



Benefits Administration Manual

Unleash ~~your~~ ^{THEIR}
SMILE POWER™



DeltaDentalTN.com





A New Mission, Vision and Values for Future Growth

Vision

Improve the overall wellness of the people in the communities we serve through our products, advocacy, education and philanthropy.

Mission

Ensuring Healthy Smiles

Values

Community

We seek opportunities to invest in the betterment of our communities.



Integrity

We are committed to building open and inclusive relationships based on honesty, trust and respect.



Service

Our success begins and ends with providing superior quality service.

Welcome Employers!

We are pleased to provide your dental benefits and we look forward to serving you and your employees.

Client satisfaction comes first at Delta Dental of Tennessee. So, we have several resources available to assist you in managing your dental program and for helping your employees to make the most of their dental benefits.



Benefit Manager Toolkit

With the Benefit Manager Toolkit (BMT), benefit managers can:

- Get real-time benefit and eligibility information 24/7
- Take control of your group's eligibility
- Enter, edit and terminate enrollee eligibility
- Download dentist directories in a printable format
- Streamline your benefits management process
- Access Client Knowledge, our web-based reporting service

e-Billing

e-Billing is a fast and easy way to receive your bill and stay organized. With e-Billing you can:

- Receive an email with your monthly invoice attached
- View complete subscriber listings online with quick, secure access
- Automatically archive bills so they're always available
- Download a list of active subscribers in an Excel format
- Receive a higher level of security to maintain Protected Health Information (PHI)
- Combine with ACH or bank draft for the most convenient processing
- Reduce unnecessary paper clutter

The Benefit Manager Toolkit and e-Billing give you more control of your benefits. To sign up for e-Billing, complete the form on page 18 and return it to your Account Manager.



Online Bill-pay

This new feature allows you to pay your monthly invoice quickly and securely through our bank's online portal. There is a \$3.00 processing fee per transaction, but there is no sign-up process and all you need to make a payment is your group number and a Visa, MasterCard, or checking account.

Dentist Search

With nearly 3 out of 4 providers nationwide in our networks, you and your employees have a wide selection of dentists from which to choose.

To locate a dentist, just access the Dentist Search by visiting our website at www.DeltaDentalTN.com and clicking on the link titled [Find a Dentist](#).

Here are a few tips to help you select the right dentist:

- Put in a City and a Zip Code to get more accurate results.
- Search for locations near both your home and work to find more options.
- If you are unsure about your plan type, you should be able to find it on the Declaration Page of your group dental contract. You may also contact your Account Manager for assistance.



Employer Resources

Administrative materials, like the ones listed below, may be downloaded from our website at www.deltadentaltn.com/Groups/Employer-Resources.

Administrative Manual

As a plan administrator, you are the primary contact between Delta Dental and your employees. To assist you, we have created this handbook to serve as a valuable resource to answer your how to or what if questions.

Claim Form

Download a hard copy of the commonly-used claim form.

Quick Reference Guide to DASI

Get assistance with DASI, Delta Dental's automated inquiry system.

Newsletters

Miss one of our newsletters? View our archived editions.

Online Bill-pay

Pay your monthly invoice quickly and securely.

Dental Benefits: Eligibility and Enrollment

As the Plan Administrator, you may already be familiar with some of our guidelines for enrolling your company or group in Delta Dental. However, there are some additional guidelines, such as ongoing group participation requirements, that you may want to refer to from time to time. This section highlights a few of these key underwriting areas for participation, member eligibility, and retroactivity.

Participation Requirements refer to the number of employees who enroll in the plan compared to the number of employees who are eligible to enroll, excluding those employees with other coverage (e.g. spouse's plan, other employer group).

The group's eligibility requirements and enrollment may be reviewed and audited at least once each year—typically prior to the renewal date—to ensure compliance with these requirements.

Please note: If an employee has dental coverage elsewhere (e.g. through a spouse), that employee may be eliminated from the calculation of the total eligible population.



