



**Veterans Affairs Dental Insurance Program
(VADIP)**

 **DELTA DENTAL**[®]

deltadentalvadip.org



Introduction

We value the service you have provided to our country and now we have an opportunity to serve you. For the first time in history, the U.S. government has authorized a national dental insurance program for Veterans enrolled in VA healthcare and individuals enrolled in VA's Civilian Health and Medical Program (CHAMPVA). It's our goal to provide you with a dental benefits program that provides the best value and best service available.

Delta Dental's Veterans Affairs Dental Insurance Program (VADIP) offers enrollment in the new program beginning November 15, 2013 with coverage starting January 1, 2014.

The information in this brochure will introduce you to the three plans offered under Delta Dental: Standard, Enhanced and Comprehensive. You will also find how to verify if you are eligible for the program, cost by plan, a description of the service area that provides you broad access to care, the advantages of selecting an in-network dentist and, most importantly, how to enroll in VADIP.

Eligibility

Eligible VADIP beneficiaries include:

- Any Veteran enrolled in VA healthcare
- Any individual enrolled in VA's Civilian Health and Medical Program (CHAMPVA)

Dependents who do not qualify as a CHAMPVA beneficiary are not eligible.

To enroll in VA health care or for VADIP eligibility questions, visit the Veterans Affairs website at www.va.gov/healthbenefits or call 877-222-VETS (8387).

To enroll as a CHAMPVA beneficiary, visit the CHAMPVA website at www.va.gov/hac/forbeneficiaries/champva/champva.asp or call 800-733-8387.



Service Area

Covered services under VADIP are offered nationwide in all 50 U.S. states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

Cost

Delta Dental's VADIP has been designed to provide you with complete dental benefits at an affordable cost. Monthly premium amounts will vary depending on where you live and the number of CHAMPVA members you elect to enroll. Premium rates may change annually. To find the current premium rate for your region, please visit our website at deltadentalvadip.org and access the rate calculator.

Plan Summary of Coverage

The following chart depicts the three plans offered to you under Delta Dental. When treatment is provided in-network by a Delta Dental PPO network dentist (DPO in Texas) your cost shares will be substantially lower. Your total out-of-pocket costs will increase when your care is provided by an out-of-network dentist.

Plan Summary of Benefits by Network Percentage

Standard		
Delta Dental Pays:		
Service	In Network	Out of Network
	Year 1+	
Diagnostic ¹	100%	80%
Preventive ¹	100%	80%
Basic Restorative	50%	30%
Major Restorative ²	NAB	NAB
Endodontics	NAB	NAB
Periodontics	NAB	NAB
Oral Surgery ^{2,3}	50%	30%
Prosthodontics ²	NAB	NAB
General Services	NAB	NAB
Orthodontics ⁴	NAB	NAB
Deductible	\$50	\$50
Annual Maximum	\$500	\$500

- 1 The deductible is waived for diagnostic and preventive services under the Enhanced plan; under the Comprehensive plan the deductible is waived for diagnostic and preventive services for out-of-network and there is no deductible in-network.
- 2 The waiting period is 12 months for major restorative, oral surgery and prosthodontic services under the Comprehensive plan. All covered services under the Standard and Enhanced plans are available in Year 1.
- 3 Simple extractions are the only services covered as oral surgery under the Standard and Enhanced plans, and the only services covered in the first 12 months under the Comprehensive plan.
- 4 Orthodontia is not a benefit (NAB) under all plans.

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Plan Summary of Benefits by Network Percentage (Continued)

Enhanced		
Service	In Network	Out of Network
Diagnostic ¹	100%	80%
Preventive ¹	100%	80%
Basic Restorative	50%	30%
Major Restorative ²	NAB	NAB
Endodontics	50%	30%
Periodontics	50%	30%
Oral Surgery ^{2,3}	50%	30%
Prosthodontics ²	NAB	NAB
General Services	NAB	NAB
Orthodontics ⁴	NAB	NAB
Deductible	\$50 ¹	\$50 ¹
Annual Maximum	\$1,000	\$1,000

- 1 The deductible is waived for diagnostic and preventive services under the Enhanced plan; under the Comprehensive plan the deductible is waived for diagnostic and preventive services for out-of-network and there is no deductible in-network.
- 2 The waiting period is 12 months for major restorative, oral surgery and prosthodontic services under the Comprehensive plan. All covered services under the Standard and Enhanced plans are available in Year 1.
- 3 Simple extractions are the only services covered as oral surgery under the Standard and Enhanced plans, and the only services covered in the first 12 months under the Comprehensive plan.
- 4 Orthodontia is not a benefit (NAB) under all plans.

