

## Delta Dental's PPO Program

Coverage Type	Participating Providers		Non-Participating Providers
	PPO 900 Metro Providers	Premier 2100 Metro Providers	Out of Network
Type A - Preventative	100%	80%	80%
Type B - Basic Restorative	80%	50%	50%
Type C - Major Restorative	50%	50%	50%

- **Delta Dental PPO Providers:** agree to be reimbursed from a fee schedule and no balance billing.
- **Delta Dental Premier Providers:** agree to a contractual reimbursement and no balance billing.
- **Non-Network Providers:** benefit payments are made up to the Maximum Plan Allowance; balance billing is possible.

Delta Dental PPO Dentists	<ul style="list-style-type: none"> <li>• Delta Dental Contracted Provider</li> <li>• Highest Level of Benefits</li> <li>• Largest Discounts</li> <li>• No Balance Billing</li> <li>• No Claim Forms</li> <li>• Direct Dentist Reimbursement</li> </ul>
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Delta Dental Premier Dentists	<ul style="list-style-type: none"> <li>• Delta Dental Contracted Provider</li> <li>• Slightly Lower Co-Insurance</li> <li>• Smaller Discounts</li> <li>• No Balance Billing</li> <li>• No Claim Forms</li> <li>• Direct Dentist Reimbursement</li> </ul>
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Non-Participating Dentists	<ul style="list-style-type: none"> <li>• Not Under Contract With Delta Dental</li> <li>• Slightly Lower Co-Insurance</li> <li>• No Discounted Fees</li> <li>• Balance Billing is Possible</li> <li>• Dentists May Not File Claims</li> <li>• Patient Reimburses Dentist</li> </ul>
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# VantageLinks, LLC

Delta Dental PPO Plan Features	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
	Based on a reduced fee schedule – no balance billing	Based on a contractual agreement – no balance billing	Based on Delta's maximum plan allowance; balance billing is possible
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>➤ Oral exams (all types), twice per calendar year</li> <li>➤ Bitewing and Periapical x-rays as needed</li> <li>➤ Full-mouth x-rays once in any 36 consecutive months</li> <li>➤ Cleanings (all types), twice per calendar year</li> <li>➤ Fluoride, once per calendar year for dependents under age 19</li> <li>➤ Emergency palliative treatment</li> <li>➤ Space maintainers, once in 5 years, to age 16</li> </ul>	100%	80%	80%
<b>Basic Services</b> <ul style="list-style-type: none"> <li>➤ Restorative services using synthetic porcelain and plastic material (white) on front teeth and amalgam (silver) on molar teeth</li> <li>➤ Periodontics: treatment for diseases of gums and bone supporting the teeth</li> <li>➤ Endodontics: root canal filling and pulpal therapy</li> <li>➤ Sealants for dependent children under 19, once per tooth every 5 years, limited to non-decayed 1<sup>st</sup> and 2<sup>nd</sup> permanent molars</li> <li>➤ Simple and surgical extractions</li> </ul>	80%	50%	50%
<b>Major Services</b> <ul style="list-style-type: none"> <li>➤ Oral surgery, except for extractions covered under Basic</li> <li>➤ Prosthetics: bridges and dentures; a replacement will be covered only once in 5 years, but not during the first 12 months of coverage</li> <li>➤ Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 5 years</li> </ul>	50%	50%	50%
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>➤ For dependent children to age 19 that begin treatment while covered by this plan.</li> </ul>	N/A	N/A	N/A
<b>Calendar Year Deductible</b> <small>(applies to Basic and Major Services only)</small>	<b>\$50 per person / \$150 family limit</b>		
<b>Calendar Year Benefit Maximum</b>	<b>\$1,000 per person</b>		
<b>Lifetime Orthodontic Maximum</b>	<b>N/A</b>		
<b>MaxAdvantage</b>	<u>YES</u> Charges for Exams, Cleanings, X-rays, and Fluoride treatments will not be deducted from the annual maximum benefit.		
<b>Dependent Age Limit: 19; 23 if full time student</b>			

*This is intended to be a summary only, if discrepancies arise 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. Should discrepancies arise, the SPD will govern.*

## About Delta Dental...

Delta Dental is a not-for-profit corporation and the largest and most experienced provider of dental benefits in the nation. Delta Dental covers one out of every four Americans who have dental insurance.

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 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.
- 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.**

## Out of PPO 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 maximum plan allowance** – which means no balance billing.
- 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 Out of PPO level; however, you will receive the cost control and claims filing advantages noted above.**

### 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 Out of PPO level and :

- 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's 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](http://www.deltadental.com), or
- Call Delta Dental Customer Service at **1-800-392-1167**

*New from*



## MAXAdvantage<sup>SM</sup> Benefit Option

- The most popular, routine preventive procedures are not counted against a subscriber's annual maximum.
- Encourages healthy behavior and routine check-ups.
- Improves oral health and may reduce overall medical costs.
- No need to postpone necessary services to the following plan year.



**What services are included and do not count toward the plan year maximum benefit amount?**



- ✓ Routine and comprehensive dental exams as well as periodontal exams
- ✓ X-rays, including complete series, periapical, intraoral, extraoral, bitewings and panoramic films
- ✓ Cleanings including perio-maintenance cleanings
- ✓ Fluoride and fluoride varnishes

### Benefits Without MAXAdvantage

**Routine Care Example**  
(2 exams, x-rays, 2 cleanings)  
\$1,000 annual maximum  
100% coverage for routine care

Delta Dental Pays

Member Pays

Maximum Remaining

\$300

\$0

\$700

### Benefits With MAXAdvantage

**Routine Care Example**  
(2 exams, x-rays, 2 cleanings)  
\$1,000 annual maximum  
100% coverage for routine care

Delta Dental Pays

Member Pays

Maximum Remaining

\$300

\$0

\$1,000