

Delta Dental PPO

FEATURES OF DELTA DENTAL PPO PLUS PREMIER

- Cost-saving safety net that expands your access to Delta Dental participating dentists.
- Two dentist networks that can limit your out-of-pocket payments.
- Freedom to choose any dentist, but non-participating dentists do not contract with Delta Dental Dentist to limit their fees.

HOW YOU CAN SAVE MONEY

You'll save:

- Most if you go to a Delta Dental PPO dentist.
- Considerably if you go to a Delta Dental Premier[®] dentist.
- Least if you go to a non-participating dentist.

Dentist Visited	Annual Deductible Per Person	Annual Deductible Per Family	Services Exempt From Annual Deductible	Annual Maximum Per Person	Orthodontic Lifetime Maximum Per Patient
Delta Dental PPO	N/A	N/A	N/A	\$1000	unlimited
Delta Dental Premier or Non-Participating	\$50	\$100	Diagnostic, Preventive, and Orthodontic	\$1000	\$2000*

*Orthodontics has a separate \$50 lifetime deductible per patient for Premier and Non-Participating Dentists.

BENEFITS AND COVERED SERVICES*		In-PPO Network**	Premier Network**	Non-Participating**
Diagnostic & Preventive	exam & x-rays, teeth cleaning, fluoride treatments, sealants	100%	100%	100%
Basic Benefits	fillings, denture repair and relining, bridge recementation and repair, crown/inlay/onlay recementation and repair, posterior composites	80%	80%	80%
Major Services	Crowns, inlays, onlays, and cast restorations	50%	50%	50%
Oral Surgery	Incisions, extractions, additional general anesthesia	80%	80%	80%
Endodontics	root canal therapy	80%	80%	80%
Periodontics	treatment of gum disorders, injectable antibiotics	80%	80%	80%
Prosthodontics	Bridges, dentures, implants	50%	50%	50%
Orthodontics - adults and children	straightening of teeth	50%	50%	50%

* Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

** Fees are based on PPO fees for in-network dentists and the MPA (maximum plan allowance) for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.

Dentist Status	Allowance	Payment Responsibilities
Delta Dental PPO Participating	Dentists are paid the Delta Dental PPO Allowed Amount.	The benefit payment is sent directly to the dentist. By agreement, participating dentists must accept Delta Dental's allowances as payment in full for covered services. Delta Dental's benefit is a percentage of the applicable Maximum Plan Allowance, which may require a copayment. Deductibles may also apply.
Delta Dental Premier Participating	Dentists are paid the Delta Dental Premier Allowed Amount.	
Non-Participating	Claims for services provided by non-participating dentists are processed using the Delta Dental Premier Allowed Amount.	You are responsible for paying the non-participating dentist's actual fee. Delta Dental sends its applicable benefit payment to you. Your out-of-pocket cost may include applicable copayments or deductibles, as well as any difference between Delta Dental's payment and the dentist's actual charge.

Claims Savings Sample	DELTA DENTAL PPO	DELTA DENTAL PREMIER	NON-PARTICIPATING
Dentist bills	\$180.00	\$180.00	\$180.00
Dentist accepts as payment in full	\$90.00 (Delta Dental's agreed-upon fee)	\$130.00 (Delta Dental's agreed-upon fee)	\$180.00 (No fee agreement with Delta Dental)
Delta Dental's payment 50%	\$45.00	\$65.00	\$65.00
Patient share*	\$45.00	\$65.00	\$115.00
Patient savings	\$70.00	\$50.00	\$0.00

* -Patient's share is the coinsurance/copayment, any remaining deductible, any amount over the annual maximum and any services your plan does not cover.

ELIGIBILITY

Eligible for coverage are employees, spouses, and dependent children to the end of the month in which age 19 is reached, unless a full-time student, in which case eligibility is extended to the end of the month in which age 23 is reached or the end of the month in which they graduate, whichever is later.

PREDETERMINATION

If the cost of care to be provided to any one patient is expected to exceed \$300, Delta Dental recommends that you ask your dentist to submit the claim form in advance of treatment. Delta Dental will review the claim and return a predetermination voucher to both you and the dentist indicating the services that are covered, how much of the proposed treatment will be paid by Delta Dental and how much is your responsibility. This understanding can make it easier to plan an appropriate course of treatment. Predetermination also can be helpful for any service for which you would like an advance breakdown of the coverages and the charges.



Delta Dental of Pennsylvania
www.deltadentalins.com

Customer Service
 800-932-0783
 (Business Hours:
 8 am to 8 pm ET)

Claims Address
 P.O. Box 2105
 Mechanicsburg, PA 17055-2105

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Maryland law requires we make the following statement:

Our compensation to physicians who offer health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary or capitation. Bonuses may be used with these various types of payment methods. If you desire additional information about our methods of paying physicians, or if you want to know which method(s) apply to your physician, please call Delta Dental at 800-932-0783 or write to: Delta Dental of Pennsylvania, One Delta Drive, Mechanicsburg, PA 17055.

Please note that the benefit payments made by Delta Dental to dentists, other dental care providers or enrollees are based on fee-for-service payment mechanisms and do not include salary, capitation or bonuses. In Maryland, Delta Dental PPO and Delta Dental Premier are underwritten by Delta Dental of Pennsylvania, a not-for-profit dental service company.

