**OCTA Dental TOP 10 Frequently Asked Questions**

1. How do I contact the OCTA Dental Plan?

Email octadentalplan@gmail.com or call Patrick Armet at (315) 402-6479 with general questions and questions about enrollment, premiums, benefits and to resolve any problems with your coverage.

1. Who do I contact with specific benefit or claim questions?

If you have a question about a specific benefit or claim, contact Delta Dental at (800) 932-0783 or you can set up an account at [www.deltadentalins.com](http://www.deltadentalins.com) to access your claims records and benefit coverage. You will need your enrollee id number from your Delta Dental card to set up an account.

1. What coverage do I have for cleanings, x-rays and regular exams?

The plan pays 100% of the cost for regular exams, periodic x-rays and cleanings - two in a 12 month period.

1. Is there an annual limit?

The OCTA Dental Plan pays up to $2500 a year in claims for each enrollee each calendar year (January 1st – December 31st). This does not include the orthodontia benefit.

1. What is the orthodontia coverage?

Each person on your plan has a lifetime limit of $2500 of orthodontia coverage. The plan pays 60% of the cost up to the $2500 limit. The plan pays half the benefit when the appliance (braces) are installed and the other half a year later.

1. Up to what age can my dependent children stay on the plan?

Dependent children who are not disabled can stay on the plan up to age 26. If they are enrolled full time as a student or in a trade school they can stay enrolled in the plan as part of your coverage up until age 30. Dependents who have certain disabilities can remain on your coverage indefinitely.

1. Do I have to do anything to verify my dependent as a student?

You do not need to provide any verification to continue coverage up to age 26. At age 26 up to age 30 you would need to provide annual verification that they are a full time student. If your dependent is disabled and you provide the majority of their financial support you would need to provide documentation one time when they reach age 26 if it has not been provided to the plan previously.

1. Can I change my enrollment anytime during the year?

Changes to your coverage and enrolled dependents typically only happen during open enrollment in the spring. The exceptions to this are qualifying events such as marriage, birth, death, employment change, loss of other coverage or significant changes in your other current coverage. If you have questions at anytime please contact the plan.

1. Is there a time limit to make a coverage change due to a qualifying event?

Yes. The plan needs to receive your request and complete any required paperwork within 30 calendar days of the qualifying event.

1. When do changes made during open enrollment take effect?

Any changes made during the June open enrollment period will take effect July 1st or September 1st depending on your preference. If you make the change effective July 1st there is usually a premium difference that would need to be paid by check when making the change.