

DeltaCare[®] USA

[DATE]

[0001]

[NAME]

[ADDRESS]

[CITY, STATE ZIP CODE]

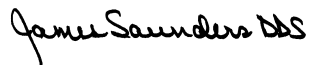
Dear Enrollee,

We are pleased to have you as an enrollee of the DeltaCare USA plan, administered by Delta Dental Insurance Company. We strive to provide our enrollees with a positive dental experience through a comprehensive benefit plan and access to quality dental care. Please take a moment to complete the enclosed survey to let us know how we are doing. A postage-paid envelope is enclosed for your convenience. It would be greatly appreciated if you would please return the survey by [Date].

If this survey was received by a minor child or dependent, we apologize and would appreciate a parent or guardian completing it. Your responses will be kept confidential and will be viewed only by appropriate personnel.

Thank you for choosing the DeltaCare USA plan. We value your membership.

Sincerely,



James Saunders, DDS
Director, Quality Management

Enclosures

DeltaCare USA is underwritten in these states by these entities: AL - Alpha Dental of Alabama, Inc.; AZ - Alpha Dental of Arizona, Inc.; CA - Delta Dental of California; AR, CO, IA, ME, MI, NC, OK, OR, RI, SC, SD, WA, WI, WY - Dentegra Insurance Company; NH and VT - Dentegra Insurance Company of New England; AK, CT, DE, FL, GA, KS, LA, MS, MT, TN, WV and Washington, D.C. - Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX - Alpha Dental Programs, Inc.; NV - Alpha Dental of Nevada, Inc.; UT - Alpha Dental of Utah, Inc.; NM - Alpha Dental of New Mexico, Inc.; NY - Delta Dental of New York; PA - Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states, except CA. These companies are financially responsible for their own products.

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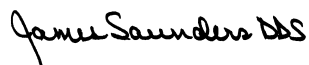
Estimado Subscriptor:

Nos da gusto que se haya inscrito en el plan DeltaCare USA, administrado por Delta Dental Insurance Company. Nos esforzamos en dar a nuestros subscriptores una experiencia dental positiva por medio de un plan amplio de beneficios y el acceso a la atención dental de calidad. Por favor dedique un momento para completar la encuesta que se adjunta y darnos su opinión acerca de nuestros servicios. Se incluye un sobre con porte pagado para su comodidad. Le agradeceríamos que nos regresara la encuesta antes de [DATE].

Si la encuesta fue recibida por un menor o un dependiente, le pedimos disculpas y agradeceríamos que fuera el padre o tutor quien la complete. Sus respuestas se mantendrán confidenciales y serán vistas solamente por el personal apropiado.

Gracias por escoger el plan DeltaCare USA. Apreciamos su membresía.

Atentamente,



James Saunders, DDS
Director, Administración de Calidad

Anexos

DeltaCare USA es garantizado en los siguientes estados por las siguientes entidades: AL - Alpha Dental of Alabama, Inc.; AZ - Alpha Dental of Arizona, Inc.; CA - Delta Dental of California; AR, CO, IA, ME, MI, NC, OK, OR, RI, SC, SD, WA, WI, WY - Dentegra Insurance Company; NH y VT - Dentegra Insurance Company of New England; AK, CT, DE, FL, GA, KS, LA, MS, MT, TN, WV y Washington, D.C. - Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX - Alpha Dental Programs, Inc.; NV - Alpha Dental of Nevada, Inc.; UT - Alpha Dental of Utah, Inc.; NM - Alpha Dental of New Mexico, Inc.; NY - Delta Dental of New York; PA - Delta Dental of Pennsylvania. Delta Dental Insurance Company actúa como administrador de DeltaCare USA en todos estos estados, excepto CA. Dichas compañías son responsables financieramente de sus propios productos.

Thinking about your most recent visit to your DeltaCare USA dentist, how would you rate the following? For each item put an "X" in one box to indicate your rating. Then, mail this survey to us in the enclosed postage paid envelope.

FIRST - Please tell us about your current DeltaCare USA dental office

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
1. Overall, how would you rate your current DeltaCare USA dentist and dental office?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How would you rate your dentist's attitude and manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the dental office, if you or a family member needed help in a language other than English, how would you rate the assistance given?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How was the quality of the care you have received?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How was the information the office provided you about any needed treatment and its cost?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How would you rate the appointment availability at this office?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How would you rate the appearance, cleanliness and maintenance of the office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If you need wheelchair access or other accommodation, how satisfactory is the accessibility at the office?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEXT – We'd like to know how you feel about the DeltaCare USA program

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
9. Overall, how would you rate your DeltaCare USA program?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How satisfactory is the range of the dental benefits you enjoy with DeltaCare USA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If you have contacted Customer Service, how satisfactory was the service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. When contacting the Plan, if you or a family member needed help or printed materials in a language other than English, how would you rate the assistance given?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How would you rate the choice of DeltaCare USA dentists available to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. How long have you been a DeltaCare USA enrollee?	<input type="checkbox"/>	Less than 1 year	<input type="checkbox"/>	1-2 years	<input type="checkbox"/>	3-5 years
15. Since joining the DeltaCare USA program, have you received care?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	More than 5 years

APPOINTMENT AVAILABILITY SURVEY

16. Did you request a specific day or time for your last dental appointment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
17. How long did you have to wait for a new patient examination after calling for an appointment?	<input type="checkbox"/> 3 weeks or less	<input type="checkbox"/> 4 weeks	<input type="checkbox"/> 5-6 weeks
18. How long do you typically have to wait for the first available appointment to see a dentist for a routine visit?.....	<input type="checkbox"/> 3 weeks or less	<input type="checkbox"/> 4 weeks	<input type="checkbox"/> 5-6 weeks
19. How long do you typically have to wait for the first available appointment to have your teeth cleaned?	<input type="checkbox"/> 3 weeks or less	<input type="checkbox"/> 4 weeks	<input type="checkbox"/> 5-6 weeks
20. How long did you last have to wait for an emergency appointment, if you called in pain needing urgent care?	<input type="checkbox"/> As soon as I could go	<input type="checkbox"/> In 24 hours	<input type="checkbox"/> 2-3 days
21. If you arrive just on time for an appointment, how long do you usually wait in the waiting room?	<input type="checkbox"/> 15 min. or less	<input type="checkbox"/> 16-30 min.	<input type="checkbox"/> 31-45 min.

LANGUAGE SURVEY

22. Is your primary language English? ☐ Yes ☐ No If you answered "No," what is your primary language? _____

SURVEY: BATCH: PLAN: GROUP: PROVIDER: