rays, fluoride treatments	90%	80%	80%
Basic services —fillings, crown repair, oral surgery, extractions, endodontics, periodontics, relines and repairs to bridges and dentures, other basic services	50%	50%	50%
Major services —crowns and prosthodontic services (bridges, implants and dentures)	50%	50%	50%
Medically necessary orthodontics	50%	50%	50%
Annual deductible per person	\$50/\$150*		\$50/\$150*
Annual out-of-pocket maximum per person	\$350/\$700		N/A
Annual/lifetime maximum	None		None

Pediatric dental plan—Low highlights

- No waiting periods on exams, cleanings, fluoride, space maintainers, emergency palliative treatment, sealants and X-rays.
- 100 percent coverage on in-network covered services after the out-of-pocket maximum has been satisfied.
- No annual or lifetime maximums on payments.

See any dentist or specialist

- Receive care from any licensed dentist. However, out-of-pocket costs are greatly reduced when a Delta Dental PPO or Delta Dental Premier network dentist provides services.

Advantages of seeing a network dentist include:

Stronger benefits—Once a member meets their annual out-of-pocket maximum, the plan pays 100 percent of covered services.

No balance billing—Members will not be billed for the difference between the actual procedure charge on covered services and what the plan allows. With nonparticipating dentists, members are responsible for the balance of the bill.

No paperwork—Network dentists bill us, and we pay them directly. Members choosing nonparticipating dentists may have to submit their own claims.

The above summary is a sample of benefits. Policies have exclusions and limitations that may limit coverage. For complete details, refer to your dental benefit plan summary or certificate.

*Annual deductible does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative treatment, sealants and orthodontics.

Participation Guidelines

The Greater Bloomington Chamber Advantage Plan

- Designed for groups of 2–99 eligible employees

Group participation requirements

Participation guidelines apply according to the number of employees enrolling.

For groups with 2–4 employees enrolled:

- One-time enrollment, 100 percent participation.

For groups with 5+ employees enrolled:

- Annual open enrollment.
- To be in this sizeband, a minimum of 5 employees must enroll, and enrollment must consist of at least 30 percent of all eligible employees and 30 percent of dependents not covered by another dental plan.

Underwriting guidelines

- Employee-only plans are available for all groups.
- If coverage is waived, a qualifying event must occur to gain coverage unless there is an open enrollment.
- Dual-option plan offerings are not available.
- Rates will be separate by geographical area (by employer).
- Employees who drop coverage during the year may not re-enroll at any time unless a qualifying event occurs.
- Groups with more than 50 percent of eligible employees residing outside of state are not eligible and must be submitted for rating.
- Standard coordination of benefits applies.
- If the group has fewer than 2 employees enrolled at the time of renewal, the group will be terminated.
- Deductibles and annual maximums are on a calendar year basis (January through December).
- No off-contract changes are allowed.
- Coverage is available to family-related groups with 50 percent or more employees who are related by blood relation, marriage or adoption.
- If 5 or more employees are eligible, but fewer than 5 are enrolling, we calculate rates according to the 2–4 employee sizeband. Participation guidelines apply according to the number of employees enrolling.
- Groups of 100 or more enrolled must be submitted for rating.

Eligible employee participation requirements

- If coverage is initially waived, a qualifying event must occur to gain coverage.
- No open enrollment for groups of 2–4 employees and no late enrollees, unless the employee has a change of status or qualifying event.
- If an eligible employee drops coverage, he/she may not re-enroll at any time unless a qualifying event occurs.

Eligible employee

- Defined as actively at work for a minimum of 30 hours per week on a regular basis.
- Full-time employees on a seasonal or temporary basis are not eligible.
- Active employees age 65+ may be enrolled the same as any other eligible employee.

Eligible dependents

- Spouses of eligible employees.
- Dependent children to age 26 are eligible for coverage. If a dependent child is disabled prior to age 26, they remain eligible for coverage after age 26.

Spouses—both employees of same employer group

- Spouses who are both employees of the same employer may each enroll in only one contract.
- Neither spouse may be enrolled on both an individual and a family or employee plus spouse contract.
- Both are eligible to be enrolled on separate individual employee-only contracts.

Eligible retirees

- Retirees are eligible for coverage provided they had dental coverage with another carrier in a takeover situation at the time of retirement and elected to continue coverage.

Retirees are not covered in the following situations:

- If the retiree was not covered at the time of retirement or they were not already covered as a retiree by another carrier in a takeover situation.
- If the retiree drops their coverage, they may not re-enroll at a later date.
- Retirees may not add dependents to their coverage who were not covered on the retiree's employee plan at the time of the employee's retirement.

Domestic partners

- Groups of any size may request domestic partners coverage (same-sex and/or opposite sex).

Orthodontics—Optional add-on

Children

- Child orthodontic option available as an add-on for groups of 5 or more enrolled employees.
- 12-month waiting period.
- Coverage for dependent children.
- Coverage for limited, interceptive and comprehensive orthodontic treatment.
- 50 percent coverage up to \$1,000 lifetime maximum for groups of 5–99 enrolled employees.

