

# Delta Dental PPO<sup>SM</sup>



The Delta Dental Preferred Provider Organization (PPO) plans are preferred provider organization plans that allow you and your family to visit any dentist, but provide cost savings when you visit an in-network dentist. Delta Dental offers you a choice of two different plans.

## The Standard Plan

The Standard Plan is a low-cost plan that is designed for those individuals who primarily would need only diagnostic and preventive dental services. The Standard Plan includes a copayment schedule that applies to the various dental procedures when you visit an in-network dentist. You do not have to satisfy an annual calendar year deductible if you seek services from an in-network PPO dentist. When you visit an out-of-network dentist, you are responsible for a percentage of the dentist's charges, which is referred to as "coinsurance."

## The High Plan

The High Plan is designed for those individuals who have more extensive dental needs. This plan provides a reimbursement of either 100, 80 or 50% of the plan's PPO dentist fees, depending on the service provided, after you have satisfied the plan deductible. Delta Dental offers quality dental care at affordable prices with their PPO plan. You have access to a nationwide network of dentists who have agreed to contracted fees, which helps reduce your costs. You are free to choose an in-network or out-of-network dentist at the time you make your appointment. However, when using an out-of-network dentist, the level of coverage is reduced and your out-of-pocket expenses will increase.

## How to select the Delta Dental PPO plan

### Employee-Paid Benefits:

1. You may cover yourself by selecting the "Employee-only" benefit.
2. You may cover yourself and your eligible dependent(s) by selecting the "Employee and Family" benefit.

**NOTE:** If you choose dependent dental coverage, your dependents must be covered by the same dental plan and level of coverage (Standard or High) which you selected for yourself.

## About Delta Dental PPO

### Pre-treatment estimate:

Ask your dentist to obtain a pre-treatment estimate from Delta Dental for any services that are expected to exceed \$300. This free service gives you an estimate of your costs for the service. This provision does not apply to charges for emergency treatment.

## >> Benefit Eligibility Note:

- **All M-DCPS groups are eligible to enroll in the DeltaCare USA offered by the School Board.**
- **Current COBRA participants may only continue to enroll in DeltaCare USA if you were previously enrolled in vision.**
- **See eligibility section for more details.**



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## Where can I get claim forms?

Dental claim forms will be provided to you upon request at the Office of Risk and Benefits Management. For claims assistance or status, log on to [www.deltadentalins.com/mdcps](http://www.deltadentalins.com/mdcps) or call Delta Dental Customer Service at 1.800.693.2589.

## Where may I call for inquiries or additional questions?

All inquiries and questions should be directed to Delta Dental Customer Service at 1.800.693.2589.

## Who is an eligible dependent for this coverage?

Eligible dependents for this plan include:

- Spouse/domestic partner
- Unmarried natural children, adopted children, and stepchildren to the end of the calendar year they reach age 26
- Children older than age 26 will remain covered under this plan only if proof is submitted that they suffer from a physical handicap or mental retardation, provided they remain chiefly dependent upon you for support.
- Children of a domestic partner, as long as the domestic partner is also covered.

**This example indicates your savings using the Delta Dental PPO High Dental Plan (Filling-Type B service):**

### In-Network (PPO)

PPO Dentist Fee	\$ 62.60
Plan pays 80% of PPO Fee	- \$ 50.08
You pay 20% of PPO Fee	\$12.52
<b>Your cost</b>	<b>\$12.52*</b>

### Out-of-Network

Dentist Fee	\$190.00
PPO Fee	\$62.60
Plan pays 80% of PPO Fee	- \$50.08
You pay 20% of PPO Fee	\$12.52
Plus Charge over Dentist Fee	\$127.40
<b>Your cost</b>	<b>\$139.92**</b>

Total \$\$\$ saved by using a Delta Dental PPO dentist = \$127.40

\* Example assumes \$50 deductible has been satisfied.

\*\*Example assumes \$150 deductible has been satisfied.

