

Columbia Public Schools Effective 1/1/20	Delta Dental PPO SM Network	Delta Dental Premier [®] Network	Out-of-Network
	Based on applicable PPO Maximum Plan Allowance - No balance billing	Based on applicable Premier Maximum Plan Allowance - No balance billing	Based on applicable Maximum Plan Allowance for Out-of-Network dentist - Balance billing is possible
Preventive Services <ul style="list-style-type: none"> • Bitewing x-rays, two sets per benefit period • Full-mouth x-rays (pano), once in any 36 month period • Oral examinations, twice in any benefit period • Periapical x-rays, as required • Prophylaxis (cleanings), twice in any benefit period • Space Maintainers for dependent children under age 16, once in 5 years • Topical fluoride treatments for dependent children under age 19, once in any benefit period 	100%	100%	100%
Basic Services <ul style="list-style-type: none"> • Emergency palliative treatment • Sealants for dependent children under age 17, once in 3 years • Endodontics (Root Canal Therapy) • Fillings • General Anesthesia in conjunction with covered surgical procedures • Periodontal Maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) • Non-Surgical & Surgical Periodontics • Simple & Surgical Extractions • Oral Surgery 	75%	75%	75%
Major Services <ul style="list-style-type: none"> • Bridges, once in 5 years • Crowns, Inlays, Onlays, once in 5 years • Dentures, once in 5 years 	50%	50%	50%
Orthodontia <ul style="list-style-type: none"> • Not covered 	N/A	N/A	N/A
Calendar Year Deductible (Applied to Basic and Major services)	\$100 individual 3X family	\$100 individual 3X family	\$100 individual 3X family
Annual Maximum (Applied to Preventive, Basic and Major services)	\$1,500	\$1,500	\$1,500
Dependent Age Limit: 26			
Delta Dental Customer Service: (800)335-8266			

This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions.

Delta Dental gives you the freedom to visit the dentist of your choice and to select any dentist on a treatment by treatment basis. It is important to remember your out-of-pocket costs may vary depending on your choice. You have three options and the information below describes what you can expect depending on whether you receive services from a Delta Dental PPO dentist, a Delta Dental Premier dentist or a non-participating dentist.

In PPO Network

1. Delta Dental PPO Network*

Comprised of a select panel of dentists, over 97,000 dental offices participate in the Delta Dental PPO program. Delta Dental will provide the highest level of benefits (see benefit highlights) for covered services when care is received from a Delta Dental PPO dentist. These dentists agree to:

- **Accept payment based on a reduced fee schedule** – reducing your out-of-pocket expenses – ***with no balance billing for charges that exceed the fee schedule.***
- Submit dental claims for members and abide by Delta's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

***Your out-of-pocket expenses will be lowest when you see a Delta Dental PPO dentist.**

In Premier Network

2. Delta Dental Premier Network

Comprised of over 174,000 participating dental offices, Delta Dental Premier offers you greater access to dentists while still offering the advantages of a network. These dentists have participating agreements with Delta Dental which require them to:

- **Accept payment based on Delta's contractual agreement** – which means **no balance billing** for charges that exceed the contracted amount.
- Submit dental claims for members and abide by Delta's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

If your dentist is not a Delta Dental PPO dentist but is a Delta Dental Premier dentist, your benefit will be based on the Premier benefit level; however, you will receive the cost control and claims filing advantages noted above.

Out of Network

3. Non-participating Dentist

If you receive services from a non-participating dentist (does not participate in either Delta Dental network) benefits for covered services are based on the Delta Dental maximum plan allowance and :

- You will be responsible for filing your own claim forms.
- Delta Dental's benefit payment will be made directly to you.
- You will be responsible for the difference between the dentist's charge and the maximum plan allowance.

Your out-of-pocket expenses may be more when you use a non-participating dentist.

Locating a Participating Dentist...

To determine if your dentist participates with Delta Dental or to select a participating dentist in your area:

- Ask your dentist if he or she participates in the **Delta Dental PPO** or **Delta Dental Premier** program
- Search on-line at www.deltadentalmo.com, Call Delta Dental Customer Service at **1-800-335-8266**

Or

Scan the image below to search for a PPO or Premier participating dentist:

