

East Central College

Delta Dental PPO	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
	Based on applicable PPO Maximum Plan Allowance – No balance billing	Based on applicable Premier Maximum Plan Allowance – No balance billing	Based on applicable maximum plan allowance for non-participating dentist - Balance billing is possible
Diagnostic and Preventive Services <ul style="list-style-type: none"> ➤ Bitewing x-rays, one set per benefit period ➤ Emergency palliative treatment ➤ Full-mouth x-rays, once in any 36 month period ➤ Oral exams, twice per benefit period ➤ Periapical x-rays, as required ➤ Prophylaxis (cleanings), twice per benefit period ➤ Sealants, dependent children under age 16, once in any 36 month period ➤ Space maintainers, dependent children under age 16, initial appliance only ➤ Fluoride, dependent children under age 19, twice per benefit period 	100%	100%	100%
Basic Services <ul style="list-style-type: none"> ➤ Endodontics: root canal filling and pulpal therapy ➤ Fillings ➤ General anesthesia ➤ Perio maintenance: twice in any benefit period; subject to cleanings frequency limitation ➤ Surgical and Non-Surgical Periodontics: treatment for diseases of gums and bone supporting the teeth ➤ Oral surgery ➤ Simple extractions ➤ Surgical extractions 	90%	80%	80%
Major Services <ul style="list-style-type: none"> ➤ Prosthetics: bridges and dentures, once in 5 years ➤ Crowns, inlays and onlays, once in 5 years 	60%	50%	50%
Orthodontic Services (for dependent children under age 19)	50%	50%	50%
Calendar Year Deductible (applies to Basic and Major Services)	\$50 individual \$150 family limit	\$50 individual \$150 family limit	\$50 individual \$150 family limit
Calendar Year Benefit Maximum (per person)	\$1,250	\$1,250	\$1,250
Orthodontic Lifetime Maximum (per eligible dependent)	\$1,000	\$1,000	\$1,000
MAXAdvantage	Charges for exams, cleanings, x-rays and fluoride treatments will not be deducted from the annual benefit maximum.		
Dependent Age Limit: 26, end of the month			

This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions. Orthodontic treatments covered by the prior carrier and in progress on the original effective date of the employer's group contract with Delta Dental will be covered. Benefits provided by the prior carrier will be subtracted from the lifetime maximum available from Delta Dental.

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 234,000 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 the applicable PPO Maximum Plan Allowance** – reducing your out-of-pocket expenses.
- 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 315,000 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 the applicable Premier Maximum Plan Allowance** – which means no balance billing on any charges that exceed Delta's 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.

Non-Participating Dentist

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 applicable Maximum Plan Allowance for non-participating dentists :

- You will be responsible for filing your own claim forms.
- Delta Dental's benefit payment will be made directly to you.
- Benefit payments will be based on Delta's maximum plan allowance.
- You will be responsible for the difference between the dentist's charge and Delta' 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.deltadentalmo.com**, or
- Call Delta Dental Customer Service at **1-800-335-8266**