



## CITY OF URBANA – Premier Plan

### Delta Dental PPO Plan Highlights

Group #10992

#### Introduction

The Delta Dental PPO program allows you to go to any in- or out-of-network general or specialty dentist at the time of treatment. City of Urbana dental enrollees have access to two networks, Delta Dental PPO and Delta Dental Premier managed fee-for-service. When you call your dentist's office to make an appointment, ask if your dentist participates in either Delta Dental PPO or Premier. Your out-of-pocket costs will vary depending on whether he/she participates in Delta Dental PPO, Premier or neither (i.e., "out-of-network"). **You will maximize your benefits by receiving care from a Delta Dental PPO network dentist.**

#### Choosing Your Dentist

Under your Dental Plan, you may go to any in- or out-of-network general or specialty dentist. However, it is to your advantage to choose a Delta Dental PPO or Premier network dentist for the following reasons:

1) Payment to Delta Dental PPO dentists is based on reduced fees; payment to Premier dentists is based on Delta Dental's maximum plan allowance (MPA). In both networks, you only have to pay your deductible and coinsurance – *you will not be "balance billed" for charges that exceed the reduced PPO fee if you receive treatment from a Delta Dental PPO dentist or the MPA if you receive treatment from a Premier dentist.\**

For example, if you need a crown, assume the Delta Dental PPO fee allowance is \$500 and the MPA is \$600. If your plan covers crowns at 50% and your dentist normally charges \$700, your out-of-pocket cost (excluding deductible) would be:

**Delta Dental PPO Dentist – \$250**  
(50% of the \$500 PPO fee allowance)

**Delta Dental Premier Dentist – \$300**  
(50% of the \$600 MPA)

**Out-of-Network Dentist – \$400**  
(50% of the \$600 MPA plus \$100 difference between the MPA and the dentist's billed charge)

dentists directly, they agree to charge you no more than your deductible and coinsurance; in other words, *you do not have to pay the whole bill up-front and wait for reimbursement.*

3) Out-of-network dentists do not accept Delta Dental's MPA as payment-in-full. If an out-of-network dentist's charge exceeds the MPA, you must pay the difference plus your deductible and coinsurance. At the dentist's discretion, *you may also have to pay the entire bill in advance.*

4) Claim forms will be completed and submitted at no charge. Out-of-network dentists may require you to complete forms yourself or to pay a service charge.

*\*If your Delta Dental PPO or Premier dentist inadvertently charges you for amounts payable by Delta Dental, please call our customer service department at 1-800-323-1743.*

#### Non-Covered Services

There are some limitations on the expenses for which the City of Urbana Dental Plan pays. For further information, refer to your certificate of coverage or call our customer service department.

#### Finding a Network Dentist

To verify your dentist's participation status, simply ask him/her if he/she is a Delta Dental PPO or Delta Dental Premier network dentist, call our interactive voice response (IVR) phone system, contact our customer service department or visit our Web site.

Visit Delta Dental of Illinois' Web site at  
[www.deltadentalil.com](http://www.deltadentalil.com)

The City of Urbana Dental Plan utilizes the Delta Dental PPO and Delta Dental Premier networks. To locate a network dentist, click on Dentist Search in the Subscriber section.

You can search by:

- 1) City, state and ZIP code
- 2) Specialty
- 3) Dentist name (optional)

2) Because we reimburse Delta Dental PPO and Premier

## Summary of Benefits and Covered Services

---

**Annual Maximum**

\$1,500/person

\*\*\*TO GO\*\*\*

**Enrollees may carryover unused portions of their annual maximums to the new year's annual maximum. Maximum amounts eligible for carryover are subject to limitations.**

**Annual Deductible**

(applies to Basic/Major only)

\$50/person; \$150/family

**Lifetime Ortho. Maximum**

\$1,000

	<u>Delta Dental PPO</u>	<u>Delta Dental Premier</u>	<u>Out-of-Network</u>
<b>Preventive/Diagnostic</b>	100% of reduced fee*	100% of MPA**	100% of MPA***
<ul style="list-style-type: none"> <li>◆ oral evaluations (two per benefit year)</li> <li>◆ X-rays (bitewings – two per benefit year; full mouth - once every three years)</li> <li>◆ prophylaxis (cleaning; two per benefit year)</li> <li>◆ fluoride treatment (once per benefit year for children under age 19)</li> <li>◆ space maintainers</li> <li>◆ harmful habit appliance</li> <li>◆ sealants</li> </ul>			
<b>Basic</b>	80% of reduced fee*	80% of MPA**	80% of MPA***
<ul style="list-style-type: none"> <li>◆ amalgam fillings</li> <li>◆ oral surgery</li> <li>◆ non-surgical periodontics</li> <li>◆ general anesthesia (in conjunction with oral surgery)</li> <li>◆ emergency exam &amp; palliative treatment</li> </ul>			
<b>Major</b>	50% of reduced fee*	50% of MPA**	50% of MPA***
<ul style="list-style-type: none"> <li>◆ crowns, jackets, cast restorations</li> <li>◆ fixed/removable bridges</li> <li>◆ partial/full dentures</li> <li>◆ surgical periodontics</li> <li>◆ endodontics</li> <li>◆ implants</li> </ul>			
<b>Orthodontia</b>	50% of reduced fee* subject to lifetime maximum	50% of dentist's usual fee subject to lifetime maximum	50% of dentist's usual fee subject to lifetime maximum
<ul style="list-style-type: none"> <li>◆ for dependent children under age 19</li> </ul>			
	*You will not be "balance billed" for charges exceeding Delta Dental's allowed PPO fee	**You will not be "balance billed" for charges exceeding Delta Dental's maximum plan	***You are responsible for charges exceeding Delta Dental's maximum plan

allowance (MPA)

allowance (MPA)

**The preceding information is a brief summary of the City of Urbana Dental Plan and the services it covers. If you have specific questions regarding benefit coverage, limitations or exclusions, contact Delta Dental at 1-800-323-1743.**

*Note: Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.*