



DeltaCare USA Manual

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Welcome!

We would like to welcome your group to CoPower and DeltaCare USA.

CoPower is a third party administrator that was created as a specialized purchasing pool for small employers to band together to provide large group-type benefits for their valued employees.

One of the benefits offered to you by CoPower is dental coverage through DeltaCare USA. In California, DeltaCare USA is underwritten and administered by Delta Dental of California. Delta Dental of California is the state's oldest and largest dental plan, covering 13 million people statewide.

Please read this manual carefully to be sure you fully understand your group's benefits, coverage and billing procedures.

Contact Information

Benefit and Claims Information

Eligibility Verification*

I.D. Cards, EOC Booklets and Other Supplies

DeltaCare USA: 800.422.4234

Monday to Friday, 5:00 AM to 6:00 PM. PST

Billing Inquiries

Enrollment Forms

Enrollment changes (Additions and Terminations)

CoPower: 888.920.2322

Fax: 650.348.1149

E-mail: requests@copower.com

Monday to Friday, 8:00 AM to 5:00 PM PST

Dentist Directories

Online: www.deltadentalins.com

* If DeltaCare USA does not show the proper eligibility as reported by you to CoPower, please contact CoPower for verification.

Your plan is administered by:

CoPower

1600 W. Hillsdale Blvd.

San Mateo, CA 94402

Tel: 888.920.2322

Fax: 650.348.1149

Monday–Friday, 8:00 AM to 5:00 PM

www.copower.com

Your plan is underwritten by:

Delta Dental of California

100 1st Street

San Francisco, CA 94105

Tel: 888.335.8227

Monday through Friday, 8:00 AM to 5:00 PM

Fee Payment

1. Checks should be made payable to **CoPower** and sent to:

CoPower

Department 33824

P.O. Box 39000

San Francisco, CA 94139-0001

2. Monthly dues must be received no later than the first day of the coverage month.

3. There are no claim forms, deductibles or dollar maximums on general and specialist services under the DeltaCare USA program.

Enrollment Guidelines

Choosing or Changing a Dentist

During the enrollment process, enrollees will be provided a list of dental offices to choose from. If the dental office chosen is no longer available or if a member does not choose a dental office, DeltaCare USA will choose another office that is close to the enrollee's residence.

Enrollees can change their contract dentist by contacting DeltaCare USA's Customer Relations Department in writing, by phone at 800.422.4234 or through their website at www.deltadentalins.com. The contract dentist change is effective on the first day of the month after the request is received if the request is received by DeltaCare USA before the 20th of the previous month. Enrollees should not change their dentist if they have work in progress. The Customer Relations Department can define "work in progress" for an enrollee.

Eligibility

All primary enrollees and their dependents (spouse and children ages four up to their 19th birthday) are eligible while the primary enrollee is working on a permanent, full-time basis. Dependent children over 19 are eligible until their 25th birthday if they are enrolled as a full-time student. Dependent children up to four years of age may be enrolled at the beginning of any contract year (group's anniversary) including the contract year immediately following their fourth birthday.

Employees who waived coverage for their spouse or children due to coverage elsewhere cannot enroll at a later time unless they show proof of loss of coverage under the other dental program. Notice of the loss of coverage and subsequent enrollment on this plan must be given to CoPower within 30 days of the loss.

Category 1099 employees are NOT eligible for coverage under this DeltaCare USA program.

Late Enrollees

A late enrollee is an employee or dependent that did not enroll with DeltaCare USA when the program was initially offered. These normally consist of those who waived coverage because they were covered by a spouse's program or those on voluntary plans who decided not to take dental coverage when they first became eligible for the plan.

Only for plans where dependent coverage is voluntary

Dependents who chose not to come on the plan when they became eligible may be added to the plan on the anniversary date of the group. Notice of this enrollment must be received on the 20th of the month prior to the anniversary date. Loss of other dental coverage is considered a qualifying event and enrollees may come on the plan within 30 days of the loss.

Only for plans where employee coverage is voluntary

Employees who chose not to come on the plan when they became eligible may be added to the plan on the anniversary date of the group. Notice of this enrollment must be received on the 20th of the month prior to the anniversary date. Loss of other dental coverage is considered a qualifying event and enrollees may come on the plan within 30 days of the loss.

New Hires

Employees and their eligible dependents are covered on the first day of the month following their hire date or as mirrors the group sponsored medical plan. Employees of groups with “date of hire” eligibility will be enrolled the first of the month following their hire date.

Employers must have their employees complete the Dental Enrollment/Change form. This form can be faxed to 650.348.1149 or e-mailed to requests@copower.com. This form can be downloaded from our website, www.copower.com. The effective date and the CoPower ID must be on the enrollment form. Do not send premium for new enrollees with the application. You will receive an adjustment for those employees on your next invoice.

