



Delta Dental of Washington

Delta Dental PPOSM

Saltchuk Resources, Inc.

Delta Dental of Washington, a Delta Dental Plan

Plan No. **00036**

Plan Changes Effective: **January 1, 2016**

This insert supplements your Dental Care Service Contract with Delta Dental of Washington.

This notice forms part of and must be read together with your Benefits Booklet.

Your Benefit Booklet wording is amended as detailed on the following page(s). All other terms and conditions remain unchanged.

Benefit Booklet Insert

Group Number: 00036

Group Name: Saltchuk Resources, Inc.

We are pleased to inform you that there have been no changes to your covered benefits for your 2016 renewal.

Changes to your Benefit Booklet are outlined below and do NOT represent a change in benefits, but have been made to provide additional information, for clarity or to ensure accuracy with how your Plan is administered.

New language is underlined and deleted language is shown with a ~~strike through~~ it.

Benefit Changes

None

Plan Administration Changes

Retroactive Terminations/Additions: The timeframe for allowing retroactive additions and terminations has been updated to 180 days.

Text Revisions for Clarity and Accuracy – Benefits Section

Class II Sedation

Covered Dental Benefits

Covered Dental Benefits

- ~~— General anesthesia when administered by a licensed Dentist or other Licensed Professional who meets the educational, credentialing and privileging guidelines established by the Dental Quality Assurance Commission of the state of Washington or as determined by the state in which the services are provided.~~
- General Anesthesia

Limitations

- General Anesthesia and Intravenous Sedation is a Covered Dental Benefit when administered by a licensed Dentist or other Licensed Professional who meets the educational, credentialing and privileging guidelines established by the Dental Quality Assurance Commission of the state of Washington or as determined by the state in which the services are provided.

Well Baby Checkups

*The **Well Baby Checkups** section has been removed and replaced in its entirety with the following text:*

For your infant child, Delta Dental of Washington offers access to oral evaluation and fluoride through your family physician. Please ensure your infant child is enrolled in your dental plan to receive these benefits. Many physicians are trained to offer these evaluations, so please inquire when scheduling an appointment to be sure your physician offers this type of service. When visiting a physician with your infant (age 0-3), DDWA will

reimburse the physician, as a Non-Participating provider, on your behalf for Oral Evaluation and Topical Application of Fluoride services performed. Reimbursement will be based on 100 percent of the applicable Non-Participating provider fee for either Oral Evaluation or Topical Application of Fluoride, or both, depending on actual services provided.

Please see the “Benefits Covered by Your Plan” section of this booklet for any other limitations. Also, please be aware that Delta Dental of Washington has no control over the charges or billing practices of non-dentist providers which may affect the amount Delta Dental of Washington will pay and your financial responsibility.

If your provider has received training regarding Well Baby Checkups from DDWA they will have been provided instructions on how to submit a claim form. If your provider has not received training from DDWA, or if any provider has questions regarding how to file a claim they may contact us at 800-554-1907 for information on submitting a standard claim form for this service. If you have paid your provider directly and have a receipt for these services, please call us at 800-554-1907 for information on how to obtain reimbursement.

General Exclusions

2. Application of desensitizing agents (treatment for sensitivity or adhesive resin application)
6. Analgesics such as nitrous oxide, conscious sedation, euphoric drugs or injections of anesthetic not in conjunction with a dental service; or injection of any medication or drug not associated with the delivery of a covered dental service.

Text Revisions for Clarity and Accuracy – Plan Administration

Choosing a Dentist

*The **Choosing a Dentist** section has been removed and replaced in its entirety with the following text:*

With DDWA, you may select any licensed dentist to provide services under this Plan; however, if you choose a dentist outside of the Delta Dental PPO Network, your costs may be higher than if you were to choose a Delta Dental PPO Dentist. Dentists that do not participate in the Delta Dental PPO Network have not contracted with DDWA to charge our established PPO fees for covered services. As a result, your choice of dentists could substantially impact your out-of-pocket costs.

Once you choose a dentist, tell them that you are covered by a DDWA dental plan and provide them the name and number of your group and your member identification number. Your group information can be found on the identification card document provided to you at enrollment. Additionally, you may obtain your group information and your member identification number by calling our customer service number at 800-554-1907 or through our website at www.DeltaDentalWA.com.

Delta Dental of Washington assigns a randomly selected identification number to ensure the privacy of your information and to address concerns about identify theft. Please note that ID cards are not required to see your dentist, but are provided for your convenience.

Delta Dental Participating Dentists

*The **Delta Dental Participating Dentist** section has been removed and replaced in its entirety with the following text:*

Dentists who have agreed to provide treatment to patients covered by a DDWA plan are called ‘Participating’ Dentists, because they participate in our program of plans. For your Plan, Participating Dentists may be either Delta Dental Premier Dentists or Delta Dental PPO Dentists. You can find the most current listing of Participating Dentists by going online to the Delta Dental of Washington website at www.DeltaDentalWA.com. You may also call us at 800-554-1907.

Delta Dental Premier Dentists

Premier Dentists have agreed to provide services for their filed fee under our standard agreement.

Delta Dental PPO Dentists

Some dentists also offer our patients a more value-added option by agreeing to provide services at a fee lower than their original filed fee. These are our PPO Dentists.

If you select either a Delta Dental Premier Dentist or a Delta Dental PPO Dentist, they will complete and submit claim forms, and receive payment directly from DDWA on your behalf. You will not be charged more than the Participating Dentist's approved fee. You will be responsible only for stated coinsurances, deductibles, any amount over the plan maximum and for any elective care you choose to receive outside the Covered Dental Benefits.

Non-Participating Dentists

*The **Delta Dental Non-Participating Dentist** section has been removed and replaced in its entirety with the following text:*

If you select a dentist who is not a Delta Dental Participating Dentist, you are responsible for ensuring your dentist complete and submit a claim form. We accept any American Dental Association-approved claim form that your dentist may provide. You can also download claim forms from our website at www.DeltaDentalWA.com or obtain a form by calling us at 800-554-1907.

Payment for services performed by a Non-Participating Dentist will be based on their actual charges or DDWA's maximum allowable fees for Non-Participating Dentists, whichever is less. You will be responsible to the dentist for any balance remaining. Please be aware that DDWA has no control over Non-Participating Dentist's charges or billing practices.

Claim Forms

~~DDWA is not obligated to pay for treatment performed for which claim forms are not submitted within 6 months after the date of treatment or as soon as medically possible. No claims will be accepted later than 12 months from the date of treatment unless the Enrolled Person is legally incapacitated throughout the year.~~

Claim Forms

For orthodontia claims the initial banding date, which is the date the appliance is placed, is the treatment date used to start this 6-month period.

Conversion Option

If your dental coverage stops because your employment or eligibility ends, the group policy ends, or there is an extended strike, or lockout or labor dispute, you may apply directly to DDWA to convert your coverage to ~~an individual policy~~ a Delta Dental Individual plan. You must apply within 31 days after termination of your group coverage or 31 days after you receive notice of termination of coverage, whichever is later. The benefits and premium costs of a Delta Dental Individual plan may be different from those available under your current plan. ~~There may be a gap in coverage between the dates your coverage under your current Plan ends and the date that coverage begins under an individual policy.~~

You may learn about our Individual Plans and apply for coverage under a DDWA individual Plan online at DeltaDentalCoversMe.com or by calling (800) 286-1885 to have an application sent to you. Converted policies are subject to certain benefits and limits 888-899-3734.

Subrogation

*The **Subrogation** section has been removed and replaced in its entirety with the following text:*

If we pay benefits under this policy, and you are paid by someone else for the same procedures we pay for, we have the right to recover what we paid from the excess received by you, after full compensation for your loss is received. Any legal fees for recovery will be pro-rated between the parties based on the percentage of the recovery received. You have to sign and deliver to us any documents relating to the recovery that we reasonably request.

The Following Sections have been removed:

- Estimate Request

- Limitations and Exclusions
- Finding a Dentist
- MySmile® Personal Benefits Center
- Children’s Health Insurance Plan Reauthorization Act (CHIPRA)

Global General Text Revisions

Confirmation of Treatment and Cost (Formerly Called Predeterminations)

The term “~~Predetermination of Benefits~~” has been replaced with the new name for this service, “Confirmation of Treatment and Cost”, throughout.

How to Contact DDWA

Telephone numbers (800-554-1907) for subscribers to contact us for assistance have been added after any reference to our website.

Fraud and HIPAA hotlines have been updated to reference our customer service telephone number (800-554-1907).

Non-substantive Revision to Text

Revisions have been made to correct typos, grammar and punctuation throughout.

Revisions have been made to add clarity or to provide additional information throughout.