

Dental...

the right coverage for you.

This brochure provides a brief description of the dental benefits offered from Delta Dental Insurance Company.

This program is offered exclusively to Georgia Farm Bureau Members at competitive pricing.

To locate a Delta Dental PPO or Delta Dental Premier® dentist, visit our web site at www.gfbdental.com or ask your dentist if he/she is a Delta Dental dentist. Merely asking if they “accept Delta Dental” does not guarantee that they are a Delta Dental dentist. It simply means they will file your claim for you, so be sure to ask your dentist if he/she is a “participating Delta Dental PPO or Delta Dental Premier dentist.”

How to enroll:

Enroll at www.gfbdental.com or at your local County Farm Bureau office.

Eligibility:

- Resident of Georgia
- Maintain membership in Georgia Farm Bureau Federation.

Method of payment:

Monthly bank draft or monthly credit card billing



Farm Bureau Dental

www.gfbdental.com

*For more information please contact
your local Farm Bureau Agent*



Delta Dental Insurance Company
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009

Customer Service: 1-800-521-2651

Claims Address:
Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809
www.deltadentalins.com

Ask your local Farm Bureau agent for more information on other products available.

**Visit us online at:
www.gfb.org**

This brochure is not an insurance policy. It provides only a general description of the dental plan. The actual group Contract contains the specific details of the coverages, conditions and exclusions.

Farm Bureau Dental



Something
to be *happy*
about...



Coverage for the whole family.



As a member of the Georgia Farm Bureau, you are eligible to enroll in our Delta Dental PPO/MPA group dental plan. This program is offered exclusively to Georgia Farm Bureau members at competitive pricing.

The Delta Dental PPOSM/MPA program allows you the freedom to visit any licensed dentist. It is to your advantage, however, to use a Delta Dental PPO dentist because he/she will:

- Provide treatment to you at reduced fees, which means your share of the bill will usually be lower;
- Not bill you above Delta Dental's approved amount;
- Submit all claims directly to Delta Dental;
- Only charge you the patient's share at the time of treatment. (Many non-Delta Dental dentists require you to pay all of the costs up front and wait for reimbursement.)

Your Delta Dental PPO/MPA plan design is based on the following reimbursement:

- Delta Dental PPO dentists are reimbursed their PPO contracted fee.
- Delta Dental Premier[®] dentists and non-Delta Dental dentists are reimbursed up to the Maximum Plan Allowance or MPA.

This represents a summary of benefits. Complete information regarding limitations and exclusions will be included in the contract and member booklets. You will usually pay the lowest amount for services when you visit a Delta Dental dentist.

PPO dentists agree to accept a reduced fee, and your out of pocket charges are usually lowest when visiting a Delta Dental PPO Dentist. You are charged only the patient's share at the time of treatment. Delta Dental pays its portion directly to the dentist. Delta Dental dentists will complete claim forms and submit them for you at no charge.

You are responsible for the difference between the amount Delta Dental pays and the amount your out-of-network dentist bills you. Usually, you will have higher out-of-pocket costs when visiting an out-of-network dentist.* Your dentist may require you to pay the entire amount of the bill in advance and wait for reimbursement.

You may have to complete and submit your own claim forms, or pay your non-Delta Dental dentist a service fee to submit them for you.

	PPO/MPA	PPO/MPA	PPO/MPA
Services Covered	Year 1 Plan Pays	Year 2 Plan Pays	Year 3 Plan Pays
Type 1: Diagnostic & Preventive Services <ul style="list-style-type: none"> • Oral exams • X-rays • Cleanings • Fluoride treatments • Space maintainers 	80%	90%	100%
Type 2: Basic Services <ul style="list-style-type: none"> • Simple extractions, fillings • Palliative care • Denture repair • Sealants • General anesthesia 	60%	70%	80%
Type 3: Major Services <ul style="list-style-type: none"> • Endodontics • Periodontics • Complex oral surgery • Crowns, Inlays/Onlays, Bridges, Dentures 	10%	30%	50%
Waiting Period	None	None	None
Annual Deductible (per person)	\$50	\$50	\$50
Deductible waived on D&P?	Yes	Yes	Yes
Annual Maximum (per person)	\$1,000	\$1,250	\$1,500

*Limitations may apply for some benefits. Please refer to your Evidence of Coverage for a list of benefit limitations and exclusions.