Waiting periods waiver

- If a group has at least 12 consecutive months of prior comparable coverage and no gap between that coverage and the effective date of this plan, all members of the group will receive a waiting periods waiver. The waiver does not apply to employees/dependents who enroll after the initial effective date for The Greater Bloomington Chamber Advantage Plan.

Credit for \$100 lifetime deductible

- If a group has at least 12 consecutive months of prior coverage and no gap between that coverage and the effective date of this plan, all members of the group will receive credit for the \$100 lifetime deductible. This credit does not apply to employees/dependents who enroll after the initial effective date for The Greater Bloomington Chamber Advantage Plan.

The Greater Bloomington Chamber Advantage Plan

Rates guaranteed for 12 months after issue. Rates effective between January 1, 2020, and December 31, 2020.					
		2-9 employees enrolled		10-99 employees enrolled	
Counties		Monthly premium		Monthly premium	
	Participation	100%	Less than 100% (5-9 only)	75%	Less than 75%
Hamilton, Hancock, Hendricks, Johnson, Marion, Monroe, Morgan	Employee	\$24.82	\$27.56	\$22.78	\$24.61
	Employee + 1	\$45.42	\$50.41	\$41.67	\$45.00
	Employee + 2	\$94.82	\$105.25	\$87.02	\$93.98
All other	Employee	\$22.50	\$24.98	\$20.65	\$22.31
	Employee + 1	\$41.01	\$45.52	\$37.63	\$40.64
	Employee + 2	\$86.71	\$96.25	\$79.57	\$85.93

Plan options	Rate impact
\$50/\$150 deductible —applies to basic services, oral surgery services, and complex or major services (replaces \$100 lifetime deductible)	+10%
\$25/\$75 deductible —applies to basic services, oral surgery services, and complex or major services (replaces \$100 lifetime deductible)	+12%
\$0/\$0 deductible (replaces \$100 lifetime deductible)	+15%
\$1,250 annual maximum	+5%
\$1,500 annual maximum	+8%
\$2,000 annual maximum (only available for groups with 10+ employees enrolled and more than 75% participation)	+12%
Increase endodontics and periodontal coinsurance to 80%	+8%
Family-related groups (more than 50% employees enrolled)	+11%
Pediatric Dental Essential Health Benefits (EHB plan option—70% AV)	+4.5%
High-risk groups*	+12%
Orthodontics (available for groups of 5+, child only, 12-month waiting period)—5-49 employees enrolled: 50% coverage with \$1,000 lifetime maximum	Employee \$0.00 Employee + 1 \$1.51 Employee + 2 \$17.89
Waive waiting periods	+11%

For current rates, please contact The Greater Bloomington Chamber at 812-336-6381. The Greater Bloomington Chamber Advantage Plan is administered and underwritten by Delta Dental of Indiana, 225 S. East Street, Suite 358, Indianapolis, IN 46202.

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*High-risk groups are defined as schools, medical/medical offices, professional offices (accounting, finance, architects, engineers, insurance, real estate, law/lawyers), banks and churches/religious groups.

Checklist for The Greater Bloomington Chamber Advantage Plan—New group submissions

The following is a checklist of the required materials when submitting a new group for implementation in The Greater Bloomington Chamber Advantage Plan.

1. First month's premium check made payable to **Delta Dental**
2. Completed Plan Selection Form
 - Plan selections—county, employees enrolled, rates sold
 - Participation
 - Prior carrier information
 - Plan options selected
3. Completed Client Information Form
 - Client name, address and phone number and tax identification number (TIN)
 - Effective date of coverage
 - Essential Health Benefit selection
 - Client contact information
 - Subscriber definition—30 hours minimum
 - Domestic partner coverage selection
 - New employee/member waiting period
 - Termination selection (date of term or end of month)
 - Benefit Manager Toolkit® registration
 - Agent information (including signature)
 - Employee participation list verification
 - Signature of client representative
 - HIPAA Group Health Plan Certification
 - Direct debit information (if selecting direct debit payment method)
 - Complete all areas of Dental Benefit Options sheet (applicable county, participation level, rates sold, prior carrier information, annual deductible, annual maximum and additional options)
4. Enrollment forms for all benefit-eligible employees (including waivers—waivers must include name, subscriber Social Security number, address, checked "waive benefits" box and signature)
5. Underwriting guidelines
 - Required participation is being met for requested product and size band
 - If electing \$2,000 annual maximum, more than 10 employees enrolled and 75 percent or greater participation
 - If orthodontics is selected, required participation is being met



If you have any questions, please contact The Greater Bloomington Chamber at 812-336-6381 or visit www.chamberbloomington.org.

Submissions should be mailed or emailed to the following:

Delta Dental of Indiana
Attn: Small Group Implementation
225 S. East Street, Suite 358
Indianapolis, IN 46202
smallmarket@deltadentalin.com



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