

# DELTA DENTAL

**Client Name: HOWARD COUNTY, MARYLAND**

**Group No.: 6950**

**Effective Date: January 1, 2010**

## BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPO<sup>SM</sup>

Delta Dental offers you what no other dental plan can – The Delta Dental Difference<sup>SM</sup>. Here's what makes us a leading provider of dental benefits:

- **Exceptional Cost Savings** – Our networks protect enrollees from balance billing and prevent dentists from charging more by “unbundling” services that should be billed as one service. Your costs are usually lowest when you visit a Delta Dental dentist.
- **Guaranteed Coinsurance/Copayment** – Delta Dental dentists agree to accept our determination of fees. They won't balance bill over Delta Dental's approved amount for covered services.
- **Professional Treatment Standards** – Delta Dental reviews utilization patterns and office practices to ensure that Delta Dental dentists meet professional standards for safety and quality of care.

The Delta Dental PPO program allows you the freedom to visit any licensed dentist, including a dentist from our Delta Dental Premier<sup>®</sup> indemnity network. However, there are advantages to visiting a Delta Dental PPO network dentist instead of a Premier or non-Delta Dental dentist. Consider the information below:

| IN-NETWORK   |  | OUT-OF-NETWORK   |
|--|--|--|
| DELTA DENTAL PPO DENTISTS  | DELTA DENTAL PREMIER <sup>®</sup> DENTISTS   | NON-DELTA DENTAL DENTISTS  |
| You will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist.<br>PPO dentists agree to accept a reduced fee for PPO patients. | Premier dentists may not balance bill above Delta Dental's approved amount, so your out-of-pocket costs may be lower than with non-Delta Dental dentists' charges. | You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. |
| You are charged only the patient's share* at the time of treatment. Delta Dental pays its portion directly to the dentist.                                     | You are charged only the patient's share* at the time of treatment. Delta Dental pays its portion directly to the dentist.   | Non-Delta Dental dentists may require you to pay the entire amount of the bill in advance and wait for reimbursement.  |
| PPO dentists will complete claim forms and submit them for you at no charge.   | Premier dentists will complete claim forms and submit them for you at no charge.   | You may have to complete and submit your own claim forms, or pay your non-Delta Dental dentist a service fee to submit them for you.**   |

### SAMPLE CLAIM SAVINGS

|                                    | IN-NETWORK                                  |  | OUT-OF-NETWORK                                   |
|------------------------------------|---|--|--|
|                                    | DELTA DENTAL PPO DENTISTS                   | DELTA DENTAL PREMIER DENTISTS                | NON-DELTA DENTAL DENTISTS                        |
| Dentist bills                      | \$180.00                                    | \$180.00                                     | \$180.00   |
| Dentist accepts as payment in full | \$90.00<br>(Delta Dental's agreed-upon fee) | \$130.00<br>(Delta Dental's agreed-upon fee) | \$180.00<br>(No fee agreement with Delta Dental) |
| Delta Dental's payment 50%         | \$45.00                                     | \$65.00                                      | \$65.00  |
| Patient share*                     | \$45.00                                     | \$65.00                                      | \$115.00   |
| <b>Patient savings</b>             | <b>\$70.00</b>                              | <b>\$50.00</b>                               | <b>\$0.00</b>                                    |

\* Patient's share is the coinsurance/copayment, any remaining deductible, any amount over the annual maximum and any services your plan does not cover.

\*\* If you visit a non-network dentist, Delta Dental will send the benefit payment directly to you. You are responsible for paying the non-network dentist's total fee, which may include amounts in excess of your share of your plan's contract allowance.

**The information listed is not intended or designed to replace or serve as an Evidence of Coverage or Summary Plan Description for the program. If you have specific questions regarding benefit structure, limitations or exclusions, consult your company's benefits representative for the provisions specified in your Group Dental Contract.**

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|   |  |
|---|--|
| <b>WHO'S ELIGIBLE</b>                                     | Primary enrollee, spouse and eligible dependent children to the end of the month that dependent turns 25 |
| <b>DEDUCTIBLES</b>  | \$25 per person, \$75 per family per calendar year   |
| <b>DEDUCTIBLE WAIVED FOR DIAGNOSTIC &amp; PREVENTIVE?</b> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                      |
| <b>ANNUAL MAXIMUM</b>                                     | The maximum benefit paid per calendar year is \$1500 per person  |

| BENEFITS AND COVERED SERVICES*  | In-Network**             |                              | Out-Of-Network**         |
|---|--------------------------|------------------------------|--------------------------|
|   | Delta Dental PPO Dentist | Delta Dental Premier Dentist | Non-Delta Dental Dentist |
| <b>DIAGNOSTIC &amp; PREVENTIVE BENEFITS</b><br>-- Oral examinations, routine cleanings, x-rays, fluoride treatment, space maintainers, sealants | 100 %                    | 100 %                        | 80 %                     |
| <b>BASIC BENEFITS</b><br>-- Fillings  | 80 %                     | 80 %                         | 65 %                     |
| <b>MAJOR BENEFITS</b><br>-- Crowns, inlays, onlays and cast restorations  | 50 %                     | 50 %                         | 40 %                     |
| <b>ENDODONTICS</b><br>-- Root canals  | 80 %                     | 80 %                         | 65 %                     |
| <b>PERIODONTICS</b><br>-- Gum treatment   | 80 %                     | 80 %                         | 65 %                     |
| <b>ORAL SURGERY</b><br>-- Incisions, excisions  | 80 %                     | 80 %                         | 65 %                     |
| <b>SURGICAL EXTRACTIONS</b>   | 50 %                     | 50 %                         | 40 %                     |
| <b>PROSTHODONTICS</b><br>-- Bridges, dentures, implants   | 50 %                     | 50 %                         | 40 %                     |
| <b>ORTHODONTIC BENEFIT</b><br>adults and children   | 50 %                     | 50 %                         | 50 %                     |
| <b>ORTHODONTIC MAXIMUM</b>  | \$ 1500 Lifetime         | \$ 1500 Lifetime             | \$ 1500 Lifetime         |

\* Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

\*\* Fees are based on PPO fees for PPO (In-Network) dentists, the MPA (maximum plan allowance) for Premier dentists (In-Network) and the MPA (maximum plan allowance) for non-Delta Dental (Out-Of-Network) dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.



Delta Dental of Pennsylvania

**Customer Service** [www.deltadentalins.com](http://www.deltadentalins.com)  
800-932-0783 (Business Hours: 8 am to 8 pm ET)

**Claims Address** One Delta Drive  
Mechanicsburg, PA 17055

10/09

Maryland law requires we make the following statement:

*Our compensation to physicians who offer health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary or capitation. Bonuses may be used with these various types of payment methods. If you desire additional information about our methods of paying physicians, or if you want to know which method(s) apply to your physician, please call Delta Dental at 800-932-0783 or write to: Delta Dental of Pennsylvania, One Delta Drive, Mechanicsburg, PA 17055.*

Please note that the benefit payments made by Delta Dental to dentists, other dental care providers or enrollees are based on fee-for-service payment mechanisms and do not include salary, capitation or bonuses.

In Maryland, Delta Dental PPO and Delta Dental Premier are underwritten by Delta Dental of Pennsylvania, a not-for-profit dental service company.

