



## THE COUNTY OF DUPAGE

### Delta Dental PPO Plan Highlights

Group #11256

#### Introduction

The County of DuPage dental enrollees have access to two extensive networks, Delta Dental PPO and Delta Dental Premier managed fee-for-service. When you call your dentist to make an appointment, ask if he/she participates in either Delta Dental PPO or Premier. Your out-of-pocket costs will vary depending on whether he/she participates in Delta Dental PPO, Premier or neither (i.e., “out-of-network”). **You will maximize your benefits by receiving care from a Delta Dental PPO network dentist.** There are 165,200 Delta Dental PPO and 247,600 Delta Dental Premier dentist locations nationwide, including 5,650 and 9,340, respectively, in Illinois.

#### Choosing Your Dentist

The Delta Dental PPO program allows you to go to any in- or out-of-network general or specialty dentist at the time of treatment. However, it is to your advantage to choose a Delta Dental PPO or Premier network dentist for the following reasons:

1) Payment to Delta Dental PPO dentists is based on reduced fees; payment to Premier dentists is based on Delta Dental’s maximum plan allowance (MPA). In both networks, you only have to pay your deductible and coinsurance – *you will not be “balance billed” for charges that exceed the reduced PPO fee if you receive treatment from a Delta Dental PPO dentist or the MPA if you receive treatment from a Premier dentist.\**

2) Because we reimburse Delta Dental PPO and Premier dentists directly, they agree to charge you no more than your deductible and coinsurance; in other words, *you do not have to pay the whole bill up-front and wait for reimbursement.*

3) Out-of-network (non-PPO/non-Premier) dentists may balance bill you for billed charges that exceed Delta’s allowed reimbursement. If an out-of-network dentist’s charge exceeds Delta’s allowed fee, you will be responsible for the difference plus any applicable deductible and coinsurance. At the dentist’s discretion, *you may also have to pay the bill up-front.* You will be reimbursed directly for covered plan benefits.

4) Claim forms will be completed and submitted at no charge. Out-of-network dentists may require you to complete forms yourself or to pay a service charge.

*\*If your Delta Dental PPO or Premier dentist inadvertently charges you for amounts payable by Delta Dental, please call our customer service department at 1-800-323-1743.*

#### Non-Covered Services

There are some limitations on the expenses for which the The County of DuPage Dental Plan pays. For further information, refer to your dental benefits booklet or call our customer service department.

#### Finding a Network Dentist

To verify your dentist’s participation status, simply ask him/her if he/she is a Delta Dental PPO or Delta Dental Premier network dentist, call our interactive voice response phone system, contact our customer service department or visit our Web site.

Visit Delta Dental of Illinois’ Web site at  
[www.deltadentalil.com](http://www.deltadentalil.com)

The The County of DuPage Dental Plan utilizes the Delta Dental PPO and Delta Dental Premier networks. To locate a network dentist, click on Dentist Search in the Subscriber section.

You can search by:

- 1) City, state and ZIP code
- 2) Specialty
- 3) Dentist name (optional)

## Summary of Benefits and Covered Services for The County of DuPage

**Annual Maximum** \$1,500/person

**Annual Deductible** \$50/person  
(applies to Basic/Major/Ortho only)

**Lifetime Ortho. Maximum** \$1,500/per person ( \$50 lifetime deductible applies)

	<u>Delta Dental PPO</u>	<u>Delta Dental Premier</u>	<u>Out-of-Network</u>
<b>Preventive/Diagnostic</b>	100% *	100% **	100% ***
<ul style="list-style-type: none"> <li>◆ Oral evaluations (two per benefit year)</li> <li>◆ Emergency exams &amp; palliative treatment</li> <li>◆ X-rays (bitewings – two per benefit year; full mouth – once every three years)</li> <li>◆ Prophylaxis (cleaning; two per benefit year)</li> <li>◆ Fluoride treatment (twice per benefit year- children to age 18)</li> <li>◆ Space maintainers (to age 16 only)</li> <li>◆ Sealants (to age 16 only)</li> </ul>			
<b>Basic</b>	80% *	80% **	80% ***
<ul style="list-style-type: none"> <li>◆ Fillings</li> <li>◆ Posterior composites</li> <li>◆ Oral surgery</li> <li>◆ Periodontics</li> <li>◆ Endodontics</li> <li>◆ General anesthesia</li> <li>◆ IV sedation</li> <li>◆ Stainless steel crowns</li> <li>◆ Home visit</li> </ul>			
<b>Major</b>	50% *	50% **	50% ***
<ul style="list-style-type: none"> <li>◆ Crowns, jackets, cast restorations</li> <li>◆ Fixed/removable bridges</li> <li>◆ Partial/full dentures</li> <li>◆ Denture repairs, relines &amp; adjustments</li> <li>◆ Bridge repairs</li> <li>◆ Implants</li> </ul>			
<b>Orthodontia</b>	50% subject to lifetime maximum	50% subject to lifetime maximum	50% subject to lifetime maximum
<ul style="list-style-type: none"> <li>◆ Dependent children to age 19 and adults</li> </ul>			

\*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15-35% discount off of average billed charges. PPO dentists may not bill you for charges exceeding these fees.

\*\*Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance. Premier dentists may not bill you for charges exceeding these fees.

\*\*\*For non-network dentists, the maximum allowed fee is based on the lesser of the submitted fee or the 90th percentile Reasonable and Customary (R&C) fee. These dentists may balance bill you for charges in excess of Delta Dental's reimbursement.

The preceding information is a brief summary of The County of DuPage Dental Plan and the services it covers. If you have specific questions regarding benefit coverage, limitations or exclusions, contact Delta Dental at 1-800-323-1743.

**Note: Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.**