Who Can Enroll?

Active Employees: All active employees who are eligible for your group's benefits program and for whom the company contributes all, some, or none of the premium charge are eligible for membership in your group's dental benefits plan. Active employees—including owners, partners, and corporate officers—must regularly work 30 or more hours per week and be on the company's payroll. Only employees (and their family members, if your company has family coverage) are eligible for coverage.

Dependents: Your plan's family coverage includes the following dependent categories:

- The employee's legal spouse
- Children by birth, step-children, or legally adopted children to age 26
- Children over 26 who are mentally or physically incapable of earning their own living (proof of which must be on the file with Delta Dental of Tennessee).
- Divorced spouses in accordance with applicable federal and state law. In the case of remarriage, the ex-spouse can no longer be covered under the family plan.

When Coverage Begins

Please review the Certificate of Coverage for your group's eligibility period (this is in accordance with the contract).

If any employees or eligible dependents do not enroll when they are first eligible, they must wait to apply until the next open enrollment period scheduled for your company or when a qualifying event occurs.

Qualifying Events

The monthly premium rates have been developed assuming all members have committed to a 12-month enrollment period. For a new enrollee to join the program or make a status change, the member must meet an industry-accepted qualifying event.

Qualifying Events include:

- New Hire
- Marriage or Divorce
- Birth, Adoption, Change of Custody
- Workers' Compensation
- Family Medical or Disability Leave
- Spouse's Loss of Coverage
- Full Time/Part Time Status Change
- Death of a Member



Rejoining the Plan

An enrolled member who voluntarily cancels membership in the group may not re-enroll in that group until the first open enrollment *following 12 months without coverage*. The re-enrollment must occur on the group's anniversary or open enrollment unless a qualifying event occurs.

When Coverage Ends

Coverage ends on the last day of the month in which the group notifies us that coverage is cancelled by completing the applicable form or online transaction.

Please review your contract for detailed participation, enrollment and re-enrollment requirements.

Member Retroactivity

Retroactivity occurs when we are notified of an addition, change or termination after the requested effective date has occurred.

Additions: Member additions are made on the first day of the month or as your contract allows.

Terminations: Member terminations take effect on the first day of the month following the last date of coverage or as your contract allows. The maximum credit that can be given is 90 days, provided there are no claim(s) paid on the member during this period. If a claim(s) has been paid, the termination will take effect on the last day of the month in which the claim(s) was paid.

Example: On July 8th, you request a retroactive termination effective July 1st. However, the member went to the dentist on July 6th and a claim was submitted and paid. As a result, the member's coverage will be cancelled effective August 1st.

Verifying Eligibility Information

With our streamlined administration, the same eligibility records are used for both claims processing and monthly billings. This means there is no discrepancy between the two functions and that corrections and updates need only be made once. In addition, a complete Subscriber List (there is a list for each of your sub-groups) is available online through e-Billing. You can also request this listing by fax.

The Subscriber List displays all employees who are eligible to receive dental benefits and the type of coverage. Review these lists carefully to ensure that the information is correct.

Filling out the Enrollment/Change Form

Enrollment forms need to be completed for new hires. Please see page 12 for a sample of an enrollment form.

When adding a dependent, terminating a dependent, changing an address or terminating the subscriber, please complete a change form. Please see page 13 for a sample of a change form.

ID Cards

Delta Dental automatically issues identification cards (ID cards) for all employees covered under your plan. ID cards are mailed to each enrolled employee's home address and should be received within 7 to 14 days after their enrollment is completed.

The front of each ID card contains your Company's name, your Delta Dental group number, and the Subscriber's name. The back of the card indicates how to contact Delta Dental and outlines claim filing instructions. Please see page 21 for a sample of an ID Card. Your employees should always present their ID card when they visit a dentist outside of the state of Tennessee.

Employees may replace a lost ID card by printing a paper copy from the Consumer Toolkit at www.DeltaDentalTN.com/consumertoolkit. Or, they may contact Customer Service at (800) 223-3104 to request that a new card be mailed to them.