Employers must make sure that the employee has filled out the Dental Enrollment/Change Form completely and legibly. Any missing or illegible information will delay the enrollment process. If the address is incomplete, the enrollee will be enrolled but will not receive an identification card or any correspondence. If the enrollee has not chosen a dental office, DeltaCare USA will choose one for him/her by using the enrollee’s zip code. If the zip code is missing, DeltaCare USA cannot assign a dental facility.

Additions, Terminations and Other Changes

Additions and terminations of employees may be reported to CoPower in one of two ways:

- 1) Faxing the completed form(s) to CoPower at 650.348.1149.
- 2) E-mailing the completed form(s) to requests@copower.com.

Terminations must be reported by the 15th of the month prior to the month of cancelled coverage or as soon as possible. In addition, you must list the date of the last day of coverage of the terminated employee. Employees and their dependents are covered through the last day of the month on which the employee was a full-time worker. Because dentists are paid by the first of a covered month for each member that is reported as active for that month we need to remove terminated employees ASAP.

Please Note: Retroactive terminations are prohibited.

CoPower must be notified whenever a member changes their home address. The changes for employees can be faxed or mailed to CoPower.

Employment Separation Guidelines

COBRA

COBRA stands for Consolidated Omnibus Budget Reconciliation Act of 1985, a federal law passed in April 1986. One purpose of the law is to prevent gaps in health care coverage. The “continuation of coverage” provisions require that employers who provide employees with dental coverage continue that coverage for employees and their dependents under circumstances that would otherwise terminate coverage under the group’s plan.

Essentially all companies with twenty or more employees that provide dental coverage to their employees are subject to the continuation of coverage requirements of COBRA. COBRA eligibility includes employment of full-time, seasonal and part-time employees. If you are not sure if federal COBRA laws apply to your company, please seek legal counsel.

There are a series of qualifying events that enable employees to be eligible for COBRA.

Qualifying Event	Qualifying Beneficiary	Continuation Period
Death of a covered employee	Any covered dependent(s)	36 months
Termination of a covered employee (other than gross misconduct) or reduction in hours of employment	Covered employee and dependent(s)	18 months
Divorce or legal separation of covered employee from spouse	Covered dependent(s) losing coverage	36 months
Dependent child ceases to be an eligible dependent under the terms of your group health and/or dental plan	Dependent child	36 months
Covered employee’s eligibility for coverage under Medicare	Covered dependent(s)	36 months

Employer’s Responsibility

When a qualifying event occurs, employers must provide written notification of COBRA rights to the employee within 14 days of the event.

Under COBRA, employers are required to administer continuation of coverage benefits and the employee is responsible for paying the employer the full cost of the continued coverage in addition to an administrative fee.

The employer must notify CoPower, DeltaCare USA’s designated administrator, as soon as possible when an employee loses coverage. The employee is terminated from the plan until the employer informs CoPower to reinstate the employee under COBRA. The employee will be reinstated retroactively on the first day of the month following the loss of coverage.

Cal-COBRA

The California Continuation Benefits Replacement Act (Cal-COBRA) became effective on January 1, 1998. This law requires that every small employer health care service plan contract must offer continuation coverage to enrollees who experience a loss of coverage due to the occurrence of certain qualifying events. The cost of such continuation coverage will be charged entirely to those electing the coverage. There is no charge to the employer.

The law requires that a small employer must notify the carrier, or in this case, the third party administrator, of any employee who has experienced a qualifying event. A small employer is one that employs 2 to 19 eligible employees on at least 50% of its working days during the preceding calendar year.

There are a series of qualifying events that enable employees to be eligible for Cal-COBRA.

Qualifying Event	Qualifying Beneficiary	Continuation Period
Death of a covered employee	Any covered dependent(s)	36 months
Termination of a covered employee (other than gross misconduct) or reduction in hours of employment	Covered employee and dependent(s)	36 months
Divorce or legal separation of covered employee from spouse	Covered dependent(s) losing coverage	36 months
Dependent child ceases to be an eligible dependent under the terms of your group health and/or dental plan	Dependent child	36 months
Covered employee's eligibility for coverage under Medicare	Covered dependent(s)	36 months

Employer's Responsibility

If you are a small employer, either you or CoPower can distribute a copy of the disclosure and election form to each employee enrolled in your dental plan at the time an enrollee qualifies for Cal-COBRA (within 14 days of the event).

If you choose CoPower to send the Cal-COBRA notice to the qualified employee, please provide CoPower with the employee's and/or qualified dependent(s) name(s) and address(es) as soon as possible.

The employee will be terminated from the plan until the application to enroll under Cal-COBRA is received by CoPower. The employee will be reinstated retroactively to the first day of the month following the loss of coverage. The Cal-COBRA enrollee will be responsible for paying the full cost of the coverage plus a 10% fee and will be billed directly by CoPower.

Administrative Guidelines

Appointments

DeltaCare USA will send an identification card packet to the address listed on the Dental Enrollment/Change Form. Enrollees should review the information included in the packet when making an appointment. The information will include the name, address and telephone number of the contract dentist. Enrollees **MUST** go to the assigned dental facility in order to receive benefits under the program.

