

Which Dental Plan is Right for Me?

The two plans offered to you are very different. As with any insurance plan, please make sure that you review the Plan Highlights & Benefit Summary before enrolling.

The information below is intended to help you understand some frequently asked questions, but it is still important for you to review the Plan Highlights & Benefit Summary in full before enrolling in either plan.

Is there a maximum benefit?

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DeltaCare: There is a \$1,000 calendar year maximum (**January-December**) benefit per member for certain specialty services (endodontic services, periodontic services, and oral surgery). There is no maximum benefit for other covered services outlined in the plan summary. The frequency of certain services, however, is limited. Please refer to the frequency limitations and exclusions sections of the plan summary for details on those limitations.

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Total Choice PPO: There is a \$1,000 plan year maximum (**September-August**) benefit per member. This maximum applies to all covered services on the plan summary. The frequency of certain services is also limited. Please refer to the frequency limitations outlined in the benefit summary: Example Teeth Cleaning-twice per 12 months.

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Deductible of \$50 per person or \$150 family cap of 3 or more per plan year for services listed under Type 2 & Type 3 services.

A 3 -month waiting period applies for services listed under Type 2 & 3 services.

Please see plan summary.

How do I find a participating dentist?

Delta Dental has a variety of networks. Do not assume that because a dentist accepts "Delta Dental" that he/she is a contracted provider that accepts the Delta Dental Fees for services. Ask the providers office are they a "**contracted dentist**" under the dental network that

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you have chosen either the DeltaCare or the Total Choice PPO Network. The two dental plans offered to you use different Delta Dental networks as described. You can search for participating providers at <http://www.deltadentalma.com/Members/> Please be careful to select the correct Delta Dental network when searching the directory (DeltaCare Local network and/or Total Choice PPO Networks).

DeltaCare: This plan uses the DeltaCare Provider Network only. When choosing a Primary Care Dentist (PCD) you MUST select one in the DeltaCare network. Dentists in the DeltaCare network are only located in Massachusetts. If you enter a dentist who does not accept the DeltaCare plan, your selection will be voided and Delta Dental will reassign you to a contracted dentist within the DeltaCare network based on your home address. Please note that you can change your DeltaCare Provider at any time by calling DeltaCare at 800-327-6277. Changes must be made no later than the 20th of the month (we recommend earlier in the month if possible) to be effective on the 1st of the following month.

❓ **Delta Dental Total Choice PPO Network:** This plan utilizes the Delta Dental Total Choice PPO Network. As a member you benefit from having access to the largest PPO network in the state.

❓ **Delta Dental Total Choice PPO,** with more than 4,000 participating dentist locations you will enjoy the greatest out-of-pocket savings when visiting Delta Dental Total Choice PPO Network dentists as part of the in-network services outlined in the plan summary at the following coinsurances for in-network benefits covered at: 100%, 80% and 50%. Please review the plan summary.

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The Delta Dental Total Choice PPO Network has participating providers across the state of Massachusetts and offers discounted fees. You do not need to select a primary care dentist under the network. Visit our web site at www.totalchoiceppo.com.

How much do I have to pay when I see a participating dentist?

❓ **DeltaCare:** As a DeltaCare member, you are responsible for the co-payments listed in the benefit summary when you receive care from a DeltaCare primary dentist or a specialist: Ex: Minor Restorative Services Procedure Code D2140 One surface silver filling \$35.00. All payments should be made directly to the treating dentist.

Most Preventive and Diagnostic services are covered at 100% without any co-payment. The co-payment schedule can be found at the following link

https://www.universityhealthplans.com/pdf/DeltaCare_Brochure-1611.pdf at any time during the policy year.

❓ **Total Choice PPO:** Simply provide your dentist with the information that is printed on your ID card. The dentist will submit your claim and be paid directly by Delta Dental.

If you have a patient responsibility, Delta Dental will send you an Explanation of Benefits (EOB) detailing what Delta Dental paid the dentist under your plan's coverage and your remaining patient balance, which you pay directly to the dentist.

You are responsible for any co-payments (see the plan summary for in and out of network benefits and deductibles that may apply).

❓ If you receive a treatment that is not covered under your plan, you may be billed at the dentist's normal rate rather than Delta Dental's contracted rate.

Delta Dental members can also take advantage of expanded discounts on many covered services, even after they have used up their benefit dollars, visit limits and other situations. Get the details at <http://www.deltadentalma.com/members/discounts-on-covered-services>.

What happens if I see a non-participating dentist?

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DeltaCare: Out-of-Network Coverage

DeltaCare provides coverage for out-of-network services; however, the benefits are lower than the coverage members receive care from a DeltaCare dentist. This means greater out-of-pocket expense for you.

\$100 deductible: Members who receive care from non-participating dentists must satisfy a \$100 deductible that applies to all services.

Reduced benefits: Coverage for out-of-network services is 20% lower than the co-insurance for an in-network DeltaCare panel dentist.

Out-of-network benefits will be based on either the dentist's charge or the maximum allowable fee for the service, whichever is lower.

Please refer to the plan summary section titled Out-of-Network Coverage.

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Total Choice PPO: Your Delta Dental Total Choice PPO Plan provides coverage for services received from dentists who don't participate in the Delta Dental Total Choice PPO network.

However, your out-of-pocket expenses will be more. Please refer to the plan summary section Out of Network. :Deductible applies to Type 2 & 3 services. **insurance is reduced** for out of network services (80/60/30) please see plan summary.

Delta Dental's payment for services received from non-participating dentists is based on either the dentist's fee or the maximum plan allowance for non-participating dentists, whichever is

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lower. If you utilize the services of a non-participating dentist whose fees are higher than the maximum plan allowance, you will be responsible for the difference between Delta Dental's payment and the dentist's total submitted charges.

The Claims Process for Non-Participating Dentists

Simply provide your dentist with the information that is printed on your ID card. Your dentist will collect his/her fees directly from you.

Delta Dental will reimburse you based on a claim form that the provider's office submits on your behalf or you submit to: Delta Dental, P.O. Box 2907 Milwaukee, WI 53201-2907.

You are responsible for paying any deductibles or co-payments as well as the difference between what Delta Dental pays and what the dentist charges.