

## **THE DMO**

The **DMO** offers dental services through participating personal and specialty dentists. The **DMO** covers almost all the same services as the **Traditional option**, with these added features when you use a **DMO** participating personal or specialty dentist:

- There is no annual benefit maximum or deductible.
- You generally pay less for Type B and Type C other **covered** services than you would under the **Traditional option**.
- You do not need to file claim forms.

Employees enrolled in the **DMO** should refer to their certificate for further details.

### ***Electing DMO Coverage***

To participate in the **DMO**, you must enroll by contacting the **Claims Administrator** (see "Important Contacts"). You will be sent a directory listing of **DMO** participating personal and specialty dentists for your area.

You and your **covered dependents** can select the same or different providers, but to receive maximum benefits each person should go to their personal **DMO** dentist.

If you go to a non-participating dentist after you enroll in the **DMO**, your benefit generally will be lower since it will be limited to a specific dollar amount (see "Appendix B"). In addition, you will have to pay an annual deductible (which applies to each person **covered** under the **DMO** who uses a non-participating dentist). The deductible is \$100 in most states (although a \$0 deductible applies for Pennsylvania residents and a \$500 deductible applies for Massachusetts residents).

Non-participating benefits are not available in California, New Jersey and Texas, except in certain emergency situations. Massachusetts' benefits vary from the schedule (see "Appendix B").

### ***Planning Your Care***

Your participating personal dentist will provide all basic dental services and, if you need specialty services, must arrange for a specialist. You may self-refer to a participating **DMO** orthodontist without an initial consultation with your primary care dentist or a referral to obtain services.

### ***Changing Your Personal DMO Participating Dentist***

You may change your personal **DMO** dentist at any time by calling the **Claims Administrator** (see “Important Contacts”). If you call by the 15th of the month, the change will take effect on the first day of the next month.

### ***Services Covered Under the DMO***

See “Appendix B” for a list of eligible expenses **covered** under the **DMO** and the corresponding benefits.

### ***Services Not Covered Under the Dental Plan***

See “Appendix C” for a list of expenses not **covered** under the Dental Plan.

### ***Emergency DMO Care***

Emergency care consists of dental services provided by any licensed dentist, other than your personal dentist, more than a 50 mile distance from where you live. To qualify for payment under the **DMO** when you see a dentist other than your participating personal or specialty dentist, the services must be necessary to relieve pain or to prevent the worsening of the condition. The 50 mile distance rule does not apply to residents of Texas.

### ***DMO Coverage for Orthodontia***

When you use a **DMO** participating specialist for orthodontic treatment, the **DMO** covers 50% of eligible charges with no maximum. Orthodontic treatment from a non-participating specialist has a \$1,000 lifetime maximum.

There is an exception for Massachusetts’s residents, for whom the **DMO** covers 30% of eligible charges after a \$1,000 deductible with no maximum.

Coverage is limited to one complete course of treatment in a lifetime for procedures that are required to correct:

- Faulty position of teeth (malposition), or
- Abnormal bite (malocclusion).

The orthodontist is paid directly. You are responsible for the copayment.

### **Orthodontic Treatment Plan**

Orthodontia services must be approved prior to beginning treatment. Your dentist should submit a treatment plan including:

- A description of the recommended treatment,
- An estimate of how long the care will last,
- The cost, and
- Supporting X-rays, study models and other evidence.

The treatment plan will be reviewed and your dentist will be notified as to what benefits will be paid.

### **DMO Benefits**

The **DMO** provides coverage for services of participating personal and specialty dentists with no deductible, as follows:

<b>Categories of Services</b>	<b>Percent of Eligible Charges Covered by the DMO</b>	<b>Amount You Pay (Your DMO Copayment)</b>
Basic Services – Type A and Type B	100%	0%
Basic Services – Type C	75%	25%
Specialty Services – Type A	100%	0%
Specialty Services – Type B and Type C	75%	25%
Orthodontia Services	50%	50%

### **Your Share of Eligible Expenses**

The **DMO** makes payments directly to personal and specialty dentists according to pre-negotiated fee schedules. You are responsible for any copayments required by the **DMO**. The copayment is determined by applying the copayment percentage to the personal or specialty dentist's usual fee, as approved by the **Claims Administrator** (see "Important Contacts"). (If the dentist is paid on a discounted fee-for-service basis, then that discounted fee is also used to determine your copayment.)

See “Appendix B” for a list of the services **covered** under the **DMO**. If a service is not listed in the Appendix, but the Dental Plan does cover a service that is equally suitable for the condition being treated, then the Dental Plan will provide an alternate benefit for that service. If you wish to have the non-covered service provided instead of the alternate service, you will be responsible for any charges in excess of the charge that would have applied for the alternate service. If there is no alternate service, you will be responsible for the full cost of treatment for any non-covered service.

See “Appendix C” for a list of the services not **covered** under the **DMO**.