



ITC Federal Frequently Asked Questions

1. Is there a network with Delta Dental?

ITC Federal Dental Plan is a preferred provider program. This means you can obtain dental services from any dentist. The Plan covers the same services whether or not you use a network dentist, but your out-of-pocket costs will likely be lower when you use an in-network or participating dentist.

There are two types of network dentists — **Delta Dental PPO™** and **Delta Dental Premier®**. You will likely pay lower out-of-pocket costs if you use a Delta Dental PPO dentist. A network dentist will file your claim for you and will accept Delta Dental’s payment, plus any required coinsurance and any applicable deductible as payment in full for covered benefits.

You also have the choice of going to a dentist not in the Delta Dental network, although that dentist may charge more than Delta Dental’s contract allowance. If your dentist is not in the Delta Dental network, you must pay for any charge above Delta Dental’s contract allowance, plus any required coinsurance and any applicable deductible. Sometimes the dentist will file the claim for you; otherwise you must file a claim for reimbursement with Delta Dental of Virginia. In most cases you will be required to pay the dentist at the time services are rendered.

All Delta Dental dentists agree to:

- Complete the dentist’s portion of the claim form and submit the claim directly to Delta Dental.
- Accept Delta Dental’s payment and any patient coinsurance as payment in full for covered benefits.
- Participate in Delta Dental’s quality assurance programs.

Example:

The following is a claims payment example for illustrative purposes only, as the actual dollar amounts may vary. The service rendered in this example is Procedure Code D2150 — amalgam (silver filling — two surfaces — permanent tooth). This example assumes the employee’s annual deductible has been met.

NETWORK	PPO Network Dentist	Premier Network Dentist	Non-Participating Dentist
Dentist’s Charge for Filling	\$90.00	\$90.00	\$90.00
Delta Dental’s Plan Allowance	\$70.00	\$80.00	\$72.00
Coinsurance Percentage	90%	90%	80%
Delta Dental’s Payment	\$63.00	\$72.00	\$57.60
Patient Payment*	\$7.00	\$8.00	\$32.40
Maximum Amount Dentist Received	\$70.00	\$80.00	\$90.00
PATIENT SAVES	\$20.00	\$10.00	\$0.00

In this example, the patient’s out-of-pocket cost is lower using a Delta Dental PPO Dentist.

2. What will happen if my dentist is not in the Delta Dental network?

- You will be responsible for paying the difference between the non-participating dentist's charges and Delta Dental's payment.
- You may also have to pay the non-participating dentist in advance for the entire bill and you may have to file the claim with Delta Dental.

3. How can I find out if my dentist is a Delta Dental PPO™ and/or a Premier dentist?

There are several ways to find out if your dentist is a network dentist:

- Call Delta Dental's Benefit Services Representatives at 1-800-237-6060. They are available Monday – Thursday 8:15 a.m. – 6:00 p.m. EST and Friday 8:15 a.m. to 4:45 p.m. EST.
- Check Delta Dental's website at DeltaDentalVA.com.
- Ask your dentist if he/she participates in the Delta Dental network. If yes, be sure to also ask whether he or she participates in both the Delta Dental PPO and Premier networks, or the Delta Dental Premier® network only.

4. How can my dentist enroll in the Delta Dental network?

Ask your dentist to contact the local Delta Dental in your state or have the dentist contact Delta Dental's Provider Relations Department at 1-800-367-3531.

5. Will I receive an ID card?

All employees who enroll in a Delta Dental plan will receive two new ID cards. You may obtain additional ID cards by calling Delta Dental's Benefit Services Department at 800-237-6060 or you can print a copy by visiting DeltaDentalVA.com. To protect your privacy, only the employee's name and ID number will appear on the ID cards.

6. What do I need for my first dental appointment under the New Plan?

- Present your new ID card or give the dentist your Social Security Number.
- Tell the dentist your Dental Plan is administered by Delta Dental of Virginia.
- Claim forms are generally filed directly by the dental offices. Delta Dental will accept any standard ADA approved claim form. Claim forms are available at DeltaDentalVA.com or by calling Delta Dental's Benefit Services Department at 800-237-6060.

7. How can I avoid unexpected charges for dental care?

- See a dentist who participates in the Delta Dental PPO and/or Premier network.
- Ask your dentist to file a pre-determination of benefits before treatment begins (not required but recommended for services over \$250).
- Call Delta Dental's Benefit Services Representatives with any benefit clarification questions.

8. What if I met my annual deductible under the prior carrier dental plan- will I have to satisfy it again under Delta Dental's program?

No - Your deductible runs on a calendar-year basis, and if you met your deductible during 1/1/23-6/30/23, then you will not be required to meet it again. We will receive the prior carrier's deductible history, which will be loaded into our system.

9. What if my spouse, dependents or I am currently involved in orthodontic treatment?

- If you, your spouse or dependents are currently involved in orthodontic treatment, please inform the treating orthodontist that your dental carrier will soon change. July 1, 2023, Delta Dental of Virginia will be administering your dental plan.
- Once your coverage with Delta Dental has become effective, advise your orthodontist to submit a claim form containing the following information to Delta Dental: Total Case Fee, Initial Banding Date, Initial Down Payment, Total Treatment Months, Employee's Name and Subscriber Identification Number, Patient's Name and Date-of-Birth, Orthodontist's Name, Tax ID and License Number.
- If you, your spouse or dependent were enrolled under your employer's prior dental plan, Delta Dental will make monthly payments based on the difference in this Plan's lifetime orthodontic maximum and the total amount paid by the prior dental carrier.
- If you, your spouse or dependent were not enrolled under your employer's prior dental plan, Delta Dental will pro-rate the remaining treatment and make monthly payments based on that calculation and this Plan's lifetime orthodontic maximum.

10. What if I have used my Orthodontic Lifetime Maximum under the prior carrier dental plan - will I receive a new ortho lifetime maximum under Delta Dental's program?

No — the \$1,500 ortho max lifetime maximum for Orthodontic services is intended to extend over your lifetime and does not begin anew when there is a carrier change. Monies paid by prior carrier for these services will transfer to Delta Dental, which means you and your covered dependents will not receive a new \$1,500 ortho max lifetime maximum if \$1,500 ortho max was paid by prior carrier previously.

11. How does Delta Dental handle work in progress, e.g., a root canal was performed prior to July 1, 2023, but the crown is placed AFTER July 1, 2023?

If you have a treatment in progress as you are joining Delta Dental, we aim for a smooth transition. Typical benefit categories that have procedures that may overlap carriers include endodontics (root canals) and major restorative services (crowns). Root canals and crowns often require several weeks for completion. If a root canal was performed prior to July 1, 2023, the prior carrier would be responsible for payment of the root canal claim. Delta would be responsible for payment of the crown placement — as long as the crown procedure has not begun prior to the effective date of July 1, 2023. If the tooth has been "prepped" (meaning work has begun on the crown procedure) prior to July 1, 2023, the claim should be paid by the previous carrier.