Northeast Delta Dental

Administrative Guide

Northeast Delta Dental
One Delta Drive
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www.nedelta.com

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INTRODUCTION

We welcome you as a customer of Northeast Delta Dental. As the group administrator, eligibility and/or billing contact, you are the liaison between your employees and Northeast Delta Dental. This Guide outlines the **general** administrative procedures and eligibility regulations that govern your group dental program, and if applicable, your DeltaVision® plan. From time to time, you may have a question not addressed in the enclosed information. **This Guide is intended to give general information. If your group has specific exceptions not covered in the Guide, we suggest you consult your Group Contract and Contract Application for more details. All rights and benefits are described in the contract between your group and Northeast Delta Dental. The contract takes precedence over this Guide.**

DIRECTORY FOR INQUIRIES

Billing/eligibility/enrollment .... Eligibility Department
Claim payments/predetermination of benefit .... Customer Service Department
Benefit changes/rates/renewal .... ME, NH or VT Sales & Marketing Office
ASO billing, payment/account balance .... Accounting Department
Ordering supplies (ME, NH and VT) .... Account Services Department

TELEPHONE & FAX NUMBERS

Accounting Department .... (603) 223-1160
Fax: (603) 223-1035
Account Services Department .... (603) 223-1372
Northeast Delta Dental Main Number (Concord, NH) .... (603) 223-1000
Corporate Toll Free 1 (800) 537-1715
Fax: (603) 223-1199
Customer Service Department .... (603) 223-1234
1 (800) 832-5700
Fax: (603) 223-1129
TTY/Hearing Impaired 1 (800) 332-5905
Eligibility Department .... (603) 223-1230
Fax: (603) 223-1252
New Hampshire Sales and Marketing Office .... (603) 223-1540
1 (800) 537-1715
Fax: (603) 223-1129
Maine Sales and Marketing Office .... (207) 282-0404
1 (800) 260-3788
Fax: (207) 282-0505
Vermont Sales and Marketing Office .... (802) 658-7839
1 (800) 329-2011
Fax: (802) 865-4430

Mail or e-mail inquiries:

Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, New Hampshire 03302-2002

E-Mail: nedelta@nedelta.com
Website: www.nedelta.com
HOW® http://healththroughoralwellness.com

DEFINITIONS

ANNIVERSARY/OPEN ENROLLMENT DATE: The month and day stated in the contract application as the date in which the contract is renewed or modified.

BENEFIT PERIOD: The length of time specified in the contract application and on the outline of benefits/outline of coverage.

COORDINATION OF BENEFITS: The subscribers and dependents who are covered under more than one dental plan may receive maximum benefits through payment from all carriers, not to exceed 100% of the charge. Please refer to your group's Dental Plan Description or Summary Plan Description for a detailed explanation of our coordination of benefits provisions.

ELIGIBLE DEPENDENTS: The dependent(s) who meet the eligibility requirements as follows:

a. The spouse or domestic partner (consult your contract) of the subscriber; and/or
b. A child of the subscriber or the spouse or domestic partner of the subscriber by natural birth or legal adoption, a child in the process of adoption or guardianship and in the custody of the subscriber or the spouse or domestic partner of the subscriber, a foster child legally placed by order or a court or agency having competent jurisdiction and/or a stepchild, and is under the age of twenty-six (26).

Qualified children are eligible regardless of student status and coverage will terminate when a child reaches the age of twenty-six (26). Children incapable of self-support because of physical or mental disability are eligible regardless of age; supporting documentation from a health care provider may be requested by Northeast Delta Dental.

A newborn child is automatically covered for the first thirty-one (31) days following birth. Coverage will continue if the child is formally enrolled within the first sixty (60) days following birth or the child may be enrolled thereafter at any open enrollment or as of the first day of the month following the month of the child's first birthday.

DOMESTIC PARTNER: The same sex or opposite sex partner* of the subscriber (and their dependents) who:

a. Is a mentally competent adult as is the subscriber;
b. Has been legally domiciled with the subscriber for at least twelve (12) months;
c. Is not legally married to or legally separated from another individual;
d. Is the sole partner of the subscriber and expects to remain so; and
e. Is jointly responsible with the subscriber for each other's common welfare as evidenced by joint living arrangements, joint financial arrangements or joint ownership of real or personal property.

