

CENTRAL METHODIST UNIVERSITY

EFFECTIVE: January 1, 2014

Delta Dental PPO Plan Features	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
	Based on PPO – reduced maximum plan allowance No balance billing	Based on Premier- maximum plan allowance No balance billing	Based on Delta Dental maximum plan allowance; Balance billing is possible
Diagnostic and Preventive Services <ul style="list-style-type: none"> ➤ Oral exams (all types), twice per calendar year ➤ Bitewing x-rays (1 set per calendar year); dependent children under 18 will be allowed two sets per calendar year ➤ Periapical x-rays as required ➤ Full-mouth x-rays once in any 60 consecutive months ➤ Prophylaxis (cleanings), twice per calendar year ➤ Periodontal maintenance visits, limited to four per calendar year, subject to the prophylaxis frequency limitation ➤ Fluoride, once per calendar year for dependents under age 16 ➤ Space maintainers, initial appliance only, under age 19 ➤ Sealants for dependent children under 16, once per tooth every 3 years, limited to non-decayed 1st and 2nd permanent molars 	100%	100%	100%
Basic Services <ul style="list-style-type: none"> ➤ Emergency palliative treatment ➤ Fillings, including composite restorations on all teeth ➤ Oral surgery -Including simple and surgical extractions ➤ Reline, rebase or adjustment of full or partial dentures ➤ Repair or recementation of onlays, crowns, bridges or dentures ➤ Endodontics – root canal filling and pulpal therapy ➤ Periodontics-- treatment for diseases of gums and bone supporting the teeth ➤ General Anesthesia 	80%	80%	80%
Major Services <ul style="list-style-type: none"> ➤ Prosthetics: bridges and dentures; a replacement will be covered only once in 8 years ➤ Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 8 years 	50%	50%	50%
Orthodontic Services (for children to under age 19)	N/A	N/A	N/A
Calendar Year Deductible (applies to Basic and Major Services only)	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Calendar Year Benefit Maximum	\$1000 per person		
Dependents are covered to age 26.			

This is intended to be a summary only. If discrepancies arise the Summary Plan Document will govern. Please refer to your SPD for a more complete listing of services including plan limitations and exclusions.

Delta Dental gives you the freedom to visit the dentist of your choice and to select any dentist on a treatment by treatment basis. It is important to remember your out-of-pocket costs may vary depending on your choice. You have three options and the information below describes what you can expect depending on whether you receive services from a Delta Dental PPO dentist, a Delta Dental Premier dentist or a non-participating dentist.

In PPO Network

1. Delta Dental PPO Network*

Comprised of a select panel of dentists, over 97,000 dental offices participate in the Delta Dental PPO program. Delta Dental will provide the highest level of benefits (see benefit highlights) for covered services when care is received from a Delta Dental PPO dentist. These dentists agree to:

- **Accept payment based on a reduced fee schedule** – reducing your out-of-pocket expenses – *with no balance billing for charges that exceed the fee schedule.*
- Submit dental claims for members and abide by Delta's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

***Your out-of-pocket expenses will be lowest when you see a Delta Dental PPO dentist.**

In Premier Network

2. Delta Dental Premier Network

Comprised of over 174,000 participating dental offices, Delta Dental Premier offers you greater access to dentists while still offering the advantages of a network. These dentists have participating agreements with Delta Dental which require them to:

- **Accept payment based on Delta's contractual agreement** – which means **no balance billing** for charges that exceed the contracted amount.
- Submit dental claims for members and abide by Delta's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

If your dentist is not a Delta Dental PPO dentist but is a Delta Dental Premier dentist, your benefit will be based on the Premier benefit level; however, you will receive the cost control and claims filing advantages noted above.

Out of Network

3. Non-participating Dentist

If you receive services from a non-participating dentist (does not participate in either Delta Dental network) benefits for covered services are based on the Delta Dental maximum plan allowance and :

- You will be responsible for filing your own claim forms.
- Delta Dental's benefit payment will be made directly to you.
- You will be responsible for the difference between the dentist's charge and the maximum plan allowance.

Your out-of-pocket expenses may be more when you use a non-participating dentist.

Locating a Participating Dentist...

To determine if your dentist participates with Delta Dental or to select a participating dentist in your area:

- Ask your dentist if he or she participates in the **Delta Dental PPO** or **Delta Dental Premier** program
- Search on-line at **www.deltadental.com**, Call Delta Dental Customer Service at **1-800-335-8266**

Or

Scan the image below to search for a PPO or Premier participating dentist:

