Yale University - Group No. 4630
Dental Plan
For
Clerical & Technical
Service & Maintenance &
Yale Police Benevolent Association (YPBA) & Security Staff

Advancing Solutions For Great Oral Health
January 1, 2016
ADA American Dental Association Dental Claim Form

1. Type of Transaction (Mark all applicable boxes)
   - Statement of Actual Services
   - Request for Predetermination/Preauthorization
   - EPSDT/Title XIX

2. Predetermination/Preauthorization Number

3. Company/Plan Name, Address, City, State, Zip Code

4. Date of Birth (MM/DD/CCYY)
   - Gender
   - Policyholder/Subscriber ID (SSN or ID#)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Address, City, State, Zip Code

7. Plan/Group Number

8. Patient’s Relationship to Person named in #5

9. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

10. Relationship to Policyholder/Subscriber in #12 Above

11. Reserved For Future Use

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Gender

14. Provider Name

15. Provider Number

16. Relationship to Policyholder/Subscriber in #12 Above

17. Employer Name

18. Reserved For Future Use

19. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

20. Date of Birth (MM/DD/CCYY)

21. Gender

22. Patient ID/Account # (Assigned by Dentist)

23.Reserved For Future Use

24. Procedure Date (MM/DD/CCYY)

25. Area of Oral Cavity

26. Tooth Surface

27. Tooth Number(s) or Letter(s)

28. Procedure Code

29. Description

30. Fee

31. Other Fee(s)

32. Total Fee

33. Missing Teeth Information (Place an “X” on each missing tooth)

34. Diagnosis Code List Qualifier

35. Remarks

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

38. Place of Treatment

39. Enclosures (Y or N)

40. Is Treatment for Orthodontics?

41. Date of Prior Placement (MM/DD/CCYY)

42. Months of Treatment

43. Replacement of Prosthesis

44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from

46. Date of Accident (MM/DD/CCYY)

47. Auto Accident State

48. Name, Address, City, State, Zip Code

49. NPI

50. License Number

51. SSN or TIN

52. Phone Number

53. Remarks

54. NPI

55. License Number

56. Address, City, State, Zip Code

57. Phone Number

58. Additional Provider ID

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To reorder call 800.947.4746
or go online at adacatalog.org

J4303 (Same as ADA Dental Claim Form – J430, J431, J432, J433, J434)
The following information highlights certain form completion instructions. Comprehensive ADA Dental Claim Form completion instructions are printed in the CDT manual. Any updates to these instructions will be posted on the ADA’s web site (ADA.org).

**GENERAL INSTRUCTIONS**

A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #9 window envelope (window to the left). Please fold the form using the ‘tick-marks’ printed in the margin.

B. Complete all items unless noted otherwise on the form or in the CDT manual’s instructions.

C. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.

D. All dates must include the four-digit year.

E. If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate, fully completed claim form.

**COORDINATION OF BENEFITS (COB)**

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer’s Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the “Remarks” field (Item 35). There are additional detailed completion instructions in the CDT manual.

**DIAGNOSIS CODING**

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient’s oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

- Item 29a – Diagnosis Code Pointer (“A” through “D” as applicable from Item 34a)
- Item 34 – Diagnosis Code List Qualifier (B for ICD-9-CM; AB for ICD-10-CM)
- Item 34a – Diagnosis Code(s) / A, B, C, D (up to four, with the primary adjacent to the letter “A”)

**PLACE OF TREATMENT**

Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard maintained by the Centers for Medicare and Medicaid Services. Frequently used codes are:

- 11 = Office; 12 = Home; 21 = Inpatient Hospital; 22 = Outpatient Hospital; 31 = Skilled Nursing Facility; 32 = Nursing Facility

The full list is available online at "www.cms.gov/PhysicianFeeSched/Downloads/Website_POS_database.pdf"

**PROVIDER SPECIALTY**

This code is entered in Item 56a and indicates the type of dental professional who delivered the treatment. The general code listed as “Dentist” may be used instead of any of the other codes.