Eligible enrollees can make appointments and receive services even if they do not have their identification card. Enrollees will receive their identification card within 30 days of their effective date. Please call DeltaCare USA for verification of eligibility and dental facility assignment.

For a complete description of program benefits, limitations and exclusions and Governing Administrative Policies, please consult the Evidence of Coverage packet.

Emergency Treatment

Emergency treatment, which DeltaCare USA defines as dental procedures required for the alleviation of severe pain such as bleeding or swelling, is available through contract dentists who are required to provide 24 hour emergency service to enrollees seven days a week. To obtain emergency care during regular office hours, the enrollee may request an emergency appointment. Emergencies are treated within 24 hours of the enrollee's request.

Contract dentists are also required to provide an emergency referral number in their absence. Enrollees may also contact DeltaCare USA's administrative office for a referral to another conveniently located contract dental facility for emergency treatment.

Enrollees may also obtain emergency care from an out-of-network dentist during non-business hours. However, this treatment should be reported to DeltaCare USA on the next business day.

Enrollees who experience an emergency while traveling outside the service area of their network facilities may use their out-of-area emergency benefits. This benefit provides emergency treatment for a maximum allowance of \$100 per enrollee in any 12-month period when they are 35 miles or more from their assigned contract dentist. The enrollee is responsible for any applicable copayment for covered procedures and may be required to pay for all services provided by the treating dentist at the time the service is rendered. To receive reimbursement, submit a copy of the billing statement and canceled check or paid receipt from the attending dentist within 90 days of treatment.

Billing and Late Notices

PLEASE PAY AS BILLED. If payment is not received by the first of the coverage month, a late notice will be issued and a late fee of \$20.00 will be charged to your next bill. If payment is not received by the fifth of the month, a “cancellation pending” notice will appear on your next invoice and your group’s eligibility to receive benefits will be placed on hold. Once payment is received, the eligibility hold will be removed. Your dental coverage will be terminated if no payment is received by the last business day of the month of coverage for which payment is due.

For this plan to remain viable, there must be a minimum of five active enrolled employees. If the number of enrolled employees in your group falls below five, a letter will be sent to your group warning of a possible cancellation. Your group will be given three months from the first warning letter to bring the group number up to five or face cancellation.

Privacy Protection Notice

The purpose of the Privacy Protection Notice is to let you know how we handle personal information for the subscribers of your DeltaCare USA program.

Below is an example of a Privacy Protection Notice:

Dear Sir or Madam:

The Gramm-Leach-Bliley Act (GLBA) allows DeltaCare to protect the privacy of certain information about individuals. DeltaCare collects what is known as “non-public personal financial information” about subscribers and enrollees from our purchasers and their agents, treating dentists, or directly from the subscribers or enrollees themselves. Under GLBA, we are unable to provide these individuals with your social security number and dates of birth. DeltaCare does not disclose to outside parties any such information about past or present subscribers and enrollees, except as it is necessary to provide our service to them, or to you the purchaser or your agent, or except as required by law. Internally, we restrict access to all such information to those DeltaCare employees who need to know that information in order to process claims or provide related services. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to guard this “nonpublic personal financial information.”

We appreciate the opportunity to describe our privacy practices to you.

Sincerely,

DeltaCare USA

DeltaCare USA administers the dental program for these companies in the following states: Alpha Dental Programs, Inc. in Texas; Delta Dental Insurance Company in Florida, Georgia and Washington DC; and DeltaCare Dental Plan, Inc. in Nevada and Utah.

Dental Treatment

Orthodontic Treatment in Progress (Only for Enrolling Groups)

An orthodontic treatment in progress provision is available to enrollees whose previous coverage was through another prepaid dental plan at the time of the group's original effective date with DeltaCare USA. The provision allows enrollees, who are in orthodontic treatment, to continue seeing the same orthodontist who was treating them before DeltaCare USA's effective date. The provision is applicable to enrollees in active treatment as defined by their previous benefit plan. If only records and models have been taken and paid for, it is the enrollee's responsibility to work with a DeltaCare USA contract orthodontist to use those records for treatment. For more information, please refer to your DeltaCare USA contract.

Treatment in Progress (Not Orthodontic)

This DeltaCare USA program excludes treatment in progress. This is defined as teeth prepared for crowns, root canals in progress and completion of a removable or fixed partial or full denture for which the impression has been taken. The obligation for completion of work in progress, upon termination of a group contract, is normally the responsibility of the previous carrier.

Specialty Care

If specialty care is required, the contract dentist will request pre-authorization from DeltaCare USA. All specialty care must be pre-authorized by DeltaCare USA.

CoPower

1600 W. Hillsdale Boulevard

San Mateo, CA 94402

Tel: 888.920.2322

Fax: 650.348.1149

www.copower.com