

OPEN ENROLLMENT MAY 2 – 18, 2022

MEDICARE ELIGIBLE RETIREES

Open Enrollment will begin on **May 2, 2022** and will end on **May 18, 2022** for the plan year beginning July 1, 2022. 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, 2022.

The premium table for the dental plans for the plan year beginning July 1, 2022, 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 18, 2022. **Changes made during Open Enrollment will become effective on July 1, 2022.**

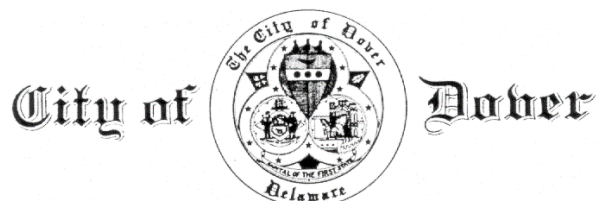
Completed enrollment forms can be returned via email (humanresources@dover.de.us), fax (302-736-7093) or USPS postmarked on or before May 18, 2022.

Mailing Address

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

At the end of open enrollment, employees will receive an email or written confirmation from Human Resources of the changes that have been received.

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.



Keep Smiling

Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at deltadentalins.com. This useful service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

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 will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

Coordinate dual coverage

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

Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.⁴ You can find this date by logging in to your online account.

Newly covered?

Visit deltadentalins.com/welcome.

Save with a PPO dentist



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

² 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.

³ 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.

⁴ 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.

Plan Benefit Highlights for: City of Dover

Group No: 15426

Effective Date: 7/1/2020

DELTA DENTAL PPOSM

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 19 or to the end of the month that dependent turns age 23 if dependent is a full-time student			
Deductibles	Low Plan: \$50 per person / \$150 per family each plan year High Plan: \$50 per person / \$150 per family each plan year			
Deductibles waived for Diagnostic & Preventive (D & P)?	Yes			
Maximums	Low Plan: \$1,000 per person each plan year High Plan: \$1,500 per person each plan year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits 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†
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
Basic Services Fillings and simple tooth extractions	80 %	80 %	80 %	80 %
Endodontics (root canals)	0 %	0 %	80 %	80 %
Surgical Periodontics	0 %	0 %	50 %	50 %
Non-Surgical Periodontics (gum treatment)	80 %	80 %	50 %	50 %
Oral Surgery	0 %	0 %	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	0 %	0 %	50 %	50 %
Prosthodontics Bridges, dentures and implants	0 %	0 %	50 %	50 %
Orthodontic Benefits Adults and dependent children	0 %	0 %	50 %	50 %
Orthodontic Maximums	N/A	N/A	\$1,000 Lifetime	\$1,000 Lifetime

BENEFIT HIGHLIGHTS

* 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.

Delta Dental of Delaware One Delta Drive Mechanicsburg, PA 17055	Customer Service 800-932-0783	Claims Address 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, 2022**

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

Enrollment/ Change Form



One Delta Drive, Mechanicsburg, PA 17055
 (800) 932-0783
 TTY/TDD (888) 373-3582
 deltadentalins.com

Please check the applicable box or boxes.

- New enrollment
- COBRA
- Coverage change
- Name change
- Address change
- Change of dependents
- Termination
- Decline Coverage

Please check the applicable box or boxes.

- Delta Dental PPO Plus Premier
- High Plan
- Low Plan

Please check the Delta Dental plan that administers your dental benefits.

- Delta Dental of Pennsylvania
- Delta Dental of New York
- Delta Dental Insurance Company
- Delta Dental of Delaware
- Delta Dental of West Virginia

Primary Enrollee Social Security Number	Last Name	First Name	MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Alternate Identification Number (if applicable)	Address (Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Street	City	State	Zip Code

Group Number 15426	Sublocation	Group Name CITY OF DOVER
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Change of Coverage

New Coverage: _____ Former Coverage: _____

Name Change

From: _____ To: _____

Dependent Change

Please check one of the boxes: Add dependent(s) listed below Delete dependent(s) listed below

Do you or your dependents have other dental coverage?
 Yes No *If yes, please complete the following:*

Carrier Name and Address: _____
 Group Number: _____

Last name (if different)	First Name	MI	Gender	Date of Birth	Social Security Number
Spouse			<input type="checkbox"/> M <input type="checkbox"/> F		
Children			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		

Date of Hire:	Effective Date:	Primary Enrollee Signature
		SUBMIT

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Enrollees whose company is headquartered in the state of New York and who commit a fraudulent insurance crime shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.