<table>
<thead>
<tr>
<th>Category / Description Code</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>122300000X</td>
</tr>
<tr>
<td>A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.</td>
<td></td>
</tr>
<tr>
<td>General Practice</td>
<td>1223G0001X</td>
</tr>
<tr>
<td>Dental Specialty (see following list)</td>
<td>Various</td>
</tr>
<tr>
<td>Dental Public Health</td>
<td>1223D0001X</td>
</tr>
<tr>
<td>Endodontics</td>
<td>1223E0200X</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>1223X0400X</td>
</tr>
<tr>
<td>Pediatric Dentistry</td>
<td>1223P0221X</td>
</tr>
<tr>
<td>Periodontics</td>
<td>1223P0300X</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>1223P0700X</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Pathology</td>
<td>1223P0106X</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Radiology</td>
<td>1223D0008X</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Surgery</td>
<td>1223S0112X</td>
</tr>
</tbody>
</table>

Provider taxonomy codes listed above are a subset of the full code set that is posted at “www.wpc-edi.com/codes/taxonomy”
Delta Dental Offers Enhanced Explanation of Benefits Statements

Delta Dental’s Explanation of Benefits statement is presented in a readable, user-friendly format. Developed in consultation with dentists and members, the form is formatted for ease of reading.

What Delta Dental’s Explanation of Benefits Statement Offers

1. **CONTACT INFORMATION**, including a special Customer Service toll-free phone number.

2. **A PAYMENT SUMMARY BOX**, providing at a glance details about charges, payments, deductibles, patient obligations, and Dentist Amount Non Billable (which shows the amount the patient is not billed for).

3. **PATIENT INFORMATION**, including patient’s name, relationship to subscriber, benefit period, group ID and name, and plan type.

4. **CLAIM NUMBER** includes 15 digits.

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**Explanation of Benefits – Dentist Copy**

*See Reverse side if this is not your patient.

**PAYMENT SUMMARY**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Approved Charges</td>
<td>$000.00</td>
</tr>
<tr>
<td>Delta Dental’s Total Payment</td>
<td>$000.00</td>
</tr>
<tr>
<td>Your Other Insurance Paid</td>
<td>$000.00</td>
</tr>
<tr>
<td>Applied to Deductible</td>
<td>$000.00</td>
</tr>
<tr>
<td>Dentist Amount Non Billable</td>
<td>$000.00</td>
</tr>
<tr>
<td>Patient Out of Pocket Payment Obligation</td>
<td>$000.00</td>
</tr>
</tbody>
</table>

**DO NOT SEND PAYMENT TO DELTA DENTAL**

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**TOOTH NO. OR LETTER** | **SURFACE** | **DATE OF SERVICE** | **SUBMITTED PROCEDURE NO.** | **PAID PROCEDURE NO.** | **SUBMITTED AMOUNT** | **APPROVED AMOUNT** | **AMT USED FOR BENEFIT CALC** | **DED** | **% COPAY** | **DELTA DENTAL PAYMENT** | **PROCESSING POLICIES** |
<table>
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<tbody>
<tr>
<td>XX</td>
<td>XXXXX</td>
<td>00/00/0000</td>
<td>2391</td>
<td>2140</td>
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</tbody>
</table>

**PROCEDURE NO. / DESCRIPTION**

2391  Resin based composite – one surface, posterior

2140  Amalgam – one surface, posterior

**NOTICES**

Payment was mailed to the subscriber.

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PLEASE SEE REVERSE SIDE OF THIS FORM FOR INFORMATION RELATED TO OUR NOTICE OF PRIVACY PRACTICES, DEFINITIONS, AND OTHER IMPORTANT INFORMATION.
1. Informal Review (Optional to Member)
The covered person (or authorized representative) and/or treating dentist may, within 60 days of the date of mailing of this EOB, request that we informally reconsider this claim decision by following the procedure described in No. 6 below; we will respond within 60 days and notify the member (or authorized representative) and treating dentist of our decision and the reason(s) therefor. If no request is submitted within 60 days, only a formal appeal may be filed. A request for informal review does not constitute an “appeal” for ERISA appeals purposes.

2. Formal Appeal
The covered person (or authorized representative) may, within 240 days of the date of mailing of this EOB, formally appeal this claim decision by following the procedure described in No. 6 below; we will issue our decision to the member (or authorized representative) within 30 days of our receipt of the appeal for ERISA claims and within 45 days of our receipt of the appeal for non-ERISA claims.

