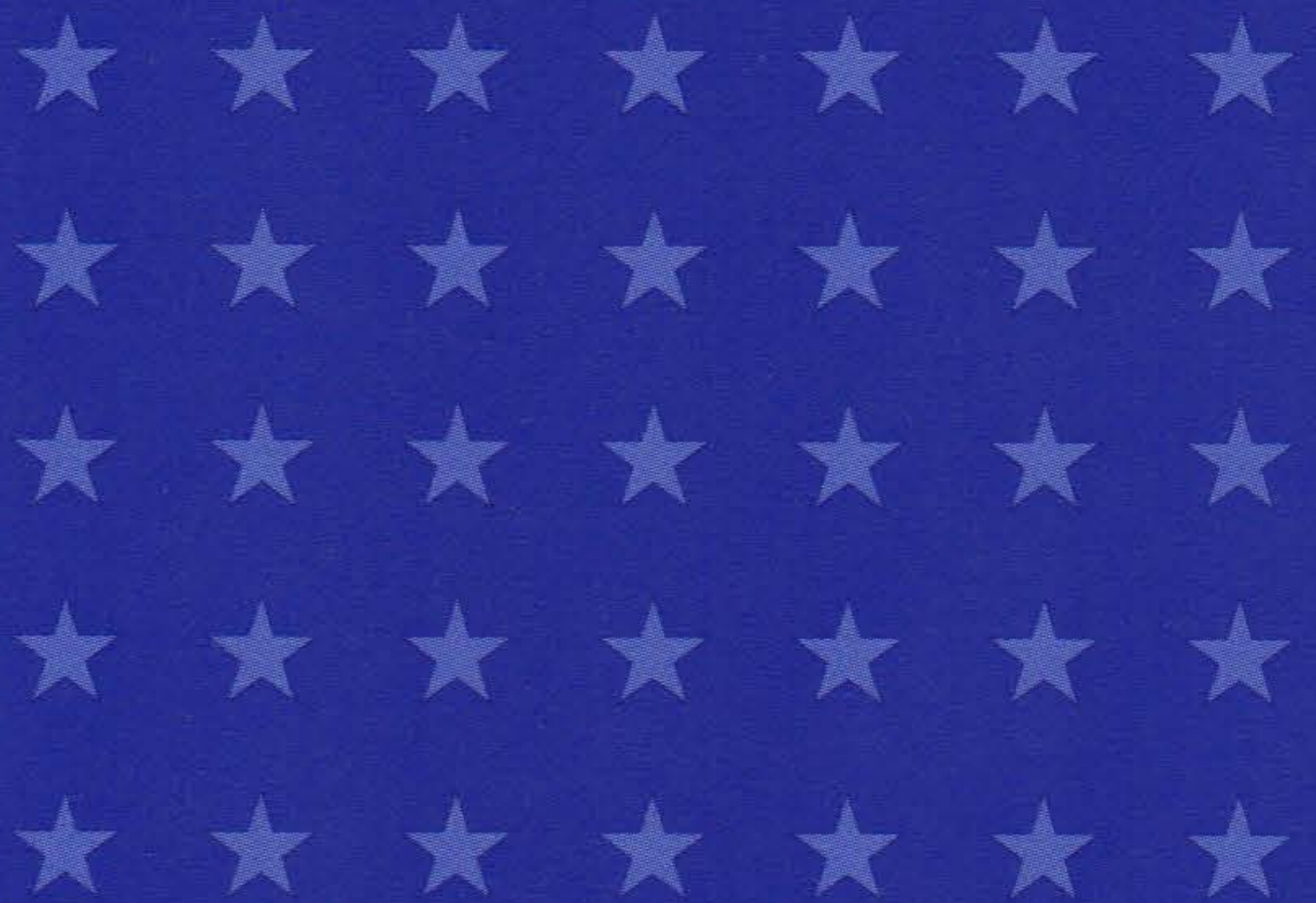


Evidence OF COVERAGE



the DeltaSelect USA
TRICARE
RETIREE
DENTAL *program*



DDP★DELTA

Evidence OF COVERAGE



How to Contact the DeltaSelect USA/TRICARE Retiree Dental Program

Customer Service (claims, eligibility
& related correspondence)

