

## Delta Dental PPO Plus Premier EMPLOYEE INFORMATION SHEET

### 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 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	Contract Year † Deductible Per Person	Contract Year † Deductible Per Family	Services Exempt From Annual Deductible	Contract Year † Maximum Per Person	Orthodontic Lifetime Maximum Per Person
Delta Dental PPO	\$50	\$150	Diagnostic and Preventive	\$1500	\$1000**
Delta Dental Premier or Non-Participating	\$50	\$150	Diagnostic and Preventive	\$1500	\$1000**

**\*\*Orthodontics has a separate \$50 lifetime deductible per person.**

**† Contract Year is July 1 – June 30.**

The following table illustrates copayment percentages for each covered procedure in accordance with Delta Dental's payout level:

Service	Examples of Procedures	Delta Dental PPO Dentist		Delta Dental Premier Dentist		Non-Participating Dentist	
		Delta Dental	Patient	Delta Dental	Patient	Delta Dental	Patient
Diagnostic	exam & x-rays	100%*	0%*	80%*	20%*	80%	20%
Preventive	fluoride treatments to age 19, teeth cleaning, sealants to age 14	100%*	0%*	80%*	20%*	80%	20%
Basic Restorative	fillings	80%*	20%*	80%*	20%*	80%	20%
Major Restorative	crowns	50%*	50%*	50%*	50%*	50%	50%
Uncomplicated Extractions	routine removal of teeth	80%*	20%*	80%*	20%*	80%	20%
Complete Oral Surgery	extractions	50%*	50%*	50%*	50%*	50%	50%
Endodontics	root canal therapy	80%*	20%*	80%*	20%*	80%	20%
Non-Surgical Periodontics	a periodontal service not including surgical procedures	80%*	20%*	80%*	20%*	80%	20%
Surgical Periodontics	surgical procedures for treatment of gums	50%*	50%*	50%*	50%*	50%	50%
Prosthodontics	dentures, bridgework	50%*	50%*	50%*	50%*	50%	50%
Orthodontics	straightening of teeth	50%*	50%*	50%*	50%*	50%	50%
Orthodontics is covered for employees, spouses, and dependents to the end of the year in which age 21 is reached, unless a full-time student, in which case to the end of the month in which age 24 is reached							
Denture Repair	repair to existing dentures	80%*	20%*	80%*	20%*	80%	20%

**\*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 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.
<b>Delta Dental Premier Participating</b>	Dentists are paid the Delta Dental Premier Allowed Amount.	
<b>Non-Participating</b>	Claims for services provided by non-participating dentists are processed using a maximum fee level that may be higher than Delta Dental's 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.

**ELIGIBILITY**

Eligible for coverage are employees, spouses, and dependent children to the end of the year in which age 21 is reached, unless a full-time student, in which case eligibility is extended to the end of the month in which age 24 is reached.

**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.

**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.WeKeepYouSmiling.com/stateofdelaware](http://www.WeKeepYouSmiling.com/stateofdelaware) 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: 800-873-4165 TTY/TDD: 888-373-3582 Web site: <a href="http://www.WeKeepYouSmiling.com/stateofdelaware">www.WeKeepYouSmiling.com/stateofdelaware</a>
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**NOTE** – This information sheet pertains to proposed benefits and is subject to acceptance of the application for the dental service contract. This information sheet will not modify such contract in any way, nor shall the subscriber accrue any additional rights because of any statement in or omission from this information sheet.