***Consult your contract application to determine if your group elected "same sex" or "same and opposite sex" domestic partner rider.**

ELIGIBILITY PERIOD: The period of time between the date a full-time employee starts work and the date eligibility for dental benefits begins. **Consult your contract application for the specific time period.**

EMPLOYER: The contract holder.

FULL-TIME: As defined by the group.

GROUP CONTRACT FOR DENTAL BENEFITS: The group contract (including the Dental Plan Description/Summary Plan Description and Outline of Benefits/Outline of Coverage and Contract Application) between your group and Northeast Delta Dental to provide dental benefits to any eligible person.

OPEN ENROLLMENT: The month in which the employer can make plan changes and offer enrollment to current employees not in the dental plan without a qualifying event.

PREDETERMINATION: An administrative procedure by which the dentist submits the treatment plan to Northeast Delta Dental in advance of performing dental care services. Northeast Delta Dental recommends that employees and their dependents ask their dentist to submit a predetermination when services are considered to be other than brief or routine. A predetermination provides an estimate of what Northeast Delta Dental will pay for services which helps avoid confusion and misunderstanding between the patient and the dentist.

SUBSCRIBER: Any person who:

a. Renders service to the employer as a paid employee, and;
b. Is certified as being eligible in your contract application.
c. Enrolls in the group dental plan.

WAITING PERIOD: The period of time where certain services are not covered. Beginning from the subscriber's initial effective date and continuing through the period of time specified in your group's plan materials. Please note that if a lapse in coverage of more than 30 days occurs, the waiting periods must be re-satisfied. If a subscriber has had prior coverage with Northeast Delta Dental that did not consist of a lapse of services of more than thirty (30) days between group plans, please add a note to the enrollment form noting the identification number with the prior Northeast Delta Dental group.

ENROLLMENT/ELIGIBILITY ON THE GROUP ADMINISTRATION PORTAL (GAP)

GROUP ADMINISTRATION PORTAL: The Group Administration Portal (GAP) is designed specifically for Northeast Delta Dental Plan purchasers. The website, http://www.nedelta.com/Employers, provides approved users with the ability to review and modify their enrollment. It is a resource for important content such as our plan documents, forms, and policies. For more information about the portal please consult the Group Admin Portal Guide.

The following changes cannot be made on GAP. Enrollment forms are required and need to be submitted to the Eligibility Department for:

- Crediting of waiting periods for prior coverage
- Any requests for **retroactive** changes/additions/termination

GENERAL TIPS AND HELPFUL HINTS FOR USING THE GROUP ADMINISTRATION PORTAL:

- Always tab when going through the screens in order for necessary refreshes to occur
- The portal has dual enrollment for the dental and vision plans. If you have a **DeltaVision®** plan in addition to your Delta Dental Plan, additions and changes made to dental enrollment will not automatically be made to vision. Those adds/changes in enrollment, or status changes for vision, must be made again.

- The portal is only compatible with Windows Internet Explorer.

REPORTS: Enrollment activity reports and student reports are the only reports that accept a date range. The remaining reports contain current information only. All reports, except the current Enrollment Breakdown Report, are sorted by the subscriber ID. When exporting reports, large files may take several minutes to download.

ADDING A NEW SUBSCRIBER: All fields must be completed from top to bottom. Bold fields are required. The subscriber ID/SSN field is an alpha numeric field only. Do not enter special characters such as dashes.

CHANGE OF SUBLOCATION: Sublocation changes must be done on the first of the month unless otherwise specified in your contract.

CHANGE OF COVERAGE: Coverage changes must be made on the first of the month unless otherwise specified in your contract. You must select all individuals who are remaining on the coverage. If not, their coverage will be terminated.

ADDING DEPENDENTS: The effective date must be the first of the month unless otherwise specified in your contract. You may need to change the coverage before adding new dependents. For example, a subscriber changing from single to two person, single to family or two person to family. Refer to the section in the Group Admin Guide, titled Manage Enrollment – Change of Coverage.

TERMINATING DEPENDENTS: The termination date must be the last day of the month unless otherwise specified in your contract. You may need to change the coverage before terminating dependent(s). For example, a subscriber changing from two person to single, family to single, or family to two person.

ID CARDS: New plastic subscriber ID cards are automatically generated when enrolling new subscribers. See the ID card and EOB forms section in this Guide, page 8 to see how to access ID card information in case of loss. ID Cards can be printed from the GAP or by the subscriber at http://www.nedelta.com/Patients.

In addition to enrollment changes made in the Group Administration Portal (Group Admin Portal, or GAP), enrollment additions, terminations, or changes can be faxed (603-223-1252), e-mailed to (eligibilitydepartment@nedelta.com), or mailed to (Northeast Delta Dental, PO Box 2002, Concord, NH, 03302-2002).

RETROACTIVE ELIGIBILITY SUBMISSIONS

Terminations and status changes should be either made in the Group Admin Portal, or sent immediately to the Eligibility Department. In certain situations, by exception, we may allow status terminations and status changes, retroactively, **30 days** from the date you notify Northeast Delta Dental's Eligibility Department. Please keep in mind in cases where a claim has been paid, no credit will be given beyond the month in which the claim was paid. If the claim, for example, was paid in January, premium credit will be given to

February 1st. Additions will be allowed, either at the initial date of coverage, or effective at the last open enrollment period.

Please review your bills carefully to ensure that they accurately represent your group's current enrollment. If changes are needed, please contact the Eligibility Department immediately so your records can be corrected, thus reducing the need for retroactive changes.

QUALIFYING FAMILY STATUS CHANGES

For all subscribers and their eligible dependent(s) who are not eligible for benefits as of the initial effective date, or at the dental plan's open enrollment, eligibility for benefits will begin on the **first of the month following** the occurrence of one of these events:

1. *Newly hired or rehired employees:* the date on which employment begins, or, if applicable, that date plus the applicable eligibility period as stated in the Contract Application.
2. *Spouse:* the date of marriage.
3. *Newborn:* (i) the date of birth or (ii) first day of the month following the month of the child's first birthday or (iii) such other date as stated in the contract.
4. *Legal adoptions or guardianships:* the date the adoption and/or guardianship becomes legally final.
5. *Stepchild:* the date that such child's parent becomes eligible for benefits under this contract.
6. *All Others:* the date that Northeast Delta Dental approves the enrollment of such person(s).

TERMINATION OF ELIGIBILITY

TERMINATION REPORTS:
These reports are used to terminate an employee's and/or dependent(s) coverage. Complete all fields on the termination form. Missing or inaccurate information will cause delays in processing.

SUBSCRIBER AND DEPENDENT TERMINATION:
Eligibility of a subscriber and dependent(s) will terminate pursuant to the terms of the group contract (exact date or the last day of the month).

STATUS CHANGE TERMINATION:
Eligibility for benefits will terminate pursuant to the terms of the contract (exact date or the last day of the month) following:

a. Legal Separation
b. Divorce
c. Death
d. Over Age Limit (Change in child's eligibility because of age)
e. No longer Dependent for IRS purposes
f. Court Orders
g. No longer a Full-Time student (please check your group contract if coverage is provided for full-time student.)

CONTINUATION OF BENEFITS:

A. State and Federal Law Rights to Continue Coverage

Upon termination of coverage under this dental benefits plan, former subscribers and/or eligible dependents may be eligible, under federal (COBRA) and/or state statutes, to continue group coverage benefits, depending upon certain condition contained in those laws. If a former subscriber or eligible dependent elects to continue coverage under either the federal or state statute, if either is applicable, the group under which benefits were formerly provided will be responsible to collect the applicable premium from the persons electing coverage. The applicable state or federal law will govern administration of the continuation of coverage. Rights under those statutes are provided below.

In addition to continuation of coverage subscribers and/or eligible dependents may have access to individual dental benefits plans that are more cost effective for their needs. These options can be viewed at www.DeltaDentalCoversMe.com or www.healthcare.gov.

B. Rights under New Hampshire Law (Continuation of Coverage)(if applicable):

New Hampshire law provides for the continuation of coverage under this dental benefits plan in several circumstances described in your Group Dental Plan Description/Group Summary Plan Description.