Coordination of Benefits

To enhance benefits and prevent duplication of coverage, Delta Dental coordinates benefits for members covered under a second insurance policy (e.g. through a spouse's plan). This process is known as Coordination of Benefits (COB).

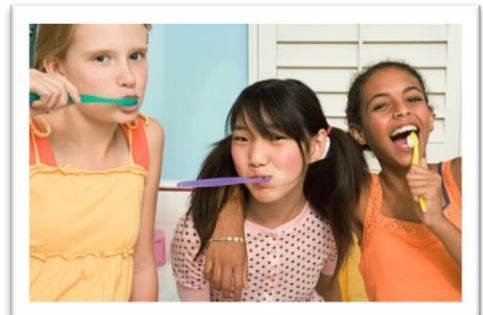
A document with additional information about Coordination of Benefits is included on page 11 of this manual. *Please check your contract to see if your company allows COB.*

Delta Dental's rigorous performance of dental benefits coordination during claims processing is designed to help your company and its employees control dental care costs. Delta Dental handles COB in accordance with industry standards. We use the "Birthday Rule" when dependent children are covered by both parents' dental plans. The Birthday Rule means covered dependent children are generally covered first (primary) by the plan of the parent whose birthday occurs earlier in the year.

COBRA

How is COBRA processed?

Delta Dental does not administer COBRA. The group must pay all premiums. Delta Dental does not accept personal checks from the COBRA participant.



Billing

Your coverage with Delta Dental of Tennessee is a prepaid benefits plan with premiums due on the first of the month. You can choose to receive your monthly invoice (no billing detail) by mail or email. To view a complete statement including billing details like subscriber listings, you can sign up for e-fax or log in to e-Billing. A sample invoice is included on pages 16-17 of this manual.

For assistance with your billing statement, e-Billing, or Online Bill-pay please contact Billing at (615) 255-3175 x.6585.

e-Billing

Signing up for e-Billing gets you faster, more secure access to your monthly invoice and billing detail. If you do not currently have e-Billing access, but are interested in enrolling, complete the included e-Billing form on page 18 and send it to your Account Manager. Complete PART I of the form to receive an emailed invoice only. Complete PART I and PART II to receive an emailed invoice and be able to log in to view complete billing information.

The monthly billing process starts around the 17th of each month. Once the statement is created and available for online access, an email will be sent to the user who has enrolled in e-Billing. The email will include a PDF of the invoice and a link to log in to e-Billing to view complete billing information.

At the e-Billing login page, the user will enter the chosen User ID and the Password provided by Finance.

The login information is typically created at the initial group implementation or when the e-Billing access is requested. If you are unsure of the User ID or Password, contact your Account Manager.


The image shows an email notification from Delta Dental of Tennessee and a screenshot of the e-Billing login page. The email, titled "11000 - Your Delta Dental of Tennessee invoice is now available!", is dated Sat 4/17/2014 7:14 AM and is addressed to Tennessee Company ABC. It includes a PDF attachment for the invoice. The login page, titled "Resource Center", features the Delta Dental logo and a "Billing Information" section. It informs Jane Smith, Tennessee Company ABC, group 00000000, that a new bill is available for review for April 17, 2014. A "Login to retrieve your bill now" link is provided. Below this, a "Payment Address" section lists the company's contact information. The login form itself is titled "Client Resources" and asks for an Account Name (Jane Doe) and Password. A "Login" button is present. A "New Users!" section provides contact information for the Finance Department. The footer includes copyright information for 2012 and a link to frequently asked questions.

11000 - Your Delta Dental of Tennessee invoice is now available!
Delta Dental of Tennessee
Sent: Sat 4/17/2014 7:14 AM
To: Tennessee Company ABC
Cc:
Message 20140417-0000-00000000-11000-E-Billinginvoice.pdf (42 KB)

DELTA DENTAL Billing Information

Your Online Bill is Now Available

JANE SMITH, TENNESSEE COMPANY ABC, group 00000000, has a new bill available to review for April 17, 2014. Click the link below to retrieve your online billing.


[Login to retrieve your bill now](#)

Thank you for choosing Delta Dental of Tennessee! If you need assistance, please contact us at 888-281-9396 x6585.

Payment Address
Delta Dental of Tennessee
P.O. Box 305172
Dept. 35
Nashville, TN 37230-5172
888.281.9396 x6585
www.deltadentaltn.com

DELTA DENTAL Resource Center

Client Resources

Please enter your Account Name and Password:

Account Name:


Password:

New Users!
If you would like to view your bill online or download enrollment forms, please contact our Finance Department at 888-281-9396 X 298.

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For more information regarding the Michigan Tax, please see our [frequently asked questions](#).

Login – After you have successfully logged in, the Account Selection page will be displayed. Here you will click on the link with your group name, where SAMPLE GROUP 2012 is indicated below.

 **DELTA DENTAL**

Resource Center

Current Location: [Delta Dental TN](#) > [Electronic Administration](#)

Account Selection

Please click on the Account Description below to start working with that Account:

Master Account	Group Number	Account Description
3345000	TN057100001	SAMPLE GROUP 2012


Accounts 1 to 1 of 1

1

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For more information regarding the Michigan Tax,
please see our [frequently asked questions](#).

Access Options – The following screen will allow you three separate access options. To view your billing statement, you will click the option titled [E-Billing](#).

 **DELTA DENTAL**

Resource Center

Current Location: [Delta Dental TN](#) > [Title](#) > [Electronic Administration](#)

Sample Group 2012 ExtraNet

Welcome Sample Group 2012, Group Number TN057100001

You have access to the following options:

[E-Billing](#): View, print, or download your current and previous months' billings.

[E-Forms](#): Print or download Claim, Enrollment or Change Forms.


[E-Documents](#): Print or download your group's Summary Plan Description (SPD) or Administrative Manual.

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For more information regarding the Michigan Tax,
please see our [frequently asked questions](#).

Document Format Options – Billing statements are typically available in both .xls spreadsheet and PDF document formats. However, the PDF version is the most frequently used format.

On the final screen, as shown below, you have the option to choose the format that you prefer. Simply click on the appropriate document link to open the document.

 **Resource Center**


Current Location: [Delta Dental TN](#) > [Title](#) > [Electronic Administration](#)


E-Billing

Welcome Sample Group 2012, Group Number TN057100001

[View Archived Files](#)

You have the following files:
Click on the File Name link below to display that file

 [20120517-1523-0000000-0000000-Extract.XLS](#)

 [20120517-1523-0000000-0000000-E-Billing.pdf](#)

Showing files 1 to 2 of 2

1

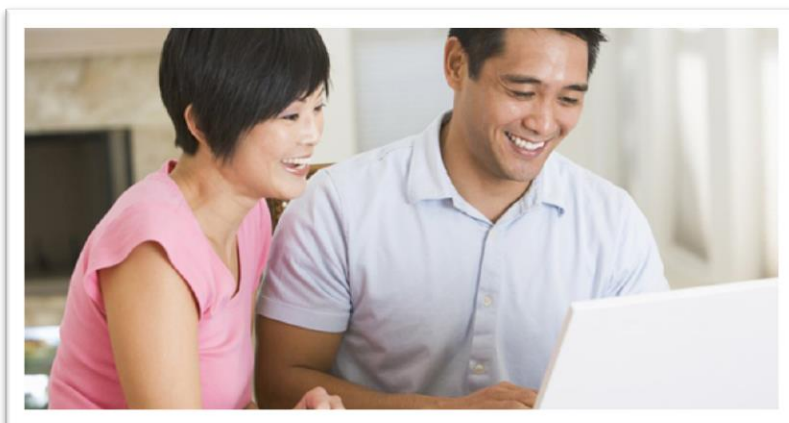
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All Rights Reserved.