P.O. Box 537007
Sacramento, CA 95853-7007
(888) 336-3260
E-mail: ddpservice@delta.org

Enrollment (provider recruitment,
retiree enrollment, changes to enrollment
& related correspondence)

P.O. Box 537008
Sacramento, CA 95853-7008
(888) 838-8737
E-mail: ddpenroll@delta.org

Billing (direct billing and payment
inquiries)

P.O. Box 537008
Sacramento, CA 95853-7008
(888) 336-3260
E-mail: ddpbilling@delta.org

Web site: www.ddpdelta.org

Privacy Act

DDP★Delta may ask for confirmation of identification from parties who call with questions about eligibility or claims. DDP★Delta does this to protect the privacy rights of individuals as required by federal regulations.

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★ Introduction

The TRICARE Retiree Dental Program

Public Law 104-201 and Public Law 105-56 established a dental program for Uniformed Service retirees, certain unremarried surviving spouses and their family members. This voluntary dental program is administered by the DDP★Delta division of Delta Dental Plan of California, and covers services provided in the 50 United States, the District of Columbia, Puerto Rico, Guam, the U. S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands and Canada.

The TRICARE Retiree Dental Program became effective February 1, 1998.

Your first appointment

During your first appointment,

- Show your dentist your TRICARE Retiree Dental Program identification card or give your DDP★Delta group number (4600);
- Give the name of your program (TRICARE Retiree Dental Program);
- Give your Social Security number (your Social Security number must also be used by your dependents);
- Give your date of birth;
- Notify your dentist of any other dental coverage you have.

★ Eligibility & Enrollment

Eligibility

To be eligible to enroll, an individual must be one of the following:

- A member of the Uniformed Services who is entitled to retired pay.
- A member of the Retired Reserve who is entitled to retired pay, but is under age 60.
- A spouse of an enrolled retired member as described above.
- An enrolled member's eligible child up to age 21 (or to age 23 for a full-time student, or older if he or she becomes disabled before losing eligibility).
- An unremarried surviving spouse or eligible child of a deceased member who died on retired status or who died while on active duty for a period of more than 30 days and whose eligible family members are not eligible, or no longer eligible, for dental benefits under the Family Member Dental Plan.

Enrollment

Enrollment is handled by DDP★Delta. Those electing to enroll commit to remaining in the program for a minimum of 24 months. The 24-month commitment is determined by each enrollee's enrollment date. After you have satisfied your 24-month commitment, you may choose to remain enrolled month by month. For enrollment, changes to enrollment and enrollment inquiries, please contact:

DDP★Delta
TRICARE Retiree Dental Program
P. O. Box 537008
Sacramento, CA 95853-7008
(888) 838-8737
ddpenroll@delta.org

Four months' premium prepayment must accompany enrollment. This advance payment will be used to pay monthly premiums until a monthly payment plan is established through the Defense Finance and Accounting Service (DFAS), the Coast Guard, or Public Health Service, or by direct billing in cases where automated payroll deduction is not possible.

Coverage will start on the first day of the month after DDP★Delta receives a completed enrollment form and premium prepayment, and verifies eligibility.

Changes to existing enrollment

You may request changes to your existing enrollment (such as address change, name change, or the addition of eligible family members) by contacting DDP★Delta's Enrollment department at the address shown on page 2.

Disenrollment

You and your enrolled family members must remain enrolled for 24 months prior to disenrolling unless there is loss of eligibility status. Anyone who disenrolls may not re-enroll for 12 months. In order to initiate disenrollment, please submit a TRICARE Retiree Dental Program application form. Additional application forms can be obtained on DDP★Delta's web site (www.ddpdelta.org) or by calling (888) 838-8737.

Disenrollment will be effective on the last day of the month. Claims will be paid for dates of service through the disenrollment effective date. Any claims paid in error will be recouped. Retroactive disenrollment is not available.