

## Dental Benefit Highlights for



**Delta Dental PPO<sup>SM</sup> (Point-of-Service)** Coverage effective January 1, 2017

|   | Delta Dental PPO Dentist | Delta Dental Premier <sup>®</sup> Dentist | Nonparticipating Dentist |
|---|--------------------------|---|--------------------------|
|   | Plan Pays                | Plan Pays                                 | Plan Pays*               |
| <b>Diagnostic &amp; Preventive</b>  |                          |   |                          |
| <b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers | 100%                     | 100%                                      | 100%                     |
| <b>Sealants</b> - to prevent decay of permanent teeth   | 100%                     | 100%                                      | 100%                     |
| <b>Brush Biopsy</b> - to detect oral cancer   | 100%                     | 100%                                      | 100%                     |
| <b>Radiographs</b> - X-rays   | 100%                     | 100%                                      | 100%                     |
| <b>Basic Services</b>   |                          |   |                          |
| <b>Emergency Palliative Treatment</b> - to temporarily relieve pain                           | 80%                      | 80%                                       | 80%                      |
| <b>Minor Restorative Services</b> - fillings and crown repair                                 | 80%                      | 80%                                       | 80%                      |
| <b>Endodontic Services</b> - root canals  | 80%                      | 80%                                       | 80%                      |
| <b>Periodontic Services</b> - to treat gum disease  | 80%                      | 80%                                       | 80%                      |
| <b>Oral Surgery Services</b> - extractions and dental surgery                                 | 80%                      | 80%                                       | 80%                      |
| <b>Other Basic Services</b> - misc. services  | 80%                      | 80%                                       | 80%                      |
| <b>Major Services</b>   |                          |   |                          |
| <b>Relines and Repairs</b> - to bridges, dentures, and implants                               | 60%                      | 60%                                       | 60%                      |
| <b>Major Restorative Services</b> - crowns  | 60%                      | 60%                                       | 60%                      |
| <b>Prosthodontic Services</b> - bridges, dentures, and implants                               | 60%                      | 60%                                       | 60%                      |
| <b>Orthodontic Services</b>   |                          |   |                          |
| <b>Orthodontic Services</b> - braces  | 60%                      | 60%                                       | 60%                      |
| <b>Orthodontic Age Limit</b> -  | Up to age 26             |   |                          |

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

**Maximum Payment** – \$1,500 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services. \$1,000 per person total per lifetime on Orthodontics.

**Deductible** – \$25 deductible per person total per calendar year limited to a maximum deductible of \$75 per family per calendar year on all services except Diagnostic and Preventive Services, Sealants, Brush Biopsy, X-rays, and Orthodontic Services.

**Note** – This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

### Welcome to Ohio's largest dental benefits family!

As a member of Delta Dental of Ohio, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists – there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

### Quality Dental Program

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our Certified Center of Excellence call center, as awarded by Benchmark Portal.

### Online Access

Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more – all at your own convenience.

### A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

### Questions?

If you have questions, please call our Customer Service team at (800) 524-0149 or look online at [www.DeltaDentaloh.com](http://www.DeltaDentaloh.com).