

# BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPO<sup>SM</sup>

## DELTA DENTAL INSURANCE COMPANY

**Client Name: Diocese of Palm Beach**

**Group No.: FL05161 (Laity) & FL05162 (Religious)**

**Effective Date: January 01, 2010**

Delta Dental offers you what no other dental plan can – The Delta Dental Difference<sup>SM</sup>. Here's what makes us a leading provider of dental benefits:

- **Exceptional Cost Savings** – Our networks protect enrollees from balance billing and prevent dentists from charging more by “unbundling” services that should be billed as one service. Your costs are usually lowest when you visit a Delta Dental dentist.
- **Guaranteed Coinsurance/Copayment** – Delta Dental dentists agree to accept our determination of fees. They won't balance bill over Delta Dental's approved amount for covered services.
- **Professional Treatment Standards** – Delta Dental reviews utilization patterns and office practices to ensure that Delta Dental dentists meet professional standards for safety and quality of care.

The Delta Dental PPO program allows you the freedom to visit any licensed dentist, however, there are advantages to visiting a Delta Dental PPO network dentist instead of an out-of-network dentist. Consider the information below:

IN-PPO NETWORK	OUT-OF-PPO NETWORK
You will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist. PPO dentists agree to accept a reduced fee for PPO patients.	You are responsible for the difference between the amount Delta Dental pays and the amount your out-of-network dentist bills. You will usually have higher out-of-pocket costs when you visit an out of network dentist.**
You are charged only the patient's share* at the time of treatment. Delta Dental pays its portion directly to the dentist.	Your dentist may require you to pay the entire amount of the bill in advance and wait for reimbursement.
PPO dentists will complete claim forms and submit them for you at no charge.	You may have to complete and submit your own claim forms, or pay your non-Delta Dental dentist a service fee to submit them for you.

### SAMPLE CLAIM SAVINGS

	IN-PPO NETWORK	OUT-OF-PPO NETWORK
	DELTA DENTAL PPO DENTISTS	NON-DELTA DENTAL DENTISTS
Dentist bills	\$180.00	\$180.00
Dentist accepts as payment in full	\$90.00 (Delta Dental's agreed-upon fee)	\$180.00 (No fee agreement with Delta Dental)
Delta Dental's payment	\$45.00	\$55.00
Patient's share*	\$45.00	\$125.00
<b>Patient savings</b>	<b>\$90.00</b>	<b>\$0.00</b>

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

\*\* PPO dentist fees usually offer the greatest savings, but if you do not visit a PPO dentist, you may benefit by choosing a Delta Dental Premier dentist over a non-Delta Dental dentist. Since Premier dentists agree not to balance bill over Delta Dental's approved amount, your out-of-pocket costs may be lower than with non-Delta Dental dentists.

# BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPO<sup>SM</sup>

The following information is not intended or designed to replace or serve as an Evidence of Coverage or Summary Plan Description for the program. If you have specific questions regarding benefit structure, limitations or exclusions, consult your company's benefits representative.

<b>WHO'S ELIGIBLE</b>	Primary enrollee, spouse and eligible dependent children to age 19 or to age 25 if dependent is full-time student		
<b>DEDUCTIBLES</b>	\$100 per person per calendar year		
<b>DIAGNOSTIC &amp; PREVENTIVE</b>	<b>DEDUCTIBLE WAIVED?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>ACCRUES TOWARDS MAXIMUM?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>ANNUAL MAXIMUM</b>	The maximum benefit paid per calendar year is \$1,500 per person		
<b>WAITING PERIOD(S)</b>	Basic Benefits 0 Months	Major Benefits 0 Months	Orthodontics 0 Months

<b>BENEFITS AND COVERED SERVICES*</b>	<b>In-PPO Network**</b>	<b>Out-Of-PPO Network**</b>
<b>DIAGNOSTIC &amp; PREVENTIVE BENEFITS</b> -- Oral examinations, routine cleanings, x-rays, fluoride treatment, space maintainers	100 %	100 %
<b>BASIC BENEFITS</b> -- Fillings, sealants , denture repairs	80 %	80 %
<b>MAJOR BENEFITS</b> -- Crowns, inlays, onlays, cast restorations, bridges, dentures	50 %	50 %
<b>ENDODONTICS</b> -- (root canals) Covered Under Basic	80 %	80 %
<b>PERIODONTICS</b> -- (gum treatment) Covered Under Basic	80 %	80 %
<b>ORAL SURGERY</b> -- Incisions, excisions, surgical removal of tooth Covered Under Basic	80 %	80 %

\* 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.



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**Customer Service** [www.deltadentalins.com](http://www.deltadentalins.com)  
800-521-2651

**Claims Address**  
P.O. Box 1809, Alpharetta, GA 30023-1809