



DELTA DENTAL®

Delta Dental Plan of Minnesota

&

CARLETON COLLEGE

GROUP NUMBER

50885

CARLETON COLLEGE
GROUP NUMBER 50885
VALUE PLAN
SUMMARY* OF DELTA DENTAL BENEFITS

<u>Category of Service</u>	In Network		Out-of-Network
	<u>DeltaPreferred Option USA Network</u>	<u>DeltaPremier USA Network</u>	Non-Delta Dental Dentist
Diagnostic & Preventive <ul style="list-style-type: none"> • Exams and Cleanings • X-rays • Fluoride (children only) • Sealants (children only) 	100% <i>no deductible</i>	100% <i>no deductible</i>	100% <i>no deductible</i>
Basic Services <ul style="list-style-type: none"> • Fillings 	80% <i>after deductible</i>	80% <i>after deductible</i>	80% <i>after deductible</i>
Endodontics <ul style="list-style-type: none"> • Root canal 	80% <i>after deductible</i>	80% <i>after deductible</i>	80% <i>after deductible</i>
Oral Surgery <ul style="list-style-type: none"> • Extractions 	80% <i>after deductible</i>	80% <i>after deductible</i>	80% <i>after deductible</i>
Periodontics <ul style="list-style-type: none"> • Scaling and root planning 	80% <i>after deductible</i>	80% <i>after deductible</i>	80% <i>after deductible</i>
Annual Deductible: <i>(Waived for Diagnostic & Preventive)</i>	\$50 per covered person per calendar year \$150 Family Maximum		
Annual Benefit Maximum: <i>(Applies to all in-network and out-of-network covered services)</i>	\$750 per person per calendar year		

** This is a summary only. Please refer to the summary plan description (SPD) for specific coverages and exclusions.*

DeltaPreferred USA services rendered by DeltaPreferred Option Network dentists receive the highest cost savings.
DeltaPremier USA services rendered by DeltaPremier Network dentists receive less cost savings than those rendered by DeltaPreferred Option Network dentists.
Out-of-Network services rendered by non-Delta Dental Network dentists receive the same benefit levels as those rendered by In Network dentists. However, because non-Delta Network dentists are not under contractual obligation, they may balance bill members for the amount not reimbursed by the plan.

CARLETON COLLEGE
GROUP NUMBER 50885
COMPREHENSIVE PLAN
SUMMARY* OF DELTA DENTAL BENEFITS

<u>Category of Service</u>	In Network		Out-of-Network
	<u>DeltaPreferred Option USA Network</u>	<u>DeltaPremier USA Network</u>	Non-Delta Dental Dentist
Diagnostic & Preventive <ul style="list-style-type: none"> • Exams and Cleanings • X-rays • Fluoride (children only) • Sealants (children only) 	100% <i>no deductible</i>	100% <i>no deductible</i>	100% <i>no deductible</i>
Basic Services <ul style="list-style-type: none"> • Fillings 	80% <i>after deductible</i>	80% <i>after deductible</i>	80% <i>after deductible</i>
Endodontics <ul style="list-style-type: none"> • Root canal 	80% <i>after deductible</i>	80% <i>after deductible</i>	80% <i>after deductible</i>
Oral Surgery <ul style="list-style-type: none"> • Extractions 	80% <i>after deductible</i>	80% <i>after deductible</i>	80% <i>after deductible</i>
Periodontics <ul style="list-style-type: none"> • Scaling and root planning 	80% <i>after deductible</i>	80% <i>after deductible</i>	80% <i>after deductible</i>
Major Restorative Services <ul style="list-style-type: none"> • Crowns 	50% <i>after deductible</i>	50% <i>after deductible</i>	50% <i>after deductible</i>
Prosthetics <ul style="list-style-type: none"> • Dentures 	50% <i>after deductible</i>	50% <i>after deductible</i>	50% <i>after deductible</i>
Prosthetic Repairs and Adjustments <ul style="list-style-type: none"> • Denture Repair • Bridge Repair 	80% <i>after deductible</i>	80% <i>after deductible</i>	80% <i>after deductible</i>
Orthodontics <i>(Subject to separate \$1,000 lifetime maximum per covered dependent child)</i>	50% <i>no deductible</i>	50% <i>no deductible</i>	50% <i>no deductible</i>
Annual Deductible: <i>(Waived for Diagnostic, Preventive and orthodontics)</i>	\$50 per covered person per calendar year \$150 Family Maximum		
Annual Benefit Maximum: <i>(Applies to all in-network and out-of-network covered services)</i>	\$1,000 per person per calendar year		

The Delta Dental® Difference

Delta Dental® Plan of Minnesota, which is the administrator of DeltaPreferred Option USA, is the leading provider of dental benefits in the Upper Midwest and is a part of Delta Dental Plans Association, the largest dental benefits system in the nation. Under the DeltaPreferred Option USA dental plan, you and your eligible dependents can receive dental services from any of the following three choices on a point-of-service basis: 1) **DeltaPreferred Option USA participating dentists**; 2) **DeltaPremier USA® participating dentists**; or 3) **any non-participating dentist**. The three options are explained below.

- **DeltaPreferred Option USA Dentists** – DeltaPreferred Option USA is a Preferred Provider Organization (PPO) with 60,000 dental office locations nationwide. Utilizing these dentists offers lower out-of-pocket costs than the DeltaPremier USA network.
- **DeltaPremier USA Dentists** – The DeltaPremier USA network has more than 140,000 dental office locations, which includes 75 percent of dentists nationwide. Although seeing a DeltaPremier USA dentist will also minimize your out-of-pocket expenses, the overall savings are less than with a DeltaPreferred Option dentist.
- **Non-participating Dentists** – If you receive dental services from a non-participating dentist, you will receive the out-of-network level of benefits.

Participating dentists agree to accept Delta Dental’s allowable charge as the maximum charge for a procedure. You will not be held responsible for any fees in excess of the allowable charge when using a Delta Dental provider. For example, if Delta Dental’s allowable fee is \$75 for a certain procedure and your participating dentist charges \$82, \$7 is the portion of the fee that cannot be balance billed to you. This is what Delta Dental refers to as the “Hold Harmless Agreement.”

What is the cost difference between DeltaPreferred Option USA, DeltaPremier USA and Out of Network dentists?

- DeltaPreferred Option (DPO) is a subset of DeltaPremier (DP) that accepts lower reimbursement for your services.
- For example, if a crown is placed and the dentist office submits a claim for \$1,000, your cost would be less if the dentist is DPO compared to DP or out of network. Your out of pocket cost would be as follows:

	<u>DPO</u>	<u>DP</u>	<u>Out of Network</u>
Deductible:	\$50	\$50	\$50
50% Benefit:	\$286	\$373	\$400
Balance Billing From dentist:	<u>\$0</u>	<u>\$0</u>	<u>\$150</u>
Your Cost:	\$336	\$423	\$600
Delta Dental Payment:	\$286	\$373	\$400
Dentist Write-off:	\$378	\$204	\$0