

Delta Dental PPO Plus Premier EMPLOYEE INFORMATION SHEET

FEATURES OF DELTA DENTAL PPO PLUS PREMIER

- Cost-saving safety net that expands your access to Delta Dental participating dentists.
- Two dentist networks that can limit your out-of-pocket payments.
- Freedom to choose any dentist, but non-participating dentists do not contract with Delta Dental Dentist to limit their fees.

HOW YOU CAN SAVE MONEY

You'll save:

- Most if you go to a Delta Dental PPO dentist.
- Considerably if you go to a Delta Dental Premier® dentist.
- Least if you go to a non-participating dentist.

Summary of services covered and benefits provided under your dental program:

Dentist Visited	Annual Deductible Per Person	Annual Deductible Per Family	Services Exempt From Annual Deductible	Annual Maximum Per Person	Orthodontic Lifetime Maximum Per Patient
Delta Dental PPO	N/A	N/A	N/A	\$1000	unlimited
Delta Dental Premier or Non-Participating	\$50	\$100	Diagnostic, Preventive, and Orthodontic	\$1000	\$2000**

****Orthodontics has a separate \$50 lifetime deductible per patient for Premier and Non-Participating Dentists.**

The following table illustrates copayment percentages for each covered procedure in accordance with Delta Dental's payout level:

Service	Examples of Procedures	Delta Dental PPO Dentist		Delta Dental Premier Dentist		Non-Participating Dentist	
		Delta Dental	Patient	Delta Dental	Patient	Delta Dental	Patient
Diagnostic	exam & x-rays	100%*	0%*	100%*	0%*	100%*	0%*
Preventive	fluoride treatments to age 19, teeth cleaning, sealants to age 15	100%*	0%*	100%*	0%*	100%*	0%*
Basic Restorative	fillings	80%*	20%*	80%*	20%*	80%*	20%*
Major Restorative	crowns	50%*	50%*	50%*	50%*	50%*	50%*
Oral Surgery	extractions	80%*	20%*	80%*	20%*	80%*	20%*
Endodontics	root canal therapy	80%*	20%*	80%*	20%*	80%*	20%*
Periodontics	treatment of gum disorders	80%*	20%*	80%*	20%*	80%*	20%*
Prosthodontics	dentures, bridgework	50%*	50%*	50%*	50%*	50%*	50%*
Orthodontics	straightening of teeth	50%*	50%*	50%*	50%*	50%*	50%*
Orthodontics is covered for employees, spouses, and dependents to the end of the month in which age 19 is reached, unless a full-time student, in which case eligibility is extended to the end of the month in which they graduate or until 23 if they remain a FTS.							
Denture Repair or Denture Relining	repair to or relining of existing dentures	80%*	20%*	80%*	20%*	80%*	20%*
Additional General Anesthesia	applies to all surgical services	80%*	20%*	80%*	20%*	80%*	20%*
Crown, Inlay, Onlay & Bridge Repair and Recementation	repair and recementation of existing crowns, onlays, inlays and bridges	80%*	20%*	80%*	20%*	80%*	20%*
Posterior Composites	posterior resin filling	80%*	20%*	80%*	20%*	80%*	20%*

*DELTA DENTAL'S ALLOWED AMOUNT: Percentage is based on applicable Delta Dental Allowance or the dentist's actual fee, whichever is less (the Allowed Amount).

PAYMENT FOR SERVICES

The following illustrates payment responsibilities depending on your choice of dentist:

Dentist Status	Allowance	Payment Responsibilities
Delta Dental PPO Participating	Dentists are paid the Delta Dental PPO Allowed Amount.	The benefit payment is sent directly to the dentist. By agreement, participating dentists must accept Delta Dental's allowances as payment in full for covered services. Delta Dental's benefit is a percentage of the applicable Maximum Plan Allowance, which may require a copayment. Deductibles may also apply.
Delta Dental Premier Participating	Dentists are paid the Delta Dental Premier Allowed Amount.	
Non-Participating	Claims for services provided by non-participating dentists are processed using the Delta Dental Premier Allowed Amount.	You are responsible for paying the non-participating dentist's actual fee. Delta Dental sends its applicable benefit payment to you. Your out-of-pocket cost may include applicable copayments or deductibles, as well as any difference between Delta Dental's payment and the dentist's actual charge.

ELIGIBILITY

Eligible for coverage are employees, spouses, and dependent children to the end of the month in which age 19 is reached, unless a full-time student, in which case eligibility is extended to the end of the month in which they graduate or until 23 if they remain a FTS.

LIMITATIONS AND EXCLUSIONS

There are certain limitations and exclusions which apply to your dental plan. For example, dentistry that is performed for appearance only, preventive plaque control programs, periodontal splinting, and services provided or devices started prior to the effective date of the program are not covered.

PREDETERMINATION

If the cost of care to be provided to any one patient is expected to exceed \$300, Delta Dental recommends that you ask your dentist to submit the claim form in advance of treatment. Delta Dental will review the claim and return a predetermination voucher to both you and the dentist indicating the services that are covered, how much of the proposed treatment will be paid by Delta Dental and how much is your responsibility. This understanding can make it easier to plan an appropriate course of treatment. Predetermination also can be helpful for any service for which you would like an advance breakdown of the coverages and the charges.

ONLINE SERVICES

Visit Delta Dental's web site, www.MidAtlanticDeltaDental.com, to locate participating dentists and to check your eligibility and benefits. Delta Dental's online dentist directory helps you find the dentists most convenient to you or to find out if your current dentist is a participating dentist with Delta Dental.

CUSTOMER SERVICE

If you or your dentist have questions about claim status or filing procedures, please contact Delta Dental's Customer Service Department at:

Delta Dental One Delta Drive Mechanicsburg, Pennsylvania 17055	Phone Number: 717-766-8500 Toll-Free WATS Number: 800-932-0783 TTY/TDD: 888-373-3582 Web site: www.MidAtlanticDeltaDental.com
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IMPORTANT - The benefit explanations contained herein are subject to all provisions of the Group Dental Contract, and do not modify such contract in any way, nor shall the subscriber accrue any rights because of any statement in or omission from this information sheet.

Administered by Delta Dental of Pennsylvania. One Delta Drive, Mechanicsburg, PA 17055.

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