



**Delta Dental of North Carolina
Delta Dental PPO™**

Welcome!

Your dental program is administered by Delta Dental of North Carolina, a North Carolina nonprofit dental service corporation. Delta Dental of North Carolina is the state's dental benefits specialist. Good oral health is a vital part of good general health, and your Delta Dental program is designed to promote regular dental visits. We encourage you to take advantage of this program by calling your Dentist today for an appointment.

This Certificate, along with your Summary of Dental Plan Benefits, describes the specific benefits of your Delta Dental program and how to use them. If you have any questions about this program, please call our Customer Service department at (800) 662-8856 or access our website at www.deltadentalnc.com.

You can easily verify your own Benefit, Claims and eligibility information online 24 hours a day, seven days a week by visiting www.deltadentalnc.com and selecting the link for our Consumer Toolkit. The Consumer Toolkit will also allow you to print Claim forms and ID cards, select paperless Explanation of Benefits statements (EOBs), search our Dentist directories, and read oral health tips.

We look forward to serving you!

TABLE OF CONTENTS

I. Delta Dental PPO Certificate.....	1
II. Definitions	1
III. Enrolling in This Plan.....	4
IV. Selecting a Dentist	4
V. Accessing Your Benefits	5
VI. How Payment is Made.....	6
VII. Benefit Categories.....	8
VIII. Exceptions and Reductions.....	8
IX. Coordination of Benefits.....	12
X. Reconsideration and Claims Appeal Procedure.....	14
XI. Termination of Coverage.....	15
XII. Continuation of Coverage.....	15
XIII. General Conditions	15

Please read this Certificate together with the Summary of Dental Plan Benefits. The Summary of Dental Plan Benefits lists the specific provisions of your group dental plan. If a statement in the Summary conflicts with a statement in this Certificate, the statement in the Summary applies to This Plan and you should ignore the conflicting statement in this Certificate.

This is a legal contract between your employer and Delta Dental of North Carolina. Please read it carefully.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENTAL CERTIFICATE.

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company. Title II NCAC 12.0943 and Section 17.E.

Important Cancellation Information:

Please read the provision entitled "Termination of Coverage" found on page 15.

I. Delta Dental PPO Certificate

Delta Dental of North Carolina, referred to herein as Delta Dental, issues this Certificate to you, the Enrollee. The Certificate is a summary of your dental benefits coverage. It reflects and is subject to a Contract between Delta Dental and the Contractor.

The Benefits provided under This Plan may change if any state or federal laws change.

Delta Dental agrees to provide Benefits as described in this Certificate and the Summary of Dental Plan Benefits.

All the provisions in the following pages form a part of this document as fully as if they were stated over the signature below.

IN WITNESS WHEREOF, this Certificate is executed at Delta Dental's home office by an authorized officer.



Curtis R. Ladig, CPA
President and CEO
Delta Dental of North Carolina

II. Definitions

Adverse Benefit Determination

Any denial, reduction or termination of the benefits for which you filed a Claim. Or a failure to provide or to make payment (in whole or in part) of the benefits you sought, including any such determination based on eligibility, application of any utilization review criteria, or a determination that the item or service for which benefits are otherwise provided was experimental or investigational, or was not medically necessary or appropriate.

Allowed Amount

The amount permitted under the applicable fee schedule for this Plan, which was selected by your Contractor, and upon which Delta Dental will base its payment for a Covered Service.

Benefit Year

The period during which any benefit frequency limitation and/or annual maximum payment will apply. This will be the calendar year, unless your Contractor elects a different period to serve as the Benefit Year. (See the Summary of Dental Plan Benefits for your Benefit Year.) If the Benefit Year is based upon a calendar year, the terms Benefit Year and Calendar Year may be used interchangeably.

Benefits

Payment for the Covered Services that have been selected under This Plan.

Certificate

This document. Delta Dental will provide Benefits as described in this Certificate. Any changes in this Certificate will be based on changes to the contract between Delta Dental and the Contractor.

Child(ren)

Your natural child(ren), stepchild(ren), foster child(ren), adopted child(ren), child(ren) by virtue of legal guardianship, child(ren) who are residing with you during the waiting period for adoption or legal guardianship and child(ren) for whom you are required by a court or administrative order to provide health benefit plan coverage.

Claim

A request for payment for a Covered Service. Claims are not conditioned upon your seeking advance approval, certification, or authorization to receive payment for any Covered Service.

Completion Date

The date that treatment is complete. Some procedures may require more than one appointment before they can be completed. Treatment is complete:

- ◆ For dentures and partial dentures, on the delivery dates;
- ◆ For crowns and bridgework, on the permanent cementation date;
- ◆ For root canals and periodontal treatment, on the date of the final procedure that completes treatment.

Coinsurance

The percentage of the charge, if any, that you must pay for Covered Services.

Contractor

The employer, organization, group, or association sponsoring This Plan.

Covered Services

The unique dental services selected for coverage as described in the Summary of Dental Plan Benefits and subject to the terms of this Certificate.

Deductible

The amount a person and/or a family must pay toward Covered Services before Delta Dental begins paying for those services under this Certificate. The Summary of Dental Plan Benefits lists the Deductible that applies to you, if any.

Delta Dental

Delta Dental of North Carolina, a nonprofit dental service corporation which, among other things,

administers dental benefit programs. Delta Dental of North Carolina is not a commercial insurance company.

Delta Dental Member Plan

An individual dental benefit plan that is a member of the Delta Dental Plans Association, the nation's largest, most experienced system of dental health plans. A "local" Delta Dental Member Plan means the Delta Dental Member Plan authorized to conduct business in the locale where the Member resides and/or receives treatment.

Delta Dental PPO plus Premier™ Plan

Delta Dental's preferred provider organization that can reduce the out-of-pocket expenses for eligible persons if they receive care from one of Delta Dental's PPO or Delta Dental Premier Dentists.

Delta Dental PPO (Standard) Plan

Delta Dental's dental benefit plan utilizing our preferred provider organization, which can reduce the out-of-pocket expenses for eligible persons if they receive care from one of Delta Dental's PPO Dentists. See your Summary of Dental Plan Benefits for further details.

Delta Dental PPO Dentist Schedule

The Maximum Approved Fee per procedure for services rendered by a Delta Dental PPO Dentist as determined by that Dentist's local Delta Dental Member Plan.

Delta Dental Premier® Dentist Schedule

The Maximum Approved Fee per procedure for services rendered by a Delta Dental Premier Dentist as determined by that Dentist's local Delta Dental Member Plan.

Dentist

A person licensed to practice dentistry in the state or jurisdiction in which dental services are performed.

- ◆ **Delta Dental PPO Dentist ("PPO Dentist")** – a Dentist who has signed an agreement with the Delta Dental Member Plan in his or her state to participate in Delta Dental PPO.
- ◆ **Delta Dental Premier Dentist ("Premier Dentist")** – a Dentist who has signed an agreement with the Delta Member Dental Plan in his or her state to participate in Delta Dental Premier.
- ◆ **Nonparticipating Dentist (Out-of-Network Dentist)** – a Dentist who has not signed an agreement with Delta Dental of North Carolina or any Delta Dental Member Plan to participate in Delta Dental PPO or Delta Dental Premier.
- ◆ **Out-of-Country Dentist** – A Dentist whose office is located outside the United States and its

territories. Out-of-Country Dentists are not eligible to sign participating agreements with Delta Dental, but may participate in the Passport Dental program, which is explained in your Summary of Dental Plan Benefits.

Delta Dental PPO Dentists and Delta Dental Premier Dentists are sometimes collectively referred to herein as **"Participating Dentists."**

Nonparticipating Dentists and Out-of-Country Dentists are sometimes collectively referred to herein as **"Non-PPO Dentists or "Out-of-Network Dentists."**

Deny/Denied/Denial

When a Claim for a particular service is denied for payment due to certain contractual limitations/exclusions. You will be responsible for paying your Dentist the applicable amount for such service regardless of the Dentist's participating status.

Dependent(s)

Your dependents are as defined by the rules of eligibility as stated in your Summary of Dental Plan Benefits

Enrollee

You, when the Contractor notifies Delta Dental that you are eligible to receive Benefits under This Plan.

Emergency Service

A dental condition or symptom resulting from a dental disease or arises suddenly and in the judgment of a reasonable person, requires immediate care and treatment. Emergency Services will be paid at the In-Network Coinsurance level as indicated on your Summary of Dental Plan Benefits. You may be responsible for charges billed separately, which are not eligible for additional reimbursement, and you may be required to pay the entire bill at the time of service and file a claim.

In-Network Service

A Covered Service that is obtained from a Delta Dental PPO Dentist. or Delta Dental Premier Dentist.