3. Right to Sue
A covered person must timely file a formal appeal (as described in No. 2 above) and receive our decision on the appeal as a precondition to commencing any legal proceeding challenging the claim determination.

4. Right to Receive Rules, Guidelines or Detailed Explanations
If the front side of this form indicates that a rule or guideline was relied on, you have a right to receive it free of charge. If the front side indicates that payment was not made for services because they were experimental or not medically necessary, you have a right to receive an explanation of the basis for that decision. To receive either, send your written request to Delta Dental, Attn: Adverse Determination Review, P.O. Box 617, Parsippany, NJ 07054.

5. Dentist Request to Speak with a Dental Consultant
A “dental decision” is a decision which is based upon a dental diagnosis or dental judgment. If the front side of this form reports a denial, reduction or failure to provide payment, in whole or in part, for a service based upon a “dental decision” AND (a) you are a New Jersey licensed dentist AND (b) you disagree with such determination, then you have the right to speak with a dentist at Delta Dental concerning the dental basis for the dental decision. As a precondition, you must submit a written and signed explanation of the basis for your disagreement within the time period for challenging the claim determination to Delta Dental, Attn: Adverse Determination Review, P.O. Box 617, Parsippany, NJ 07054. We urge you to include any documentation you want us to consider.

6. Procedure for Requesting Informal Reviews and Formal Appeals
Submit the following information and documentation:
- Dentist name, office name, address and license number
- Member name, Member ID number (which in many cases is the primary subscriber’s social security number)
- Patient name and date of birth
- Claim number
- Whether this is for an informal review or a formal appeal

If you have received this in error, please sign to confirm that you have not retained a copy of this document or any of the patient information. Please return this document to Delta Dental, Attn: Correspondence Department, P.O. Box 222, Parsippany, NJ 07054. Signature:______________________________

5. DENTIST INFORMATION, including the Delta Dental program in which he or she participates for that claim.

6. MAXIMUM INFORMATION includes all maximums applicable to the plan the patient is covered under instead of showing plan maximum only.

7. DETAILED EXPLANATIONS AND DESCRIPTIONS OF INFORMATION IN THE COLUMNS, including descriptions of each procedure number and explanations, if appropriate, of processing policies (up to 3 per line item allowed). Also features separate ‘Submitted Procedure No.’ and ‘Paid Procedure No.’ to better illustrate when an alternative benefit has been applied.

For questions about specific claims, contact the number for Claims Inquiries on your Explanation of Benefits statement, or e-mail Customer Service at service@deltadentalnj.com.
Description of Covered Services

Plan Pays: 100%

Preventive & Diagnostic Services

- Exams, Cleanings, (each twice per calendar year per person, ages 14 and older are considered adults)
- X-rays-full mouth series or panoramic (either one, once in three years)
- X-rays-bitewing (maximum of four films per calendar year)
- X-rays-single films (multiple x-rays on the same date of service will not exceed the benefit of a full-mouth series)
- Fluoride Treatment (twice per calendar year, for eligible children to age 19, combinations with cleanings are applied to time limits for both)
- Space Maintainers (once per space, 2 per lifetime, for missing primary teeth, for children under age 19)
- Consultations are counted as exams for purposes of frequency limitations
- Sealants (1st and 2nd permanent, decay-free molars, once per tooth in any 12 consecutive months, for children to age 14)
- Emergency Care (necessary palliative treatment for minor dental pain)

Basic Services 80%

- Fillings - composite and amalgam. Payment is allowed for one restoration per tooth surface in 365 days (composite fillings on back teeth are given the alternate benefit of an amalgam filling)
- Extractions, Oral Surgery (impacted wisdom teeth claims should first go to medical carrier)
- Endodontics (root canals on permanent teeth and root surgery each once per 24 months)
- Repair of Dentures (Repair of existing prosthetic appliances)
- Re-cement crown or bridge

Crowns 50%

- Crowns and crown-related procedures (post and core, core buildup, etc., once every five years, permanent teeth only, for ages 12 and older). An alternate benefit of a metal crown is payable for porcelain or fused porcelain crowns placed on posterior teeth.
- Inlays (inlays are only payable when done in conjunction with an onlay; by themselves they are given the alternate benefit of an amalgam filling)
- Occlusal Adjustments

Calendar Year Maximum (per person) Unlimited

Calendar Year Deductible None
Under all programs, non-participating dentists may balance bill above the maximum allowable charge.

**Eligibility Requirements**

You are eligible for dental coverage if you satisfy the following requirements:

- You are a clerical, technical, service, maintenance, Yale Police Benevolent Association (YPBA) or security employee scheduled to work at least 20 hours per week.

The following dependents are considered "eligible dependents" in accordance with Section 152 of the Internal Revenue Code.

- Your legal spouse
- Unmarried dependent children until the end of the month in which they reach age 19
- Unmarried dependent children, until the end of the month in which they reach age 25, if the child is a full time student at an accredited school.
- Disabled dependent children, regardless of age

**Civil Union Partners**

Please view the Civil Union policy in effect April 1, 2006 online at [www.yale.edu/benefits](http://www.yale.edu/benefits).

**When does coverage begin?**

Coverage for a clerical, technical, service, maintenance, Yale Police Benevolent Association (YPBA) or security employee begins on the 1st day of the month following the employee’s date of hire or eligibility.

Coverage is automatic for the employee however an enrollment form must be completed to add additional family members.

**When does coverage terminate?**

Coverage for employees and their eligible dependents shall cease upon the earliest of:

- End of the calendar month following the month of termination of employment
- End of the calendar month in which the death of employee occurs
- End of the calendar month in which the termination of group contract occurs

Coverage for a dependent spouse shall terminate at the end of the calendar month in which the divorce from the covered employee occurs unless otherwise stated by divorce decree.

Coverage for a dependent child shall terminate at the end of the calendar month of attaining the limiting contract age (see eligibility section).

For coordination of benefits, Yale uses the birthday rule to establish which coverage is primary.
Exclusions and Limitations: Services Not Covered by This Dental Plan

- To be eligible for coverage, a service must be required for the prevention, diagnosis, or treatment of a dental disease, injury, or condition. Services not dentally necessary are not covered benefits. Your dental plan is designed to assist you in maintaining dental health. The fact that a procedure is prescribed by your dentist does not make it dentally necessary or eligible under this program. We can request proof (such as x-rays, pathology reports, or study models) to determine whether services are necessary. Failure to provide this proof may cause adjustment or denial of any procedure performed.
- Services for injuries or conditions which are compensable under Workers Compensation Employers Liability Laws; services provided to the eligible patient by any Federal or State Government Agency or provided without cost to the eligible patient by any municipality, county, or other political subdivision.
- Services with respect to congenital or developmental malformations (including TMJ and replacing congenitally missing teeth), cosmetic surgery, and dentistry for purely cosmetic reasons (e.g., bleaching, veneers, or crowns to improve appearance).
- Services provided in order to replace tooth structure lost by wear, abrasion, attrition, abfraction, or erosion; splint teeth; or treat or diagnose jaw joint and muscle problems (TMJ).
- Specialized or personalized services (e.g., overdentures and root canals associated with overdentures, gold foils) are excluded and a benefit will be allowed for a conventional procedure (e.g., benefiting a conventional denture towards the cost of an overdenture and the root canals associated with it. The patient is responsible for additional costs.)
- Prescribed drugs, analgesics (pain relievers), fluoride gel rinses, and preparations for home use.
- Procedures to achieve minor tooth movement.
- Experimental procedures, materials, and techniques and procedures not meeting generally accepted standards of care.
- Educational services such as nutritional or tobacco counseling for the control and prevention of oral disease. Oral hygiene instruction or any equipment or supplies required.
- Services rendered by anyone who does not qualify as a fully licensed dentist.
- Charges for hospitalization including hospital visits or broken appointments, office visits, and house calls.
- Services performed prior to effective date or after termination of coverage. Benefits are payable based on date of completion of treatment.
- Services performed for diagnosis such as laboratory tests, caries tests, bacterial studies, diagnostic casts, or photographs.
- Temporary procedures and appliances, pulp caps, inhalation of nitrous oxide, analgesia, local anesthetic, and behavior management.
- Procedures or preparations, which are part of or included in the final restoration (bases, acid etch, or micro abrasion).
- Composite restorations on posterior teeth are given the alternate benefit of an amalgam filling
- Transplants, implants, and procedures directly associated with implants.
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars.
- Periodontal charting, chemical irrigation, delivery of local chemotherapeutic substances, application of desensitizing medicine, synthetic bone grafts, and guided tissue regeneration.
- Post removal (not in conjunction with root canal therapy).
• Completion of claim forms, providing documentation, requests for pre-determination, and services submitted for payment more than twelve (12) months following completion.
• Separate fee for infection control and OSHA compliance.
• Maxillofacial surgery and prosthetic appliances.
• Periodontics.
• Prosthodontics.
• Orthodontics.

