

OUT-OF-NETWORK BENEFITS

DELTA PPO (6749)

Under the **Delta PPO** plan, you may visit any licensed dentist you wish.

However, you receive the maximum benefits available under the program when you choose of the more than **8,600 in-network dental offices in California**. If you choose an out-of-network dentist, you will benefit by selecting a Delta dentist.

Changes to Delta PPO coverage when using an out-of-network dentist:

Deductibles & Benefit Maximums	\$50/person and \$150/family per calendar year. Maximum paid benefit per calendar year is \$500.
Basic Benefits	50% of PPO approved fees
Diagnostic & Preventative Benefits	50% of PPO approved fees <i>(no deductible applies for these services)</i>
Crowns, Jackets, & Cast Restorations	50% of PPO approved fees

What is patient share?

“Patient share” is the copayment, applicable deductible, & any amount over the annual maximum. Additionally, some services may not be covered.

EX: Cosmetic dentistry, experimental procedures, & services to correct congenital malformations



In-Network Delta PPO Dentist

- Your out-of-pocket expenses will most likely be less because PPO dentists have agreed to charge PPO patients reduced fees.
- Claim forms will be completed & submitted for you at no charge.
- You may be charged only the **patient share** at the time of treatment, not Delta’s portion.

Out-of-Network Delta Dentist

- You will be charged no more than the fees approved by Delta as customary and reasonable.
- Claim forms will be completed & submitted for you at no charge.
- You may be charged only the **patient share** at the time of treatment, not Delta’s portion.

Out-of-Network Non-Delta Dentist

- You will be responsible for the dentist’s fees, which may be higher than those approved by Delta.
- You may have to completed & submit your own claim forms or pay a service fee.
- You may have to pay the entire amount in advance & wait for reimbursement.

OUT-OF-NETWORK BENEFITS

DELTA PREMIER (6516)

Under the **Delta Premier** plan, you may visit any licensed dentist you wish.

More than **17,000 dentists in California** – 94% of all dentists statewide – **are Delta dentists**. There are several advantages to choosing a Delta dentist:

Delta Dentist

- Claim forms are completed & submitted for you at no charge.
- Your dentist's fees have been certified by Delta as usual, customary, & reasonable – you're responsible only for the **patient share**.
- You may be charged only at the **patient share** at the time of treatment, not Delta's portion.

Non-Delta Dentist

- You may have to complete & submit your own claim forms or pay a service fee.
- Delta has not certified the dentist's fees – you are responsible for the difference if your dentist charges more than Delta's pre-approved fees.
- You may have to pay the entire bill at the time of treatment & wait for reimbursement.

What is patient share?

"Patient share" is the copayment, applicable deductible, & any amount over the annual maximum.

Additionally, some services may not be covered.

EX: Cosmetic dentistry, experimental procedures, & services to correct congenital malformations



If you choose a non-contracted dentist, the Premier plan will take whatever your current incentive level is & will pay the amount they would have paid a Delta Dentist, leaving you as the member responsible for the remaining amount.