GROUP CONTRACT TERMINATION:

Eligibility for Benefits will generally terminate for all Subscribers and Dependents at the earlier of the date of termination of your Contract, or the last day of the month for which your payment has been made pursuant to the terms of your Contract. Northeast Delta Dental requires a 60-day written notice of termination.

GENERAL ELIGIBILITY RULES

The employer is responsible for submitting all eligibility information to Northeast Delta Dental in a timely manner.

ELIGIBILITY: No person will be eligible for benefits under your contract unless the following has occurred:

a. Currently enrolled as Subscriber; or
b. Currently listed as dependent(s) and provided the enrollment in agreement with your contract provisions.

DEPENDENTS:

Dependent children can be added at birth or on the first of the month following their first birthday. These children will be eligible for benefits through the end of the month of their 26th birthday (consult your group contract).

a. Dependent children (who qualify as Dependents for federal income tax purposes) continue to be eligible for Benefits beyond their 26th birthday if:

    (i) They are incapable of self-support because of physical or mental incapacity and;

    (ii) Northeast Delta Dental receives a physician’s certification of physical and/or mental incapacity described above.

b. If employees do not contribute to the cost of the Northeast Delta Dental benefit, the subscriber must include all eligible dependents. If the employees contribute to the cost of the plan and wish to enroll one eligible dependent, all eligible dependent(s) must be enrolled unless they are covered elsewhere.

TEMPORARY LAYOFFS AND LEAVES OF ABSENCE:
Coverage cessation due to a layoff or leave of absence is effective at the end of the month in which the layoff or leave of absence occurs. If applicable, continuation of benefits may occur through state or federal laws. Your group may opt to continue the coverage provided that it is the policy to do so for all employees who are on leave or layoff. The employee's Dependent(s) may remain covered. **Coverage must continue to be paid for by the Employer; employees may not elect to pay Northeast Delta Dental directly.**

If a Subscriber's coverage has been terminated and returns to full-time employment within six months, coverage may be reinstated on the first of the month upon return to full-time employment. If the return to full-time employment is after six months, the Eligibility Period must be re-satisfied. In either situation, a new enrollment form must be completed.

If a person is on a leave of absence and returns to work (or is rehired) within the same benefit period (i.e., Contract year/calendar year), benefit maximums and deductibles will be credited. If the break in coverage is more than thirty (30) days, benefit waiting periods (if applicable) must be re-satisfied.

RETURNING MILITARY PERSONNEL:
Any person discharged from the Armed Forces and re-employed by the same employer is eligible for dental coverage. The Eligibility Period will be waived. If your group's benefit structure contains waiting periods on certain coverage categories, they will be credited to the extent that they have been met, to include the time spent in the military. Coverage will be effective on the first day of the month following the date of return to work. A new enrollment form must be completed.

TRANSFERRING FROM ONE SUBLOCATION TO ANOTHER:
Employees who are listed as eligible in your group may be transferred from one sublocation to another within the same group without completing a new Eligibility Period, and their benefits (i.e., deductible/maximum) will be carried over and credited to the new sublocation. If a lapse in coverage of more than thirty (30) days occurs, waiting periods, if applicable, must be re-satisfied. An Enrollment/Change Form must be completed.

RETIREES:
Coverage for retirees may be continued under the same rules that apply for Subscribers if the employer chooses; all retirees must be treated in the same manner. If the Employer does not choose to cover retirees, they are eligible to continue benefits under state or federal law at their own cost. In addition to continuation of coverage, retirees may have access to individual dental benefits plans that are more cost effective for their needs. These options can be viewed at www.DeltaDentalCoversMe.com or www.healthcare.gov.

BILLING/E-BILLING

Included in this packet is *A Guide to Your Northeast Delta Dental Bill* brochure. This Guide contains a detailed explanation of our billing process and answers to commonly asked questions. After you have reviewed the brochure, please contact our Eligibility Department with any questions.

E-BILLING:
Enjoy the convenience of accessing your bill online. You will receive email notification when bills are issued and you can make electronic payment from your company's bank account. The registration PIN appears in the upper right hand corner of the remittance page of your bill. Access electronic billing by selecting the eBilling link in the **Tools** menu at www.nedelta.com. Please note that eBilling and the Group Administration Portal are separate sites and require separate logins for access.

