dental PPO plan

Chevron has selected Delta Dental of California (Delta Dental) to be the claims administrator for the Chevron Dental PPO Plan effective January 1, 2017. United Concordia (UCCI) will continue to be the claims administrator for the Dental PPO Plan for the remainder of 2016 (see Treatment in progress section for exceptions). This section will describe what you need to know about your Dental PPO Plan because of the change to Delta Dental, including what you'll need to know during the transition and how to access your benefits starting in January.

do I need to enroll?

If you are not currently enrolled in a Chevron dental plan and are eligible for and want to participate in coverage in 2017, you need to make an enrollment election during the upcoming open enrollment period, October 17 through October 28, 2016. If you are currently enrolled in the Chevron Dental PPO Plan, your coverage will automatically continue on January 1, 2017. You do not have to make an enrollment election during open enrollment, unless you want to make a change to your coverage. If you are currently enrolled in a Chevron Dental HMO Plan and you want to change your coverage to the Dental PPO Plan, you'll need to make an election during open enrollment.

eligibility rules

Who is covered, and who you can cover — the eligibility rules — are the same for the Dental PPO Plan. In addition, if you are pre-65 and enrolled in Chevron pre-65 group dental coverage you may add pre-65 eligible dependents to Chevron pre-65 group dental coverage within 31 days of a qualifying life event — including due to loss of other employer group health coverage — or during Chevron’s open enrollment period, as long as the dependent continues to meet eligibility requirements and both you and your dependent are under age 65. The personalized open enrollment worksheet you’ll receive from the HR Service Center will list the dental plan options available to you, if any.

Monthly premium cost

Chevron will currently continue to share the monthly cost of coverage — the premium — with you. The HR Service Center will mail a personalized open enrollment worksheet to you under separate cover in early October. The worksheet includes the 2017 cost for coverage for pre-65 eligible participants.

new provider network

A network is a group of independent dental care providers that have agreed with your dental plan claims administrator to charge contracted fees for services provided to plan members. With the Dental PPO, you can still see any dentist you choose, but using a network provider saves you money directly by reducing your out-of-pocket costs. With a new claims administrator comes a new provider network. Delta Dental has a different network structure than you’re used to with UCCI. Here’s how they work.

Find a provider

Go to hr2.chevron.com/retiree and click on 2017 Benefit Changes to access special links that make it easier to research your provider options.
Network providers
Delta Dental offers two different types of networks. Both options are considered network providers, so they cover the same services, have the same annual maximums, the same coinsurance or copayment levels, and covered services from these providers aren’t subject to the deductible. You also don’t have to worry about balance billing when you see a provider from either network option. The difference between the two comes down to the reduced fees the dentists have agreed to provide Dental PPO plan participants.

• Delta Dental PPO℠ network
You’ll want to find a dentist in the Delta Dental PPO℠ network to get the greatest savings on your covered dental services. That’s because these dentists have agreed to the greatest reduced fees. Why does this matter? Simple math; your coinsurance will apply to a smaller fee so you pay less.

• Delta Dental Premier® network
If you can’t find a Delta Dental PPO℠ network dentist, a Delta Dental Premier® dentist offers the next best opportunity to save. Like the Delta Dental PPO℠ network dentists, Delta Dental Premier® dentists also have agreed to reduced fees, but the savings on these fees aren’t as much as with the Delta Dental PPO℠ network dentists. So your coinsurance amount will be applied to a higher fee, but you’re still saving more money than if you visited an out-of-network provider.

Out-of-network providers
With the Dental PPO, you can still see any dentist you choose, but using a network provider saves you money. When you use an out-of-network dentist, services will be subject to an annual deductible and your coinsurance amounts will be higher, so your out-of-pocket costs will be higher. In addition, out-of-network dentists may balance bill you for the difference between the plan allowance and their usual fee for services.

treatment in progress
Remember, the Dental PPO Plan is a preferred provider organization plan, so you can continue to use any provider you choose, network or out-of-network. If you began treatment prior to January 1, 2017, work in progress is covered as follows:

• For active orthodontic treatment, ask your orthodontist to submit an orthodontic treatment claim to Delta Dental. You should have your orthodontist do this regardless if they are a Delta Dental network provider or not. Delta Dental will then work with your provider regarding the care. The claim form is available on hr2.chevron.com/retiree or on the Delta Dental website. Any standard claim form can also be used. The claim should include:
  • All charges and fees (including the down payment or installments paid by your previous dental plan).
  • Banding date and length of active treatment.
  • Brief description of the dentition, appliance (including type) and treatment.
  • If you are covered by more than one plan, information about the other carrier.

For all other treatments, payment of claims for service depends on the service date:

• If the service date was prior to January 1, 2017, UCCI will continue to pay for claims pertaining to the service, according to the coinsurance or copayment schedules that were in effect during 2016.

• For service dates starting on or after January 1, 2017, Delta Dental will become the claims administrator and the Delta Dental network, deductibles, and coinsurance schedules will apply.
claims for reimbursement of covered services

If you use an out-of-network provider, typically you’ll need to submit a claim to be reimbursed for covered dental services. The Dental PPO Plan generally does not allow benefits to be assigned to an out-of-network provider.