For more information regarding the Michigan Tax,
please see our [frequently asked questions](#).

Online Bill-pay

Online Bill-pay is a new feature that allows you to pay your monthly invoice quickly and securely through our bank's online portal. There is a \$3.00 processing fee per transaction, but there is no sign-up process and all you need to make a payment is your group number and a Visa, MasterCard, or checking account.

To make an online payment, go to www.DeltaDentalTN.com/OnlineBillPay. Go to page 19 of this manual for step-by-step instructions.



Claims

One of the most significant benefits to Delta Dental of Tennessee members is that they do not have to file claims when using participating dentists. Participating dentists file claims directly with Delta Dental.

When seeing a non-participating dentist, members may need to submit a claim form to Delta Dental.

Claim Filing

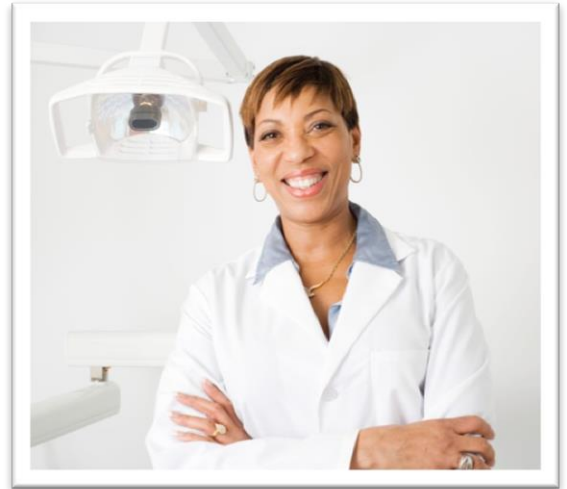
You can find a claim form on our website at www.DeltaDentalTN.com under the Employer Resources Section.

For services performed by a participating dentist

As a member of Delta Dental, your employees enjoy distinct advantages when they visit a participating dentist. The dentist agrees to accept our payment as payment in full—minus any applicable deductibles or coinsurance—and your employees are protected against being billed for any remaining balance. A participating dentist will also file your employees' claims directly with us and handle all of the paperwork.

How it works:

1. The member presents his or her ID card at the dentist's office.
2. The dentist contacts Delta Dental to verify eligibility and benefits.
3. Once treatment is rendered, the dentist files a claim directly with Delta Dental.



For services rendered by non-participating dentists

Non-participating dentists may require the member to file their own claims. To file a claim, members will need to do the following:

1. Download a Claim Form from the Consumer Toolkit.
2. Follow the completion instructions on page 2 of the downloaded document.
3. Review the form to make sure that all required information is provided and that dentist and member/patient signatures are included.
4. Mail the completed Claim Form and any other applicable attachments to:

Delta Dental of Tennessee
240 Venture Circle
Nashville, TN 37228

All claims must be submitted within 15 months of the date of service.

Payment for claims submitted by participating providers will be paid directly to the dentist.

Claim payment for claims submitted by a non-participating dentist will be issued to the subscriber. (The only exception is when state law mandates assignment of benefits or if the group contract specifies assignment of benefits).

When payment is issued to the member, it is the member's responsibility to pay the dentist. If the dentist is non-participating, *the member is responsible for the difference between the dentist's full charge and the Delta Dental payment, plus any applicable coinsurance, deductibles, etc.*

Members receive an Explanation of Benefits form for services rendered by both participating and non-participating dentists.

Explanation of Benefits

The Explanation of Benefits (EOB) is used to inform the subscriber when a claim is processed. The EOB also indicates the total charges for the services rendered by the dentist, as well as any amount payable by the employee for deductibles, coinsurance, and charges for non-covered services.

A *Claim Payment Statement* is also sent to the participating dentist who performed the treatment. The Claim Payment Statement includes the same information as the patient's EOB.