RATE/BILLING CODES:
The following rate codes are noted on your bill.

Rate Codes:
Rate 1 - Subscriber
Rate 2 - Subscriber/Spouse
Rate 3 - Family
Rate 5 - Subscriber/Child
Rate 6 - Subscriber/Children
Rate 7 - Subscriber/One Dependent (for electronic eligibility files only)

Billing Codes:
10 - Addition
20 - Termination
30 - Status Change

INSTRUCTIONS FOR MAKING PAYMENTS

Your group is responsible for remitting the full amount billed each month. All billing adjustments for eligibility changes not reflected on the bill, will be made and issued by Northeast Delta Dental on the subsequent bill. ***Please do not send changes with your payment or make your own adjustments when calculating the amount to pay on your bill.***

Payment is due on the first of the month for each billing period. Payments received later than the tenth of the month for which the premium is due may result in claims processing interruptions and could result in the termination of your dental plan.

You can make the payment of your bill to us via a check, money order, through e-billing, or an electronic funds transfer. With an electronic funds transfer (EFT), Northeast Delta Dental will withdraw payment electronically from your account within the first five business days of the month in which it is due. If you would like to authorize Northeast Delta Dental to automatically withdraw payment from your bank account, please call our Accounting Department to initiate the process.

ID CARDS AND EOB FORMS

ID CARDS:
We will send an initial set of plastic ID cards to new primary subscribers only. These ID cards will include only the primary subscriber's name and ID number (the ID number is the same for all family members covered under the plan.) Any future name or plan changes will be reflected on their electronic ID card, which is available through the *Benefit Lookup* link or on our Mobile App. The app can be downloaded for free on a smartphone Search "Delta Dental" in your smartphone's app store.

Subscribers wishing to print their ID cards may do so from the *Benefit Lookup* link on www.nedelta.com/patients. Group administrators may also print out a subscriber's ID card from the Group Admin Portal.

EXPLANATION OF BENEFITS (EOB) forms:
Northeast Delta Dental issues EOBs electronically via our *Benefit Lookup* link on www.nedelta.com/patients. Subscribers wishing to view or print their EOBs (as far back as six years), may do so securely by going to the Benefit Lookup link. Subscribers may also elect to receive hard copies if they wish, and can change this option on *Benefit Lookup* or by calling our Eligibility Department at 1-603-223-1230.

PREDETERMINATION OF BENEFITS

Northeast Delta Dental strongly encourages a Predetermination of benefits in cases involving costly or extensive treatment plans. **Please note that a Predetermination of benefits does NOT guarantee payment. Rather, a Predetermination is an estimate of the benefits based on current benefits and patient's eligibility. A new plan year and/or Contract change may alter the final payment, since payment is based on information on file at the time treatment is provided. Any changes in a dentist's fee schedule or participating status, or a change in dual coverage (Coordination of Benefits) may also affect the plan's final payment.**

DENTISTS

Northeast Delta Dental provides coverage regardless of the patient's choice of dentists—participating or non-participating. **No payment will be made on a claim with dates of service in excess of the twenty-four (24) month limitation.**

PARTICIPATING PREMIER AND PARTICIPATING PPO DENTISTS: Employees and their Dependent(s) are assured of receiving full Contract benefits under your plan when visiting a participating dentist. When Employees or their Eligible Dependent(s) visit a participating dental office, they should inform the staff that they are covered under a Northeast Delta Dental program. The dentist will perform an evaluation and plan the course of treatment. When the treatment has been completed, the claim form will be sent to Northeast Delta Dental for payment of covered services.

A participating dentist will not charge at the time of treatment for covered services, but may request payment for non-covered services, deductible or co-payment. Northeast Delta Dental will pay the participating dentist directly. The EOB will indicate the amount they should pay, if any, to the dentist.

NON-PARTICIPATING DENTISTS: The dental office will either submit the claim form directly to Northeast Delta Dental, or they may ask the patient to submit the claim form. Benefits are based on the lesser of the actual submitted charge or Delta Dental's allowance for non-participating dentists in the geographical area in which the services were provided. Payment for services will be made to the subscriber, unless it is noted on the claim form that payment should be sent to the dentist in states that allow assignment of benefit.