

# Delta Dental

The University of Mississippi offers dental benefits through enrollment with Delta Dental Insurance Company. Two plan options are available: low option and high option. Both options offer similar benefits for diagnostic/preventive, basic and major services. Assigned co-insurance, annual limits, and monthly premiums will vary depending on the option elected. A brief overview of each option is provided in the following benefits summary with more detailed description of benefits is available in the dental plan brochure which can be accessed at <http://hr.olemiss.edu/dental/>.

## Coverage Options & Premiums

The following features are available under both options:

- SEE ANY DENTIST
- \$50 DEDUCTIBLE/MEMBER/CALENDAR YEAR / \$150 FAMILY DEDUCTIBLE/CALENDAR YEAR
- WAIVER OF WAITING PERIOD WITH PROOF OF PRIOR COVERAGE
- DIAGNOSTIC AND PREVENTIVE SERVICE (D&P) PAID AT 100% OF USUAL AND CUSTOMARY RATES (NOT SUBJECT TO DEDUCTIBLE) WHEN USING PPO OR DELTA PREMIER DENTIST (A LIST OF PROVIDERS IS AVAILABLE @ [www.deltadentalins.com](http://www.deltadentalins.com)).

### Low Plan Option

The low option may be appropriate for employees who require minimal dental services. This option offers benefits with lower co-insurance for basic and major services at a lower monthly premium. Please note orthodontic benefits are unavailable.

<i>Benefits Summary</i>	<b>Co-insurance Payable on the UCR</b>
<b>Basic Diagnostic and Preventative Benefits:</b> Procedures to assist the dentist in determining required dental treatment (oral examinations, x-rays, emergency office visits); prophylaxis (cleaning); topical application of fluoride solutions and space maintainers twice a year.	100% (No Deductible)
<b>Restoration, Denture Repairs, and Other Basic Services:</b> Amalgam, synthetic porcelain, fillings, procedures for the repair of partial or complete dentures and sealants, oral surgery, and general anesthesia when administered by a dentist for a covered oral surgery procedure.	50% After Deductible
<b>Periodontics/Endodontics, Crowns/Prostodontics:</b> 12-month waiting period Treatment of gums supporting the teeth and the treatment of tooth pulp/root canal therapy. Crowns and cast restoration for treatment of carious lesions when teeth cannot be restored with amalgam, synthetic porcelain or plastic restorations; and procedures for construction of fixed bridges, partial or complete dentures and repair of fixed bridges.	25% After Deductible
<b>Orthodontic Benefits:</b>	Not available

<b>Calendar year maximum:</b>	Per patient	\$1,000
<b>Monthly Rates:</b>	<u>12-Month</u>	<u>9-Month</u>
Individual	\$28.81	\$38.42
Family	\$60.12	\$80.16

**High Plan Option**

The high option offers benefits to employees with a greater need for major dental work or orthodontic benefits.

<b><i>Benefits Summary</i></b>	<b>Co-insurance Payable on the UCR</b>
<b>Basic Diagnostic and Preventative Benefits:</b> Procedures to assist the dentist in determining required dental treatment (oral examinations, x-rays, emergency office visits); prophylaxis (cleaning); topical application of fluoride solutions and space maintainers twice a year.	100% (No Deductible)
<b>Restoration, Denture Repairs, and Other Basic Services:</b> Amalgam, synthetic porcelain, fillings, procedures for the repair of partial or complete dentures and sealants, oral surgery, and general anesthesia when administered by a dentist for a covered oral surgery procedure.	80% After Deductible
<b>Periodontics/Endodontics, Crowns/Prostodontics: 12-month waiting period</b> Treatment of gums supporting the teeth and the treatment of tooth pulp/root canal therapy. Crowns and cast restoration for treatment of carious lesions when teeth cannot be restored with amalgam, synthetic porcelain or plastic restorations; and procedures for construction of fixed bridges, partial or complete dentures and repair of fixed bridges.	50% After Deductible
<b>Orthodontic Benefits: children under age 19 (12-month waiting period)</b>	50% After Deductible

<b>Calendar year maximums:</b>	Per patient	\$1,500
	Lifetime Orthodontic-per patient	\$1,200
<b>Monthly Rates:</b>	<b><u>12-Month</u></b>	<b><u>9-Month</u></b>
Individual	\$41.57	\$ 55.42
Family	\$86.49	\$115.32

Upon completing Open Enrollment, save changes, and review the ***Benefits Summary*** for accuracy. Your online election is your official election. You do not have to submit a ***Consolidated Enrollment Form*** nor a ***Benefits Summary*** to Human Resources.

All coverage changes become effective January 1, 2021.

Coverage that is active on 12/31/2020 will continue at the same level for plan year 2021 in the absence of an open enrollment election/change.

**IMPORTANT: PLEASE READ AS ACTION MAY BE REQUIRED.**

- In order to be in compliance with Form 1095-C and Affordable Care Act requirements, please verify that all names, social security numbers and dates of birth are correct for any family members who are currently enrolled or will be enrolled in an insurance plan. This information can be accessed under the 'Employee' tab and then by clicking the MyHRtools drop down box and selecting Open Enrollment Step 1: Update Beneficiaries / Dependents. If any information is incorrect, please update.
- When enrolling eligible dependents on an insurance plan, a copy of the dependent's Social Security Card **MUST** be provided to the Human Resources office. Furthermore, all listed names on insurance applications must be listed as a legal name, nicknames are not permitted.
- In order to ensure the accuracy of W-2 processing for 2020, please verify all contact information (address, phone number etc.) within myOleMiss. This can be accessed under the 'Employee' tab and then by clicking the MyHRTools drop down box and selecting Address & Communication Preferences. If any information is incorrect, please update accordingly. Please note that updating your contact information within myOleMiss will only update your address with the University, and does not update your contact information with insurance vendors. Please also complete a **Benefits Information Change** form to update your information with each respective vendor and submit the form to Jackson Avenue Center – Central or fax to 662-915-5836. When changing your contact information within myOleMiss, a link to this form will populate on the right side of the screen. You may also access the form via the following link. <http://hr.olemiss.edu/benefits/forms/>.