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Plan Summary of Benefits by Network Percentage (Continued)

Comprehensive				
Service	In Network		Out of Network	
	Year 1	Year 2+	Year 1	Year 2+
Diagnostic ¹	100%	100%	80%	80%
Preventive ¹	100%	100%	80%	80%
Basic Restorative	60%	60%	40%	40%
Major Restorative ²	NAB	50%	NAB	30%
Endodontics	50%	50%	30%	30%
Periodontics	50%	50%	30%	30%
Oral Surgery ^{2,3}	50%	50%	30%	30%
Prosthodontics ²	NAB	50%	NAB	30%
General Services	50%	50%	30%	30%
Orthodontics ⁴	NAB	NAB	NAB	NAB
Deductible	\$0	\$0	\$50 ¹	\$50 ¹
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500

- 1 The deductible is waived for diagnostic and preventive services under the Enhanced plan; under the Comprehensive plan the deductible is waived for diagnostic and preventive services for out-of-network and there is no deductible in-network.
- 2 The waiting period is 12 months for major restorative, oral surgery and prosthodontic services under the Comprehensive plan. All covered services under the Standard and Enhanced plans are available in Year 1.
- 3 Simple extractions are the only services covered as oral surgery under the Standard and Enhanced plans, and the only services covered in the first 12 months under the Comprehensive plan.
- 4 Orthodontia is not a benefit (NAB) under all plans.



Enrollment

Enrollment in VADIP is voluntary. Each new subscriber electing to enroll must fulfill an initial enrollment period of 12 consecutive months. After the initial 12-month period, you can continue your enrollment on a month-to-month basis as long as you remain eligible for coverage. There is a grace period of 30 days from your coverage effective date during which you may rescind your enrollment agreement without any further obligation, provided you have not used any program services during that time. If you do not exercise your option to rescind within the 30-day grace period, you must remain enrolled in the program for the duration of the initial 12-month period without further opportunity for voluntary disenrollment.


A one-month premium prepayment is required at the time of enrollment to ensure you receive benefits the first day your coverage becomes effective.

Coverage will begin on the first day of the month following the receipt and acceptance of your enrollment application and one-month premium prepayment.

There are two ways to enroll in VADIP:

1. Enroll online at deltadentalvadip.org. We accept Visa[®], MasterCard[®] or Discover[®] for the first month prepayment.
2. Complete and return a paper enrollment application with your check, money order or credit card payment information.

Once your enrollment is processed, we will send you a welcome packet that explains the plan you have chosen: Standard, Enhanced or Comprehensive. As a VADIP subscriber, you do not need an enrollment card when visiting a Delta Dental PPO dentist. Simply provide your social security number so the dental office can use that information to verify your enrollment and benefits.





Dentist Network


To save you the most money on your dental care, Delta Dental's VADIP offers an expansive network of over 200,000 dentist locations nationwide — our in-network is the Delta Dental PPO network (DPO in Texas). Our network dentists have agreed to provide your dental care at reduced fees, to prepare and submit all claims paperwork, and to accept payment directly from Delta Dental.

Having treatment provided by an out-of-network dentist will most likely increase your out of pocket costs, not just in your total cost share but also in the reduction of your annual maximum. Payment for services performed by out-of network dentists are paid at a lower percentage than the in-network percentage, leaving you with a higher copayment and a greater dollar amount applied to your annual maximum. Additionally, you will be responsible for paying your copayment as well as any difference between the plan allowed amount and the dentist's approved amount.

Convenient Online Services

Once you're enrolled in Delta Dental's VADIP, you'll be able to register to use the online Consumer Toolkit® where you can verify enrollment, manage your benefits, download claim forms, view benefit statements, and print a program enrollment card. In addition to the Consumer Toolkit, the website also provides program news and a Dentist Directory directory with multiple search functions, and much more!

All of this and much more is available online, at your convenience, at deltadentalvadip.org.



Contact Us

Customer Service

For online inquiries: deltadentalvadip.org

855-370-3303

Monday through Friday excluding holidays

8:00 a.m. to 8:00 p.m., Eastern Time

Correspondence

Delta Dental of California

Federal Government Programs

PO Box 537013

Sacramento, CA 95853-7013

Claims

Delta Dental of California

Federal Government Programs

PO Box 537009

Sacramento, CA 95853-7009

Appeals

Delta Dental of California

Federal Government Programs

PO Box 537015

Sacramento, CA 95853-7015

VADIP is administered and underwritten by Delta Dental of California through its subsidiary, Delta Dental Insurance Company.