

Delta Dental PPO plus Premier

EL PASO COUNTY – GROUP # 12104 – HIGH PLAN

MAXIMUM BENEFIT Calendar Year Maximum			\$1,500 per individual, per calendar year	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major			Individual Deductible - \$ 25.00 PPO Network / \$ 50.00 Premier or out-of-network Family Deductible - \$75.00 PPO Network / \$150.00 Premier or out-of-network	
PREVENTION FIRST			Included – Covered Diagnostic & Preventative services do not count toward your calendar year maximum	
PPO Dentist	PREMIER Dentist	OON Dentist	COVERED SERVICES	BENEFIT INFORMATION
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	100%	100%	Oral Exams and Cleanings	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented EBD condition.*
			Sealants	Once per tooth per 36-month period – permanent molars teeth through age 15
			Bitewing X-Rays	Limited to one set per calendar year
			Full Mouth X-Rays	Limited to one per 60 consecutive months
			Fluoride	Two per calendar year; through age 15
			Space Maintainers	Limited to covered persons through age 15 and limited to initial appliance only (once per lifetime)
BASIC SERVICES - Deductible Applies				
90%	70%	70%	Fillings (amalgam and composite)	Once per tooth in a 12-month period.
			Simple Extraction	
			Oral Surgery/Anesthesia	
			Endodontics (root canal)	
			Periodontics	
MAJOR SERVICES - Deductible Applies				
60%	30%	30%	Crowns	Not a benefit under age 12
			Implants	Not a benefit under age 16
			Dentures/Bridges	Once every 60 months, not a benefit under age 16
ORTHODONTICS - \$1,500 LIFETIME MAXIMUM				
50%	50%	50%	Covered for adults and children	

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Out-of-Network Dentist – Payment is based on the out-of-network Maximum Plan Allowance (MPA). Members are responsible for the difference between the out-of-network MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Open Enrollment applies. Members may add coverage once per year.

This is a brief description of services covered under your dental plan. Please refer to the Employee Benefit Booklet for full plan details. If differences exist between this summary and the Employee Benefit Booklet, the Employee Benefit Booklet will govern.

*Evidence Based Dentistry (EBD) allows for two additional cleanings for members with diabetes with documented gum conditions, pregnancy with documented gum conditions, cardiovascular disease with documented gum conditions, kidney failure with dialysis, and suppressed immune system due to chemotherapy or radiation treatment, HIV positive status, organ transplant or stem cell (bone marrow) transplant.

Delta Dental PPO plus Premier™



With the Delta Dental PPO plus Premier plan, you and your family members may visit any licensed provider. However, you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider.

Advantages of the Delta Dental PPO Plus Premier Plan:

- **SAVINGS:** Delta Dental providers offer our members the greatest savings and protection from balance-billing for covered services. That means they can't bill you for the difference between what they usually charge and the amount they've agreed to charge Delta Dental members. You can also ask your provider to submit a pre-determination estimate. Delta Dental will review the treatment plan and tell your provider how much you'd be responsible for so you'll have a clear understanding of cost prior to treatment.
- **CHOICE:** If you choose to visit a Delta Dental Premier® provider, you'll still save money because Premier providers also accept discounted fees (however, discounts are not as great as if you see a PPO provider).
- **NETWORK:** Delta Dental is the nation's largest provider of dental insurance, covering more than 85 million Americans, and offering the largest dental network with more than **154,000 participating providers nationwide**. Network providers file claims directly with Delta Dental on your behalf and accept Delta Dental's reimbursement in full.

Savings Example for a Major Procedure*

	Estimated Charge	Maximum Allowed Fees	Percentage Paid by Delta Dental	Amount Delta Dental Pays	Amount Dentist can Balance-Bill	Total Amount You Pay	Your Total Cost Savings
PPO Network	\$1,200	\$850	50%	\$425	\$0	\$425	\$350
Premier Network	\$1,200	\$975	50%	\$487.50	\$0	\$487.50	\$225
Out of Network	\$1,200	\$700	50%	\$350	\$500	\$850	\$0

**NOTE: Payment examples above are for illustration purpose only. Check your specific plan for fees, coinsurance rates, and what procedures are considered "major", as they differ from plan to plan. Example assumes deductible has been met.*

It pays to use Delta Dental network providers — especially those in our PPO network. To find a participating provider or to see if your current provider is in the network, visit our website at deltadentalco.com and use the Find a Dentist search tool.

You can also contact our customer service department, Monday–Friday 7:30 a.m. to 5 p.m. Mountain Time, at customer_service@ddpco.com or 1-800-610-0201 (toll-free).

deltadentalco.com