Maximum Approved Fee

The Maximum Approved Fee is the lowest of:

- ◆ The Submitted Amount; or
- ◆ The maximum fee that Delta Dental of North Carolina or the local Delta Dental Member Plan approves for a given procedure in a given region and/or specialty, based upon applicable Participating Dentist schedules and internal procedures.

Participating Dentists agree not to charge Delta Dental patients more than the Maximum Approved Fee for a Covered Service. In all cases, Delta Dental will make the final determination about what is the Maximum Approved Fee for a Covered Service.

The fee schedules are different for Delta Dental PPO Dentists and Delta Dental Premier Dentists. Generally, Delta Dental pays the Dentist the agreed upon fee, based on the applicable fee schedule and the Dentist agrees to accept that amount as payment in full. However, as noted in the "How the Payment Is Made" section of the Certificate, for the Delta Dental Standard PPO plan, Delta Dental pays Premier Dentists based on the PPO Dentist Schedule and the individual is responsible for any difference between the PPO Dentist Schedule and the Premier Dentist Schedule for that Covered Service. Please see the example contained in the "How the Payment Is Made" section.

Maximum Payment

The maximum dollar amount Delta Dental will pay in any Benefit Year or lifetime for Covered Services. See the Summary of Dental Plan Benefits for the maximum payments applicable to This Plan.

Member(s)

Any Enrollee or Dependent with coverage under This Plan.

Nonparticipating Dentist Fee

The maximum fee allowed per procedure for services rendered by a Nonparticipating Dentist as determined by Delta Dental.

Open Enrollment Period

The period of time, as determined by the Contractor, during which a Member may enroll or be enrolled for Benefits.

Out-of-Network Service

A non-emergency Covered Service that is not obtained from Delta Dental Participating Dentist.

Out-of-Country Dentist Fee

The maximum fee allowed per procedure for services rendered by an Out-of-Country Dentist as determined by Delta Dental.

Out-of-Pocket Maximum

The maximum amount that a Member will pay for Covered Services during a Benefit Year as set forth in the Summary of Dental Plan Benefits.

Pre-Treatment Estimate

A voluntary and optional process where Delta Dental issues a written estimate of dental benefits that may be available under your coverage for your proposed dental treatment. Your Dentist submits the proposed

dental treatment to Delta Dental in advance of providing the treatment.

A Pre-Treatment Estimate is for informational purposes only and is not required before you receive any dental care. It is not a prerequisite or condition for approval of future dental benefits payment. You will receive the same Benefits under This Plan whether or not a Pre-Treatment Estimate is requested. The benefits estimate provided on a Pre-Treatment Estimate notice is based on benefits available on the date the notice is issued. It is not a guarantee of future dental benefits or payment.

Availability of dental benefits at the time your treatment is completed depends on several factors. These factors include, but are not limited to, your continued eligibility for benefits, your available annual or lifetime Maximum Payments, any coordination of benefits, the status of your Dentist, This Plan's limitations and any other provisions, together with any additional information or changes to your dental treatment. A request for a Pre-Treatment Estimate is not a Claim or a preauthorization, precertification or other reservation of future Benefits.

Processing Policies

Delta Dental's policies and guidelines used for Pre-Treatment Estimate and payment of Claims. The Processing Policies may be amended from time to time.

Special Enrollment Period

A period outside of the Open Enrollment Period in which you or your Dependent can obtain coverage under This Plan due to a qualifying life event.

Spouse

Your legal spouse.

Submitted Amount

The amount a Dentist bills to Delta Dental for a specific treatment or service. A Participating Dentist cannot charge you or your Dependents for the difference between this amount and the Maximum Approved Fee.

Summary of Dental Plan Benefits

A description of the specific provisions of your group dental coverage. The Summary of Dental Plan Benefits is and should be read as a part of this Certificate, and supersedes any contrary provision of this Certificate.

This Plan

The dental coverage established for Members pursuant to this Certificate and your Summary of Dental Plan Benefits.