This is a general description of your dental plan to be used as a convenient reference, and some exclusions and limitations may not be listed. All benefits are governed by your group contract.
About Delta Dental

Delta Dental of New Jersey, Inc. covers more than one million people in commercial, school board, and government programs. It is our mission to promote oral health to the greatest number of people by providing accessible dental benefits programs of the highest quality, service, and value.

Since 1969, Delta Dental, a not-for-profit dental service corporation, has led the industry in offering innovative programs designed to control costs while ensuring quality of benefits.

Delta Dental is a member of the Delta Dental Plans Association, a national system of not-for-profit dental service corporations covering 28 million people across the country. The national Delta Dental system is the oldest and largest dental benefits system in the country.

Delta Dental PPO Point of Service Program

Delta Dental offers two networks under this plan – Delta Dental Premier® and Delta Dental PPO™. You may use any dentist under this plan. You will maximize your benefits by using an in-network dentist.

Delta Dental Premier is the larger of the two networks and has modest discounts. Delta Dental PPO is a smaller, network, but fees are more deeply discounted.

When you use a Delta Dental PPO dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s).

When you use a Delta Dental Premier dentist, the maximum fee for a covered service will not exceed the contracted Premier fee.

Claims for services provided by dentists who are neither Delta Dental Premier or Delta Dental PPO dentists are paid based on the lesser of the dentist’s actual charge or Delta Dental’s maximum allowable charge.

How to Use Your Program

Before visiting the dentist, check to see whether your dentist participates with Delta Dental in your program (e.g., Delta Dental Premier or Delta Dental PPO).

At the time of your first appointment, tell your dentist that you are covered under this Delta Dental program. Give him or her your group’s name and group number, as well as your Social Security number. Your dependents, if covered, also must give your Social Security number.

After your dentist performs an examination, he or she may submit a Pre-Treatment Estimate of benefits to Delta Dental to determine how much of the charge will be your responsibility.

Before treatment is started, be sure you discuss with your dentist the total amount of his or her fee. Although Pre-Treatment Estimates are not required, Delta Dental strongly recommends you ask your dentist to submit a Pre-Treatment Estimate for treatment costing $300 or more. This is especially important when using a non-participating dentist because the Pre-Treatment Estimate
lets you know in advance how much of the costs are your responsibility. Please keep in mind that Pre-Treatment Estimates are only estimates and not a guarantee of payment.

Locating a Dentist

Delta Dental offers two easy ways to locate a participating dentist 24 hours a day, 7 days a week. Subscribers can either:

• Call 1-(800) DELTA-OK or 1-(800) 335-8265
• Search the Internet at www.deltadentalnj.com

By calling the toll-free number, you can obtain a customized list of participating dentists within the geographic area of your request. Delta Dental mails the list to your home.

By searching on the Internet, you can obtain a list of participating dentists in a specific town. The list can be downloaded immediately, and you can search for as many towns as needed.

Using either method, you can request a list of Delta Dental participating dentists within a designated area. You can specify listings of general dentists only or specialists only. Participating dentist information can be obtained for dentists nationwide.

Why Select a Participating Dentist?

All Delta Dental participating dentists have agreed, in writing, to abide by our claims processing procedures. Through their commitment and support, we, in turn, can provide you with a program that’s tailored to meet your dental health wants and needs.

