

Delta Dental PPO Plus Premier™ Nationwide Networks

- *If you use a Delta Dental PPO™ dentist*
 - Your out-of-pocket costs will be lowest for services if you use a participating PPO dentist.
 - Your Annual maximum stretches further because the dentists fees are lower
 - Participating dentists may not charge more than Delta Dental's allowed charges, and are paid directly by Delta Dental for covered services
- *If you use a Delta Dental Premier® Dentist*
 - Our largest nationwide network.
 - Your out-of-pocket costs will be higher, and your plan maximum will not go as far, since Premier dentists fees are higher than PPO dentists
 - Participating dentists may not charge more than Delta Dental's allowed charges, and are paid directly by Delta Dental for covered services
- *You may use dentists that do not participate with Delta Dental*
 - You are responsible for submitting the claim
 - You are responsible for making payment to the dentist
 - Your out-of-pocket costs are highest when you use non-participating dentists



Your Delta Dental PPO Plus Premier™ Plan At a Glance

Regular Preventive and Diagnostic Visit

	Dentist's charge	Sample Delta Dental fees	Co-payment	Delta Dental Pays	Balance billed amount	Amount you pay out of pocket
PPO Network	\$249	\$150	0%	\$150	\$0	\$0
Premier Network	\$249	\$180	0%	\$180	\$0	\$0
Non-participating	\$249	\$174	0%	\$174	\$75	\$75 (\$249 - \$174)

Getting a Crown

	Dentist's charge	Sample Delta Dental fees	Co-payment	Delta Dental Pays	Balance billed amount	Amount you pay out of pocket
PPO Network	\$1,350	\$940	50%	\$470	\$0	\$470 (\$940 - \$470)
Premier Network	\$1,350	\$1,028	50%	\$514	\$0	\$514 (\$1,028 - \$514)
Non-participating	\$1,350	\$966	50%	\$483	\$384	\$867 (\$1,350 - \$483)

* For illustrative purposes only. Fees vary by procedure and location.

* Please note that an out-of-network provider is not bound by Delta Dental's in-network contractual obligations and may bill patients for the remaining balance, called balance billing. The practice of balance billing refers to a provider's ability to bill patients for outstanding balances after the insurance company pays the required portion of the bill (coinsurance percentage).

** Check your specific plan to see what the coinsurance rate is as they differ from plan to plan.