Submit 2016 claims to United Concordia by June 30, 2017

Don’t delay or hold your claim forms and submit them all at once at the end of each year. This practice can cause delays for getting reimbursement. It’s always good practice to submit claims for reimbursement ongoing and as soon as possible after receiving services. With the transition to a new claims administrator, it’s important to submit any final claims for covered 2016 dental services to UCCI as soon as possible, but your final deadline is June 30, 2017. A UCCI claim form is still available on hr2.chevron.com/retiree.

How to submit claims to Delta Dental

Claim forms are available on the Delta Dental website. Claims forms will also be available on hr2.chevron.com/retiree. Use the Delta Dental claim form for covered dental services from an out-of-network dentist on or after January 1, 2017. You can submit claim forms and bills by mail. Keep a copy of your completed claim form and receipts for your records. You can track the status of your claim on the Delta Dental website or the mobile app. And you can always contact Delta Dental if you have questions. (See Page 52 for contact information.)

new dental PPO plan changes

Due to the change to a new claims administrator for the Dental PPO Plan, the following administrative updates listed below will take effect January 1, 2017:

The timing of the following covered basic dental care has been changed:

• Periodontics
  – Treatment of the gums (including scaling and root planing) and supporting tissue.
  – Periodontal surgery, not more than two within 36 months of previous treatment.

• Crowns and inlays
  Adjustments and recementing of crowns and inlays more than 24 months after initial installation. (Initial installation of crowns and inlays is covered under major dental care.) Recementation allowed once per 12 months. Recementation during the first six months following insertion of the crown or bridge by the same dentist is included in the cost of the initial crown or bridge when services are received by a network provider. Crown repairs are also covered under this category.

The following enhancement has been made to the Covered Basic Dental Care listing:

• Space maintainers, and required adjustments to them, for plan members under age 19.
annual deductibles, coinsurance, copayments and out-of-pocket maximums

There are no changes to the deductible, coinsurance, copayment and annual maximums for the Dental PPO Plan in 2017. You can view a summary of this information online at hr2.chevron.com/retiree.

new dental ID cards and enrollee ID

Good news. You don’t need an ID card so one will not be mailed to you. Just tell your dental office that you’re covered by Delta Dental of California and provide your:

- Name
- Date of birth
- Employer Name
- Enrollee ID number (or social security number)

If you have enrolled dependents, tell them to provide your details, not their own.

Want an ID card anyway?

On January 1, 2017, you have two ways to access your ID card online and make a print out for your use:

- **Print one from your computer.**
  - Go to the Delta Dental website and register as a new user.
  - Login to Online Services.
  - Click on My ID card and print.

- **Pull it up on your smartphone.**
  - Go to the Delta Dental website and register as a new user.
  - Login to Online Services.
  - Select My ID card from the main menu.

What’s my Enrollee ID?

Your social security number can also be used to identify you, but we all want to avoid sharing that number whenever possible. Your Enrollee ID is a safer choice. It’s available starting January 1, 2017, from the Delta Dental website — and you can see it on your ID card or under your Eligibility Information online. You can also call Delta Dental after January 1, 2017 to get the number.
**delta dental website and mobile app**

Delta Dental provides three ways for you to stay on top of your dental benefit: visit the website from your computer, access the mobile-optimized website on your smartphone, or download and use the free app. No matter which source you choose you’ll be able to:

- Find a dentist (note that you don’t have to login to search for a network dentist).
- View your electronic ID card (and grab your Enrollee ID).
- Check deductibles and maximums.
- See your benefits and eligibility.
- Check claims.

**How to register**

You can go to the Delta Dental website starting today to search for a network dentist and view general information about your Dental PPO Plan without registering or logging in. However, you need to wait until January 1, 2017, after your enrollment is complete and your Delta Dental coverage starts, to register and access the full site services.

- Go to [www.deltadentalins.com/chevron](http://www.deltadentalins.com/chevron)
- Click on **Register Today** in the **Online Services** section.
- You’ll need to provide some basic information to verify your enrollment account.
- You’ll need to provide your social security number as you will not yet have your Enrollee ID. This is a one-time request only. You’ll get to setup your own username and password as part of the registration process.

**Do I need to find a new dentist?**

You can continue to use any provider you choose, network or out-of-network, under the Dental PPO Plan. This means you aren’t required to find a new dentist. If your current dentist is not in the Delta Dental PPO℠ or Delta Dental Premier® network, it’s still your choice to continue to use that provider or locate a new network provider. Just be sure you understand how that choice affects your out-of-pocket costs. Go to [hr2.chevron.com/retiree](http://hr2.chevron.com/retiree) and click on **2017 Benefit Changes** to access special links that make it easier to research your dental provider options.

**Chevron Dental Plan for post-65 participants**

Effective December 31, 2016, Chevron will no longer offer the Chevron Dental Plan for post-65 participants. Post-65 eligible retirees and/or their post-65 eligible dependents will only be able to enroll in individual dental coverage through a private health exchange managed by Towers Watson OneExchange.