• Participating dentists have agreed to accept the least of their actual charge, their prefilled fee, or Delta Dental’s maximum allowable fee for the program as payment in full and to not charge patients for amounts in excess of those indicated in the “patient payment” portion of the Notification of Delta Dental Benefits.

• Participating dentists will usually maintain a supply of claim forms (also referred to as Attending Dentist’s Statements) in their office. You may be asked to complete a portion of the form when you visit.

• Participating dentists will complete the rest of the form, including a description of the services that were performed or will be performed in the case of a Pre-Treatment Estimate, and require that you sign the claim form in the appropriate place. For dentists who submit claims electronically to Delta Dental, you will need to authorize your dentist to maintain your signature on file.

• Participating dentists will mail, fax, or electronically submit the claim form, together with the appropriate diagnostic materials, directly to our offices for processing.

• Participating dentists agree to abide by Delta Dental processing policies. For example, participating dentists agree not to bill separate charges for infection control measures. Non-participating dentists are not bound by such policies.
• **Participating dentists** will, in the case of dental services, which have been completed, receive payment directly from Delta Dental for that portion of the *treatment plan*, which is covered by your dental program. You will receive a *Notification of Delta Dental Benefits* with a detailed description of covered benefits and the amount of your obligation.

• If you visit a *non-participating dentist*, you will be responsible for payment. Delta Dental will reimburse you for the portion of your services covered by your program.

We advise that you check with your *dentist* to confirm whether he or she participates in the Delta Dental program under which you are covered. While a *dentist* may participate with Delta Dental, he or she may not participate in all of our programs.

**Where Do I Call/E-mail?**

<table>
<thead>
<tr>
<th>Question</th>
<th>PhoneNumber</th>
<th>E-mail/InternetAddress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Service</td>
<td>(800) 494-4138</td>
<td><a href="mailto:service@deltadentalnj.com">service@deltadentalnj.com</a></td>
</tr>
<tr>
<td>Obtain claim forms</td>
<td>(800) 494-4138</td>
<td><a href="mailto:service@deltadentalnj.com">service@deltadentalnj.com</a></td>
</tr>
<tr>
<td><em>Notification of Delta Dental Benefits</em> statement</td>
<td>(800) 494-4138</td>
<td><a href="mailto:service@deltadentalnj.com">service@deltadentalnj.com</a></td>
</tr>
<tr>
<td>Status of a claim</td>
<td>(800) 494-4138</td>
<td><a href="mailto:service@deltadentalnj.com">service@deltadentalnj.com</a></td>
</tr>
<tr>
<td>Eligibility information</td>
<td>(800) 494-4138</td>
<td><a href="mailto:service@deltadentalnj.com">service@deltadentalnj.com</a></td>
</tr>
<tr>
<td>Benefits information</td>
<td>(800) 494-4138</td>
<td><a href="mailto:service@deltadentalnj.com">service@deltadentalnj.com</a></td>
</tr>
<tr>
<td>Completing the claim form</td>
<td>(800) 494-4138</td>
<td><a href="mailto:service@deltadentalnj.com">service@deltadentalnj.com</a></td>
</tr>
<tr>
<td>Participating dentist list</td>
<td>(800) DELTA-OK</td>
<td><a href="http://www.deltadentalnj.com">www.deltadentalnj.com</a></td>
</tr>
<tr>
<td></td>
<td>(800) 335-8265</td>
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</tbody>
</table>

Please note that all calls to our toll-free number first go through our *Interactive Voice Response (IVR)* system. Information available on the *IVR* includes eligibility, benefits, remaining maximum, *deductible*, claim payments, and ordering *claim forms*. Your question may be answered quicker by the *IVR*, where there is never a wait. You can also use this system to speak with a Customer Service representative. Note: A touch-tone phone is required.

We offer the following services for our non-English speaking and hearing-impaired subscribers:

**LanguageLineHelper** - a non-English speaking subscriber can also use our toll-free number. When the call is received, a translator will be obtained for the language the caller is fluent in and a three-way conversation will be held among the caller, translator, and a Delta Dental customer service representative.

**TDDLine** - a hearing-impaired subscriber can call 1-(800) 246-1020 Monday through Friday, 8:00 a.m. – 7:00 p.m. and be connected with a TDD machine to also access our Customer Service representatives.
Frequently Asked Questions

• Do I need to have an assigned dentist?

No, this plan allows you to be treated by any licensed dentist of your choice. Generally, the least out-of-pocket expense can be achieved by using a network dentist (Delta Dental Premier or Delta Dental PPO).

• Do I need a referral to a specialist?

You are not required to have a referral to a specialist if you or your dependents require specialized care. Generally, you will maximize your benefits by utilizing the services of a specialist who participates with Delta Dental.

• Is it required to have a Pre-Treatment Estimate (pre-determination of benefits)?

No, it is not required by Delta Dental that you obtain a Pre-Treatment Estimate of benefits prior to treatment. If your dentist indicates the need for treatment with dental charges in excess of $300, it is strongly recommended that you request an estimate of dental benefits before receiving the treatment. Both you and your dentist will receive a voucher from Delta Dental showing the estimated payable benefit. It will also indicate your estimated patient responsibility including deductible if applicable. Your dentist needs to complete this voucher and submit it for payment when work has been completed. Pre-Treatment Estimates are only estimates and not a guarantee of payment. Payments of the approved services are subject to eligibility and to contract limitations (e.g., annual maximums) at the time services are rendered.

• Do I need an ID card as proof of coverage when I visit a dentist?

Although not required, you should show it to your dentist. An ID card does not verify active coverage. You or your dentist may obtain your group number, current eligibility and benefit information by contacting Delta Dental at (800) 494-4138, 24 hours a day, 7 days a week or by accessing Delta Dental’s on-line Benefit Connection tool at www.deltadentalnj.com.

• What if I have questions about my benefits?

You can call our Customer Service Department at (800) 494-4138 and speak to a representative between 8:00 a.m. and 6:30 p.m. EST Monday - Friday. Also, our interactive voice response system can provide benefit, eligibility, remaining maximum and deductible information, and history of your recent claims 24 hours a day, 7 days a week along with Delta Dental’s on-line Benefit Connection tool.

• How do I file a claim for dental charges?

There are several easy ways to submit a claim. Your dentist can complete a Delta Dental claim form or an ADA (American Dental Association) approved form and mail it to: Delta Dental of New Jersey, P.O. Box 222, Parsippany, NJ 07054-0222. The claim form may also be faxed to (800) 324-7939. If your dentist files claims electronically through his or her computer, no claim form is required. This method also speeds processing time.
Also, you may download a claim form from our web site and submit the claim as well.

- Is there a time limit for submitting dental claims?

Yes, you have one full year from the date of service to submit your dental claims. If there is coordination of benefits involved and Delta Dental is not the primary carrier, you have one year from the date on which the primary carrier(s) issues a statement of benefits. If the claim is submitted after these time frames, then the services are not covered.

- How do eligible children attending college away from home find a participating dentist?

A customized list of participating dentists for a specific geographic location can be obtained by calling 1-(800) DELTA-OK or 1-(800) 335-8265. This list will be mailed or can be faxed in case of an emergency situation. Also, listings of participating dentists throughout the country are available on our web site at www.deltadentalnj.com.

- If I am not located in the same state as my employer’s headquarters, where do I call?

No matter where you are located in the country, you can still call the same toll-free number (800) 494-4138 to reach our Customer Service Department, Monday to Friday, 8 a.m. to 6:30 p.m. EST. Our Interactive Voice Response system is available 24 hours a day, 7 days a week.

- What is an alternate benefit provision and how does it work?

The alternative benefit provision of your group contract is applied when there are two dentally acceptable ways to treat a dental condition and both procedures are covered. In such cases your benefit is based on the treatment that costs less. This does not mean that your dentist made a poor recommendation. In fact, you may use Delta Dental’s payment towards the treatment you choose. Since Delta Dental’s payment is the same no matter which treatment you choose, you may have higher out-of-pocket expenses if you choose the treatment that costs more.

- What if more than one visit is necessary to complete treatment?

Benefits are payable based on date of completion of treatment.

- For more Frequently Asked Questions please visit Delta Dental’s web site at www.deltadentalnj.com.
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