



# OPEN ENROLLMENT MAY 1 – 17, 2023

## MEDICARE ELIGIBLE RETIREES

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Open Enrollment will begin on **May 1, 2023** and will end on **May 17, 2023** for the plan year beginning July 1, 2023. This is your once-a-year opportunity to enroll, cancel or change your dental benefits.

### **WHAT YOU NEED TO KNOW**

**The benefit plan premiums (or rates) for the dental plan will not change for the upcoming plan year beginning July 1, 2023.**

The premium table for the dental plans for the plan year beginning July 1, 2023, is attached. If you would like to enroll, change or cancel coverage during this open enrollment period, please contact Human Resources for the appropriate form. All forms must be completed and returned to Human Resources **prior** to the close of Open Enrollment on May 17, 2023. **Changes made during Open Enrollment will become effective on July 1, 2023.**

Completed enrollment forms can be returned via email ([humanresources@dover.de.us](mailto:humanresources@dover.de.us)), fax (302-736-7093) or USPS postmarked on or before May 17, 2023.

### **Mailing Address**

City of Dover  
ATTN: HR Dept  
PO Box 475  
Dover DE 19903

If you have any questions or concerns, please contact a member of the Human Resources Department via phone at (302) 736-7073 or email at [humanresources@dover.de.us](mailto:humanresources@dover.de.us).

# Keep Smiling

## Delta Dental PPO™



### Save with PPO

Visit a dentist in the PPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](https://deltadentalins.com).

### Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com](https://deltadentalins.com).

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

### Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.<sup>4</sup> Log in to your online account to find this date.

### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care<sup>5</sup>, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

## Save with a PPO dentist



<sup>1</sup> In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

<sup>4</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

<sup>5</sup> Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

**Plan Benefit Highlights for:** City of Dover

**Group No:** 15426

<b>Eligibility</b>	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
<b>Deductibles</b>	\$50 per person / \$150 per family each plan year Separate \$50 Orthodontics lifetime deductible per person			
Deductibles waived for Diagnostic & Preventive (D & P)?	Yes			
<b>Maximums</b>	<b>Low Plan:</b> \$1,000 per person each plan year <b>High Plan:</b> \$1,500 per person each plan year			
D & P counts toward maximum?	Yes			
<b>Waiting Period(s)</b>	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Low Plan		High Plan	
	Delta Dental PPO dentists†	Non-Delta Dental PPO dentists†	Delta Dental PPO dentists†	Non-Delta Dental PPO dentists†
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
<b>Basic Services</b> Fillings and simple extractions	80 %	80 %	80 %	80 %
<b>Endodontics</b> (root canals)	0 %	0 %	80 %	80 %
<b>Surgical Periodontics</b>	0 %	0 %	50 %	50 %
<b>Non-Surgical Periodontics</b> (gum treatment)	80 %	80 %	50 %	50 %
<b>Oral Surgery</b>	0 %	0 %	50 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	0 %	0 %	50 %	50 %
<b>Prosthodontics</b> Bridges, dentures and implants	0 %	0 %	50 %	50 %
<b>Orthodontic Benefits</b> Adults and dependent children	0 %	0 %	50 %	50 %
<b>Orthodontic Maximums</b>	N/A	N/A	\$1,000 Lifetime	\$1,000 Lifetime

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

† Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

<b>Delta Dental of Delaware</b> One Delta Drive Mechanicsburg, PA 17055	<b>Customer Service</b> 800-932-0783	<b>Claims Address</b> P.O. Box 2105 Mechanicsburg, PA 17055-6999
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**deltadentalins.com**

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

**Delta Dental  
Plan Premiums  
Effective: July 1, 2023**

<b>Plan Type</b>	<b>Coverage Level</b>	<b>Monthly Cost*</b>
<b>Delta Dental High Plan</b>	Employee Only	\$ 40.35
	Employee & One Dependent	\$ 75.70
	Family	\$ 119.65
<b>Delta Dental Low Plan</b>	Employee Only	\$ 27.24
	Employee & One Dependent	\$ 52.33
	Family	\$ 98.07

*\* Deducted 2nd paycheck of each month*

