

# Welcome!

# **Delta Dental of Michigan**

(800) 524-0149 • www.deltadentalmi.com P.O. Box 9089 • Farmington Hills, MI 48333-9089



Welcome to Delta Dental. We are pleased to provide your dental benefits coverage and we look forward to serving you.

Delta Dental provides the advantages of two of the nation's largest networks of participating dentists—our Delta Dental PPO<sup>SM</sup> network and our Delta Dental Premier<sup>®</sup> network.

This packet includes information about what you can expect as a Delta Dental enrollee. It also contains resources to help you understand coverage and learn how to use your benefits. In addition, our website (www.deltadentalmi.com) is an online resource for locating participating dentists, accessing your plan details, managing your account and finding oral health information.

If you have questions about your new dental program, please feel free to call our Customer Service department at (800) 524-0149. Our automated inquiry system is available 24/7 and can answer most questions. Customer Service representatives are available for more complicated questions Monday through Friday from 8:30 a.m. to 8:00 p.m. Eastern Time.



#### Definitions

Copayment	As provided by your plan, the percentage of the charge, if any, that you will have to pay for covered services.
<b>Covered Services</b>	The unique benefits selected in your plan detailed in the Summary of Dental Plan Benefits and Dental Care Certificate.
Summary of Dental Plan Benefits	A description of the specific provisions of your group dental plan.
Dental Care Certificate	A standard booklet provided by Delta Dental to subscribers explaining their dental benefit coverage.
Deductible	Amount a person and/or family must pay toward Covered Services before Delta Dental begins paying for services.
Maximum Payment	The maximum dollar amount Delta Dental will pay in any benefit year or lifetime for covered dental services.
Delta Dental PPO Dentist Fee Schedule	The maximum amount allowed per procedure for services rendered by a Delta Dental PPO dentist as determined by that dentist's local Delta Dental plan.
Maximum Approved Fee	A system used by Delta Dental to determine the approved fee for a procedure rendered by a Delta Dental Premier dentist.
Nonparticipating Dentist Fee	The maximum fee allowed per procedure for services rendered by a nonparticipating dentist.
Balance Billing	The difference between the submitted fee and the approved fee that can be charged to the patient by a nonparticipating dentist. Delta Dental participating dentists do not balance bill.
Predetermination	An estimate of the costs of Covered Services to be provided. Recommended to be filed for services greater than \$200 in cost.
Submitted Amount or Submitted Fee	The fee a dentist bills to Delta Dental for a specific treatment.

This is only a summary of definitions. Please refer to your Dental Care Certificate for full details.

## **Benefits of Having Delta Dental Coverage**

Need an example of the benefits of having dental benefits? Mr. Smith has a spouse and two children. Everyone in the family gets two cleanings, two oral exams, X-rays, and typically requires a few other services in a year.

	Without dental benefits coverage	With Delta Dental coverage (services from a Delta Dental PPO dentist)	Mr. Smith's plan covers¹
Exam and cleaning (8)	\$900	\$0	100%
Bitewing X-rays (4)	\$220	\$0	100%
Fillings (2)	\$300	\$51.20	80%
Crown	\$890	\$327.50	50%
Out-of-pocket costs	\$2,310	\$378.70	_
TOTAL SAVINGS	\$0	\$1,931.30	_

\* Estimations only. Savings will vary on plan design, provider participation, and office location. <sup>1</sup> Percentages applied to Delta Dental PPO Fee Schedule.

You may even see savings on procedures not covered under your dental plan if you visit a Delta Dental participating dentist. Most non-covered services are still subject to negotiated fees contracted between the dentist and Delta Dental, so the savings are passed on to you, the patient.

Dental coverage is about more than just about saving money. Oral health is an essential part of overall health. Delta Dental uses scientific evidence to enhance plan designs in ways that improve health and save money.

If you have one of the conditions listed here, ask your dentist how you can better manage your oral health to prevent infection and improve your condition. In some cases, Delta Dental covers additional cleanings for individuals that have one of these conditions:

- Diabetes and periodontal (gum) disease
- Pregnancy and periodontal (gum) disease
- Certain heart conditions that put you at high or moderate risk for infective endocarditis
- Kidney failure or are undergoing dialysis
- Suppressed immune system due to chemotherapy and/or radiation treatment, HIV-positive status, organ transplant, and/or stem cell (bone marrow) transplant.