A document with additional information about the Explanation of Benefits is included on pages 22-25 of this manual.



Pre-treatment Estimates

For certain services (e.g. crowns, bridges, Periodontics, orthodontics), participating dentists are encouraged to submit a pre-treatment estimate (*aka predetermination*) to Delta Dental. This provides members with an estimate of the total cost of services and the members' out-of-pocket expenses before services are performed. It is important that your employees are aware of this. To help ensure that the process does not unnecessarily delay the delivery of services, Delta Dental quickly responds to pre-treatment estimates submitted by dentists. In addition, Delta Dental encourages members to ask their dentist

to file a pre-treatment estimate when the cost of the treatment is expected to exceed \$250.

Once the estimate is reviewed, a Predetermination Notice (Pre-Treatment Estimate) form is sent to both the member and the dentist describing the procedures that are covered or not covered. It also estimates how much Delta Dental will pay the dentist and any cost sharing the member will incur. *The Pre-Treatment Estimate is not a guarantee of payment.* Payment determination is made at the time that the actual claim for services is processed. It is based upon eligibility and subject to the applicable coinsurance, deductible and calendar year maximum.

If the patient proceeds with the estimated treatment, the date of service should be added to the Predetermination Notice form and submitted as the claim for payment.

Appealing a Claim

If a payment for services was denied, the EOB will give the reason. If the subscriber disagrees with the denial, he or she may appeal the denial by submitting request in writing asking that the claim be reviewed. Such requests should include the reason why the subscriber believes the claim was wrongly denied. The request must be received by DDTN within 180 days of the subscriber's receipt of the EOB. Upon receipt, DDTN will review the appeal and may ask for more documents if needed. Unless unusual circumstances arise, a decision will be sent to the subscriber within 30 days after DDTN receives the request for review.

If the subscriber does not agree with the first level review decision, he or she may refer the request for review to the Professional Relations Advisory Committee of Delta Dental. This second level review request must be in writing and received by Delta Dental within a reasonable time after the subscriber receives the first level review decision. Unless unusual circumstances arise, a decision will be sent to the subscriber within 30 days after Delta Dental receives the request for second level review.

If the subscriber does not agree with the second level review decision, he or she may file civil action in court.

Health and Wellness

Why Dental Benefits?

A healthy smile is important—not only to oral health, but for overall health, too. Did you know a dentist can detect more than 120 symptoms of non-dental diseases—including cancer, diabetes, heart disease, kidney disease, and osteoporosis—during a routine oral exam? A dentist may be the first line of defense in diagnosing health problems that could be more costly in the long run.

Having dental coverage helps members get the care they need to stay healthy. It also can help keep overall health care costs down. After all, good health starts with a healthy smile!

We offer several health and wellness publications that will help your employees understand the need for dental benefits. You can find the downloadable documents on our website in the Resource Library.



Contact Information

We have dedicated account service representatives available to assist you with all of your dental benefit needs, including billing inquiries. The name and contact information for your representative is included on your Welcome Letter.

Employees who need assistance may contact our Customer Service department at (800) 223-3104, Monday through Friday from 7:00 AM to 5:00 PM (CST).

Our website, www.DeltaDentalTN.com, also provides access to our Dentist Search, Consumer Toolkit, Benefit Manager Toolkit, Wellness information, and more.



About Delta Dental of Tennessee

Delta Dental of Tennessee is the state's largest independent dental benefits carrier with nearly 1.3 million lives covered. As part of the Delta Dental Plans Association, Delta Dental of Tennessee members have access to the largest dental network in the nation with more than 154,000 providers serving more than 332,000 locations. With the simple mission of ensuring healthy smiles, Delta Dental of Tennessee works hard to help members of the communities it serves. Along with its philanthropic corporate foundation, Smile180, Delta Dental of Tennessee donated \$5.2 million to over 110 organizations in 2018, along with 2,378 volunteer hours spent in the community from employees.

www.DeltaDentalTN.com

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