



YMCA EMPLOYEE BENEFITS
A nonprofit benefit Plan exclusively
serving YMCAs since 1970.

2027 TRANSITION TO DELTA DENTAL

FREQUENTLY ASKED QUESTIONS

YMCA Employee Benefits is moving its dental plan from Cigna to Delta Dental effective January 1, 2027. Use this FAQ to understand the network, benefits, transition and new plan features. This is a summary only. If this FAQ differs from the Summary Plan Description (SPD), the SPD governs.

ABOUT THE TRANSITION

When is the dental carrier changing?

YMCA Employee Benefits dental coverage will move from Cigna to Delta Dental on January 1, 2027. Coverage through Cigna continues through December 31, 2026.

Do I need to enroll again during open enrollment?

YMCA Employee Benefits will use a passive enrollment process for the transition. Before your YMCA's open enrollment period, our team will end your Cigna dental enrollment effective December 31, 2026, and enroll you in the new Delta Dental plan effective January 1, 2027. You may still make changes to dental coverage during open enrollment. If you do not make a change, your dental enrollment will automatically carry over to the Delta Dental plan. Our team will also monitor dental enrollment updates resulting from new hires and qualifying life events processed after the initial conversion so that expected changes carry forward to Delta Dental.

Will I receive a new dental ID card?

Yes, your new ID card should arrive in the mail prior to January 1. Members will be able to access plan information and download ID cards through the secure member portal and mobile app starting on January 1. Dental offices can also verify eligibility electronically once the new coverage is active.

Where can I find plan information, claims and an ID card?

Starting on January 1, use [Delta Dental's secure Member Connection portal](#) or [mobile app](#) to view plan information, claims and an ID card. Need help registering? [Watch this video](#) or visit the [Member Connection FAQs](#).

What if I am in the middle of dental treatment when the carrier changes?

Tell your dentist that the dental carrier is changing January 1, 2027. Claims are generally processed by the carrier in effect on the date the covered service is provided. For multi-stage treatment, including crowns, dentures, bridgework or orthodontia, Delta Dental will cover services performed on or after January 1, 2027.

Who should I contact with questions?

For questions about enrollment or eligibility, contact your YMCA's Human Resources or benefits team. For questions about Delta Dental providers, claims, or coverage you can contact Delta Dental's Customer Service at 1-800-323-1743.

ABOUT THE DELTA DENTAL NETWORK

What is the difference between Delta Dental PPO, Delta Dental Premier, and dentists that are out-of-network?

Delta Dental PPO and Delta Dental Premier dentists agree to accept Delta Dental's contracted fees for covered services and may not balance bill you for the difference between the submitted charge and Delta Dental's allowed fee. You will generally save the most with a Delta Dental PPO dentist. Premier dentists provide an additional network option, but your share may be higher than with a PPO dentist. Out-of-network dentists have not agreed to Delta Dental's fees and may bill amounts above the plan allowance.

Do I have to use a Delta Dental network dentist?

No. The YMCA Employee Benefits plan is a Dental PPO Plus Premier plan, so you may receive care from any licensed dentist. You will generally receive the greatest value and additional billing protections when using a Delta Dental PPO or Premier dentist.

How can I find out whether my dentist participates?

Use [Delta Dental of Illinois' online dentist search](#) and select the Delta Dental PPO or Delta Dental Premier network. Because network participation can change, confirm participation with the dental office before receiving care.

Do I need to submit a claim form?

A Delta Dental network dentist will generally submit claims directly to Delta Dental on your behalf. If you use an out-of-network dentist, you may need to submit this yourself.

HOW THE PLAN PAYS

What is the annual maximum?

The plan's combined calendar-year maximum for Class I through Class III services is \$1,500 per person, for in-network and out-of-network care combined. This is the most the plan pays for those covered services during the calendar year. It is not a limit on what you could pay out of pocket. Delta Dental also has a feature that allows members to carry over the unused portion of their annual maximum to the next benefit year and use it later. Learn more about the *To Go* carryover feature below.