### **Payment Examples**

Once you start using your dental benefits, you will receive an Explanation of Benefits (EOB) statement showing the amount the plan paid and the amount you owe the provider, if any. Below are two examples of how the plan works and how receiving services from a Delta Dental PPO or Delta Dental Premier dentist can help you save money.

It is important that you review your benefit summary to see what your plan's benefit levels are as **these are only examples and actual payments will vary**.

	Class 1 benefi	t (cleaning)	
Submitted Amount*			\$100
Delta Dental PPO Dent	tist Fee Schedule**		\$70
Delta Dental Premier N	Maximum Approved Fee**		\$90
Nonparticipating Dent	tist Fee		\$87
What happens if you go to a:	Delta Dental <u>PPO dentist</u>	Delta Dental <u>Premier dentist</u>	Nonparticipating <u>dentist</u>
Benefit level	100%	100%	100%
Plan pays	\$70	\$90	\$87
Member pays	\$0	\$0	\$13
	Class 2 benefit	(root canal)	
Submitted Amount*			\$650
Delta Dental PPO Dent	tist Fee Schedule**		\$450
Delta Dental Premier N	Maximum Approved Fee**		\$600
Nonparticipating Dent	tist Fee		\$500
What happens if you go to a:	Delta Dental <u>PPO dentist</u>	Delta Dental <u>Premier dentist</u>	Nonparticipating <u>dentist</u>
Benefit level	80%	50%	50%
Plan pays	\$360	\$300	\$250
Member pays	\$90	\$300	\$400
		<b>4233</b>	<b>\$</b> 100

\* Amount a dentist charges for the procedure.

\*\* Amount a Delta Dental participating dentist accepts as payment in full.

# **Consumer Toolkit®—Access Your Benefits Information 24/7**

Stay current on your dental benefits with Delta Dental's easy-to-use Consumer Toolkit. This secure online tool is designed to give you 24/7 access to important information regarding your dental benefits, including:

- Eligibility information
- Current benefits information (such as how much of your yearly benefit has been used to date, how much is still available to use, levels of coverage for specific dental services, etc.)
- Specific claims information, including what has been approved and when it was paid

The site also allows you to elect to receive your Explanation of Benefits (EOB) statements electronically, print claim forms and identification cards, and browse oral health information.

All users must first register to gain access to the Consumer Toolkit. Privacy of your online benefit information is assured through highly secure encryption technology.

#### Eligibility

			Welcome: John Doe	Logout		
Home Desital Consumer Tooli			a Dental Flan Of Hichigan(DDPHI)			
Welcome		Plan Of Hichigan-Cell	a Dental Plan Of Hichigan(DOPHI)			
<ul> <li>Denefits/Eligibility</li> </ul>	Benefit Quickview					
Claim Information Print ID Card Claim Forms	Member Information					
Dentist Directory	Hember Name	Hember Name Hember				
Requirements	John Dee x0000x7777					
Health & Wellness	Patient Information					
Help	Patient Name	Relationship	fligible	Benefits		
Profile	John Doe	Subscriber	Active	(1)		
Lopout	Jane Doe	Spouse	Adve	(E)		
	Sally Doe	Dependent	Inactive	×		
	Christopher Doe	Dependent	Adive	(D)		
	Client Benefit Information					
	The employer has selected the following henefit plan. Eligibility is not a guarantee of coverage as actual benefit payments are determined only when a claim is processed.					
	Plan: DOPHS	Prod	Product Name: Delta Dental PPO (Point-of-Service)			
	Client Number: 9999	Cla	<b>Client Name:</b> Deita Dental Plan Of Michigan			
	Subclient Number: 1111	Subcli	Subclient Name: Deita Dental Plan Of Hichigan			

#### **Up-to-date benefit information**

				1			Leger
Home Dental Consumer Toolkit	Patient Information						
Welcome • Benefits/Eligibility Claim Information Print ID Card Claim Forms Dentist Directory	Patient Name : John Coo Relati	ienship i Subscriber					
Reminements	In the event that treatment is rendere	d from a dentist that does no responsible for more than the	t participate	in any of t	beita Dental's progra	rrs, the pal	lent may
itealth & Wellness							
Help	Hember Type: All Benefit Hember Type: All Specialty Type: All Standard Benefit Product: Deta Dental PPO (Paint-of-Service) Click here for Routine Procedure Eliphia						
Profile	and a state of the						
Logout	Code Search:	Exclusions and Limitations		Wating Period	Exclusions and Umitations		Walting Period
	Diegnostic	0	100*		0	100*	
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	Bitrairo Radiographs	0	100		0	100	
	All Other Radiographs	Ő	100*		0	100*	
	<ul> <li>Brish Bissoy</li> </ul>		100			100	
	Sealanta	0	90			0	
	Minor Restorative	0	100*		0	90*	
	Major Restorative	0	90*		0	90 <sup>m</sup>	

To start taking advantage of this innovative tool, follow these simple steps:

- 1. Visit www.deltadentalmi.com.
- 2. Select "Consumer Toolkit" from the Toolkit drop-down menu on the homepage.
- 3. Register as a new Toolkit user by clicking "Register here."
  - NOTE: You will need the subscriber's (the person whose name is on the benefit package) member ID. The member ID is an assigned number unique to the subscriber. In most cases, the member ID is the same as the subscriber's social security number.
- 4. Complete required fields and follow the on-screen instructions.
- 5. Select your own username and password to access the site.

Help topics can be found by selecting "Help" or clicking the ⑦ at any time within the Toolkit. If you need further assistance, contact Toolkit support at (866) 356-0301.

# **Frequently Asked Questions About Delta Dental Coverage**

What is required for enrollment in Delta Dental?	Your benefits administrator will provide you with information about how to enroll.
What are my benefits?	You can find this information in your Summary of Dental Plan Benefits and your Dental Care Certificate or by logging in to Consumer Toolkit.
Do I need to tell my dentist my insurance has changed?	Yes. At your first dental visit after coverage becomes effective, you should tell your dentist that you have Delta Dental of Michigan coverage.
How can I find out if my dentist participates with Delta Dental or find a participating dentist?	To find a participating dentist, use the link on our homepage at www.deltadentalmi.com or log in to Consumer Toolkit. You can also call your dentist's office and ask if he or she participates with Delta Dental PPO or Delta Dental Premier.
Do I have to go to a participating dentist?	No. You may visit any licensed dentist; however, you may pay more money out of pocket at a nonparticipating provider. You'll be responsible for paying the nonparticipating dentist whatever he or she charges at the time of service. You will receive a payment from Delta Dental based on the dentist's submitted fee or Delta Dental's nonparticipating dentist fee, whichever is less. You also may have to submit your own claims if you choose a nonparticipating dentist.
How do I submit a claim?	Delta Dental participating dentists will fill out and file claim forms for you. If you choose to visit a nonparticipating dentist, you may be required to file your own claim forms. Forms can be downloaded at www.deltadentalmi.com. Send completed forms to: Delta Dental, P.O. Box 9085, Farmington Hills, MI 48333-9085.
How can I contact Delta Dental's Customer Service?	Customer Service can be reached at (800) 524-0149. Our automated inquiry system is available 24/7 and can answer most questions quickly. Representatives are available to assist with more complicated questions Monday through Friday from 8:30 a.m. to 8:00 p.m. Eastern Time. To submit a written inquiry, please send to: Delta Dental, P.O. Box 9089, Farmington Hills, MI 48333-9089. Please include your name, group name and number and the subscriber's member ID number when writing.

Where should claims be sent for services rendered prior to my Delta Dental effective date?

What if I'm in the middle of treatment when my new coverage becomes active?

How will orthodontic claims be processed?

Claims for dental services rendered prior to the plan's effective date must be submitted to your previous dental administrator to receive reimbursement.

Delta Dental will cover services completed on or after your effective date.

Delta Dental requires your dentist to submit an orthodontic treatment plan. When orthodontic treatment begins, a percentage of the initial fee will be paid. Monthly payments will be made until the treatment ends or the lifetime orthodontic maximum is reached.

If orthodontic treatment is currently in progress, Delta Dental requires your dentist to submit a new treatment plan. The remaining liability for the claim will be recalculated based on the number of months left in the treatment plan. Payments will be made until treatment ends or until the family member meets the orthodontic lifetime maximum.

Please remember to enroll as directed by your benefits administrator in a timely fashion.

Visit www.deltadentalmi.com to learn more about Delta Dental.

 $\Delta$  delta dental<sup>®</sup>

We do dental. Better.