

Delta Dental of Ohio
Dental Benefit Highlights for
Delaware County #0803
Core Plan



Delta Dental PPOSM (Point-of-Service)
Coverage effective January 1, 2016

	Delta Dental PPO Dentist	Delta Dental Premier [®] Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*

Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, and fluoride	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Space Maintainers – appliances to prevent tooth movement	80%	80%	80%
Emergency Palliative Treatment – to temporarily relieve pain	80%	80%	80%
Sealants – to prevent decay of permanent molars	80%	80%	80%
Minor Restorative Services - fillings and crown repair	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Simple Extractions – non-surgical removal of teeth	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Major Services			
Other Oral Surgery – dental surgery	50%	50%	50%
Relines and Repairs – to bridges and dentures	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Prosthodontic Services - bridges, dentures, and implants	50%	50%	50%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

Maximum Payment – \$1,000 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services.

Deductible – \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except Diagnostic and Preventive Services, Brush Biopsy, and X-rays.

Note – This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

Welcome to Ohio's largest dental benefits family!

As a member of Delta Dental of Ohio, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists – there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our Certified Center of Excellence call center, as awarded by Benchmark Portal.

Online Access

Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more – all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at (800) 524-0149 or look online at www.DeltaDentaloh.com.

Delta Dental of Ohio
Dental Benefit Highlights for
Delaware County #0803
Enhanced Plan



Delta Dental PPOSM (Point-of-Service)
 Coverage effective January 1, 2016

	Delta Dental PPO Dentist	Delta Dental Premier [®] Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*

Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, and fluoride	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Space Maintainers – appliances to prevent tooth movement	90%	90%	90%
Emergency Palliative Treatment – to temporarily relieve pain	90%	90%	90%
Sealants – to prevent decay of permanent molars	90%	90%	90%
Minor Restorative Services - fillings and crown repair	90%	90%	90%
Endodontic Services - root canals	90%	90%	90%
Periodontic Services - to treat gum disease	90%	90%	90%
Simple Extractions – non-surgical removal of teeth	90%	90%	90%
Other Basic Services - misc. services	90%	90%	90%
Major Services			
Other Oral Surgery – dental surgery	50%	50%	50%
Relines and Repairs – to bridges and dentures	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Prosthetic Services - bridges, dentures, and implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -		Up to age 19	

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Maximum Payment – \$1,500 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services. \$1,000 per person total per lifetime on Orthodontics.

Deductible – \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except Diagnostic and Preventive Services, Brush Biopsy, X-rays, and Orthodontic Services.

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