



AFGE LOCAL 704

Delta Dental PPO Plan Highlights Group #70002

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. AFGE Local 704 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.** There are 97,650 Delta Dental PPO and 174,250 Delta Dental Premier dentist locations nationwide.

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 pre-set, reduced fees; payment to Premier dentists is based on Delta Dental's maximum plan allowances (MPAs). In both networks, you only have to pay your copayment and deductible – *you are not responsible for charges exceeding 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 - \$350
(50% of the \$500 PPO fee allowance plus \$100 difference between the PPO fee allowance and the MPA charge)

Out-of-Network Dentist - \$450
(50% of the \$500 PPO fee allowance plus \$200 difference between the PPO fee allowance and the dentist's billed charge)

2) Because we reimburse Delta Dental PPO and Premier dentists directly, they agree to charge you no more than your copayment and deductible; 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 MPAs as payment-in-full. If an out-of-network dentist's charge exceeds the MPA, you must pay the difference plus your copayment and deductible. 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 800-323-1743.*

Non-Covered Services

There are some limitations on the expenses for which the AFGE Local 704 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 system, contact our customer service department or visit our Web site.

Visit Delta Dental of Illinois' Web site at
www.deltadentalil.com

The AFGE Local 704 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)

Summary of Benefits and Covered Services

Annual Maximum	\$1,000/person		
Annual Deductible (applies to <u>Basic/Major only</u>)	\$50/person; \$150/family		
Lifetime Orthodontia Maximum	\$1,000		
<i>Dependent children to age 19</i> <i>Dependent students to age 23</i>	<u>Delta Dental PPO Network</u>	<u>Delta Dental Premier Network</u>	<u>Out-of-Network</u>
Preventive/Diagnostic	100% of reduced fee*	100% of reduced fee**	100% of reduced fee***
<ul style="list-style-type: none"> ◆ oral evaluations (two per benefit year) ◆ X-rays (bitewings – two per benefit year; full mouth - once every three years) ◆ prophylaxis (cleaning; two per benefit year) ◆ fluoride treatment (once per benefit year for children under age 19) ◆ space maintainers 			
Basic	80% of reduced fee*	80% of reduced fee**	80% of reduced fee***
<ul style="list-style-type: none"> ◆ fillings ◆ sealants ◆ non-surgical periodontics ◆ endodontics ◆ oral surgery ◆ general anesthesia (in conjunction with oral surgery) 			
Major	50% of reduced fee*	50% of reduced fee**	50% of reduced fee***
<ul style="list-style-type: none"> ◆ crowns, jackets, cast restorations ◆ fixed/removable bridges ◆ partial/full dentures ◆ surgical periodontics 			
Orthodontia	50% of reduced fee* subject to lifetime maximum	50% of reduced fee** subject to lifetime maximum	50% of reduced fee*** subject to lifetime maximum
◆ <i>for dependent children under age 19</i>			
	*You will not be “balance” billed” for charges exceeding Delta Dental’s allowed PPO fees	**You are responsible for charges between Delta Dental’s allowed PPO fees and Delta Dental’s maximum plan allowances (MPAs)	***You are responsible for charges exceeding Delta Dental’s allowed PPO fees

The preceding information is a brief summary of the AFGE Local 704 Dental Plan and the services it covers. If you have specific questions regarding benefit coverage, limitations or exclusions, contact Delta Dental at 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.