How are preventive services covered?

Covered Class I preventive services are paid at 100% **with no deductible**, whether you use a Delta Dental PPO dentist, a Premier dentist, or an out-of-network dentist. Frequency and age limitations may apply. Out-of-network charges above the plan allowance may also apply.

How are basic restorative services covered?

For covered Class II services, the plan pays 85% **with no deductible** when you use a Delta Dental PPO dentist. The plan pays 80% with no deductible through a Premier or out-of-network dentist. Out-of-network charges above the plan allowance may also apply.

How are major restorative services covered?

Covered Class III services are paid at 50% after your annual deductible. The deductible is \$50 per individual or \$150 per family. Out-of-network charges above the plan allowance may also apply.

How is orthodontia covered?

The plan pays 50% of covered orthodontia expenses up to a lifetime maximum of \$1,500 per person through the Delta Dental PPO network and \$1,000 per person through Premier or out of

network. Benefits previously paid under the Cigna plan count toward the applicable lifetime maximum. If you have already reached the lifetime maximum, changing carriers does not provide a new orthodontia benefit.

How are out-of-network claims reimbursed?

Out-of-network dentists are reimbursed based on the 80th percentile of reasonable and customary charges. Because an out-of-network dentist has not agreed to Delta Dental's allowed fees, the dentist may also bill you for charges above the plan allowance in addition to your normal share of the covered expense.

What is the difference between a deductible and coinsurance?

A deductible is the amount you pay for applicable covered services *before* the plan begins paying. Coinsurance is the percentage of the allowed amount you and the plan each pay after any deductible is met. For example, when the plan pays 50%, you are responsible for the remaining allowed amount plus any non-covered or out-of-network balance-billed charges.

TO GOSM CARRYOVER FEATURE

What is the *To Go* carryover feature?

To Go allows eligible members to carry over a portion of an unused annual maximum for future dental needs. The feature is designed to reward regular preventive care and help members build additional benefit dollars for a year when more extensive treatment is needed.

How do I qualify for a carryover amount?

You must receive the preventive care required by the program and meet Delta Dental's usage rules for the calendar year. The amount added to your bank depends on your eligible unused annual maximum and the program rules.

When can I use money in my *To Go* bank?

Amounts credited to the bank are available for eligible covered dental expenses in a later year, subject to the plan's *To Go* rules and your continued eligibility. The carryover bank is separate from the plan's standard \$1,500 calendar-year maximum.

What is the difference between *To Go* and Cigna WellnessPlus?

Both programs reward preventive care, but Delta Dental's *To Go* feature offers greater potential value. Under Cigna WellnessPlus, your \$1,500 annual maximum could increase by \$250 for each year you qualified, up to a maximum of \$2,000. Under *To Go*, you can carry over an eligible portion of your unused annual maximum into a separate bank, up to \$1,500, which could give you access to as much as \$3,000 in benefits in a future year.

What if I earned a higher annual maximum amount through *Cigna WellnessPlus*?

Members who earned additional annual maximum benefit under Cigna through the end of 2026 will have that amount added to a carryover bank as part of Delta Dental's *To Go* feature to start out in 2027. Members will be able to see this when logged into the member portal.

ENHANCED BENEFITS PROGRAM

What is Delta Dental's Enhanced Benefits Program?

The Enhanced Benefits Program provides additional preventive dental services for members with certain qualifying health conditions that may be positively affected by improved oral health care. Eligible members may receive additional cleanings and/or topical fluoride treatments beyond the standard preventive schedule. Qualifying conditions may include diabetes, pregnancy, certain

cardiac conditions, suppressed immune systems, special needs, and other conditions recognized by the program. Learn more [here](#).

How do I enroll in the Enhanced Benefits Program?

For members to receive these important benefits, they must enroll by completing a brief health history statement. Enrollment is through Member Connection, or their dentist may enroll them in the Dentist Connection. Once a member is enrolled, they are immediately eligible for the Enhanced Benefits Program.