

## **Delta Dental PPO Plan with Point of Service (POS)**

### **EMPLOYEE INFORMATION SHEET**

**FEATURES OF DELTA DENTAL PPO PLAN WITH POINT OF SERVICE (POS)**

- 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 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.

**Summary of services covered and benefits provided under your dental program:**

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	\$50	\$150	Diagnostic, Preventive, Orthodontic, and Periodontal Prophylaxis	\$1500	\$1500
Delta Dental Premier or Non-Participating	\$50	\$150	Diagnostic, Preventive, Orthodontic, and Periodontal Prophylaxis	\$1200	\$1500

The following table illustrates copayment percentages for each covered procedure in accordance with Delta Dental's payout level:		Delta Dental PPO Dentist		Delta Dental Premier or Non-Participating Dentist	
Service	Examples of Procedures	Delta Dental	Patient	Delta Dental	Patient
		<b>Diagnostic</b>	exam & x-rays	100%*	0%*
<b>Preventive</b>	fluoride treatments to age 19, teeth cleaning, sealants to age 14	100%*	0%*	100%*	0%*
<b>Basic Restorative</b>	fillings	75%*	25%*	75%*	25%*
<b>Major Restorative</b>	crowns	50%*	50%*	50%*	50%*
<b>Oral Surgery</b>	extractions	75%*	25%*	75%*	25%*
<b>Endodontics</b>	root canal therapy	75%*	25%*	75%*	25%*
<b>Periodontics</b>	treatment of gum disorders	75%*	25%*	75%*	25%*
<b>Prosthodontics</b>	dentures, bridgework	50%*	50%*	50%*	50%*
<b>Orthodontics</b>	straightening of teeth	50%*	50%*	50%*	50%*
Orthodontics is a covered benefit for dependent children to age 19.					
<b>Denture Repair &amp; Relining</b>	repair to or relining of existing dentures	75%*	25%*	75%*	25%*
<b>Implants</b>	appliances placed into the bone serving as prosthodontic abutments	50%*	50%*	50%*	50%*
<b>TMJ</b>	temporomandibular joint dysfunction treatment	50%*	50%*	50%*	50%*
<b>Additional General Anesthesia</b>	applies to all surgical services	75%*	25%*	75%*	25%*
<b>Crown, Inlay, Onlay, &amp; Bridge Repair and Recementation</b>	repair and recementation of existing crowns, onlays, inlays and bridges	75%*	25%*	75%*	25%*
<b>Periodontal Prophylaxis</b>	periodontal cleaning	100%*	0%*	100%*	0%*

\*DELTA DENTAL'S ALLOWED AMOUNT: Percentage is based on applicable Delta Dental Allowance or the dentist's actual fee, whichever is less (the Allowed Amount).

**PAYMENT FOR SERVICES**

The following illustrates payment responsibilities depending on your choice of dentist:

Dentist Status	Allowance	Payment Responsibilities
<b>Delta Dental PPO Participating</b>	Dentists are paid the Delta Dental PPO Maximum Plan Allowances.	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.
<b>Delta Dental Premier Participating</b>	Dentists are paid the Delta Dental Premier Maximum Plan Allowances.	
<b>Non-Participating</b>	Claims for services provided by non-participating dentists are processed using the Delta Dental Premier Maximum Plan Allowances.	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.

**ELIGIBILITY**

Eligible for coverage are employees with six months of continuous service, their spouses, domestic partners, and dependent children to age 19, unless a full-time student, in which case eligibility is extended to age 25. Once eligible, there is a six month for major restorative and prosthodontic benefits. Refer to your Delta Dental brochure and your RF Benefits Handbook for additional information.

**LIMITATIONS AND EXCLUSIONS**

There are certain limitations and exclusions which apply to your dental plan. For example, dentistry that is performed for appearance only, preventive plaque control programs, periodontal splinting, and services provided or devices started prior to the effective date of the program are not covered. Adult orthodontics is not a covered benefit.

**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.

**ONLINE SERVICES**

Visit Delta Dental's web site, [www.MidAtlanticDeltaDental.com](http://www.MidAtlanticDeltaDental.com), to locate participating dentists and to check your eligibility and benefits. Delta Dental's online dentist directory helps you find the dentists most convenient to you or to find out if your current dentist is a participating dentist with Delta Dental.

**CUSTOMER SERVICE**

If you or your dentist have questions about claim status or filing procedures, please contact Delta Dental's Customer Service Department at:

Delta Dental One Delta Drive Mechanicsburg, Pennsylvania 17055	Phone Number: 717-766-8500 Toll-Free WATS Number: 800-932-0783 TTY/TDD: 888-373-3582 Web site: <a href="http://www.MidAtlanticDeltaDental.com">www.MidAtlanticDeltaDental.com</a>
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**IMPORTANT** - The benefit explanations contained herein are subject to all provisions of the Group Dental Contract, and do not modify such contract in any way, nor shall the subscriber accrue any rights because of any statement in or omission from this information sheet.