III. Enrolling in This Plan

The Open Enrollment Period, if applicable, will be established by the Contractor and will occur on an annual basis. During the Open Enrollment Period, all eligible persons as defined in your Summary of Dental Plan Benefits may enroll in This Plan. You and/or your Dependents may not enroll in This Plan at any other time during the applicable Benefit Year except in the following instances:

- a. Newly hired or rehired employees (if applicable): You will be eligible to enroll on the date for which employment compensation begins or, if applicable, that date plus the number of days specified as a waiting period in the Summary of Dental Plan Benefits.
- b. New Spouse: Your new Spouse will be eligible to enroll on the date of marriage.
- c. Newborn: Your newborn will be eligible to enroll on the date of birth.
- d. Legal adoptions, foster Child(ren) or guardianships: Your newly adopted Child(ren), foster Child(ren) and/or the minor Child(ren) that you and/or your Spouse have guardianship over will be eligible to enroll on the date that the legal petition for adoption, foster care or guardianship becomes legally final, or the date on which the Child(ren) begins residing with the Enrollee and the Enrollee assumes responsibility for the Child(ren) while waiting for adoption, foster care or guardianship to become final.
- e. New Stepchild: Your new stepchild will be eligible to enroll on the date that the Child's natural parent becomes a Dependent.
- f. Child(ren) or Child: Your Child(ren) who have reached the dependent age limit stated in the Summary of Dental Plan Benefits, but who were at that time (and continue to be) disabled by a physical or mental condition. Those Child(ren) must also be chiefly dependent on you for support and maintenance. If requested, you must submit medical reports confirming the Child's disability within 31 days of the end of the calendar year of the dependent age limit stated in the Summary Dental Plan of Benefits. Delta Dental may request proof of continuing disability, but no more frequently than annually.
- g. If no additional monthly premium will be required when you add a dependent Child to your coverage, you should complete an update form so that we may facilitate the Child's access to Covered Services. A newborn Child will be covered from the

moment of birth. A foster care or adopted Child will be covered from the date of placement in the home provided coverage for that child is put in to effect within 30 days.

- h. To the extent Contractor permits Dependents other than those defined in this Certificate to enroll in This Plan, such Dependents will be eligible to enroll on the date that they become an eligible Dependent. Any such additional Dependents permitted by Contractor shall be set forth in your Summary of Dental Plan Benefits.
- i. All others will be permitted on the date that Delta Dental approves in writing the enrollment or listing of those people, unless compelled by a court or administrative order to otherwise provide Benefits for a Dependent.

IV. Selecting a Dentist

You may choose any Dentist. Your out-of-pocket costs are likely to be less if you go to a Delta Dental Participating Dentist.

This Plan provides for reasonable access to Delta Dental Participating Dentists. If there is not a Delta Dental Participating Dentist within thirty (30) or a Participating Specialty Dentist with sixty (60) miles of your home or workplace, Covered Services from a Nonparticipating Dentist will be paid at the Delta Dental PPO Dentist benefit level. Additionally, if you are unable to schedule an appointment with your Delta Dental Participating Dentist within six to eight weeks, Covered Services from a Nonparticipating Dentist will be paid at the Delta Dental PPO Dentist benefit level.

If you feel this may be the case, please call Delta Dental's Customer Service department, toll-free, at 800-662-8856 or write to them at PO Box 9089, Farmington Hills, Michigan 48333-9089. When writing, please enclose a copy of your explanation of benefits, if applicable and describe the situation. Be sure to include your name, telephone number, the date and any information you would like considered about your Claim. We will review your situation and, if appropriate, approve payment for a Non-Participating Dentist at the Delta Dental PPO Dentist benefit level.

To verify that a Dentist is a Participating Dentist, you can use Delta Dental's online Dentist Directory at www.deltadentalinc.com or call (800) 662-8856.

V. Accessing Your Benefits

To utilize your dental benefits, follow these steps:

1. Please read this Certificate and the Summary of Dental Plan Benefits carefully so you are familiar with your benefits, payment methods, and terms of This Plan.
2. Make an appointment with your Dentist and tell him or her that you have dental benefits with Delta Dental. If your Dentist is not familiar with This Plan or has any questions, have him or her contact Delta Dental by writing to Delta Dental, Attention: Customer Service, PO Box 9089, Farmington Hills, Michigan 48333-9089, or calling the toll-free number at (800) 662-8856.
3. After you receive your dental treatment, you or the dental office staff will file a Claim form, completing the information portion with:
 - a. The Enrollee's full name and address
 - b. The Enrollee's Member ID number
 - c. The name and date of birth of the person receiving dental care
 - d. The Contractor's name and number

Notice of Claim Forms

Delta Dental does not require special Claim forms. However, most dental offices have Claim forms available. Participating Dentists will fill out and submit your dental claims for you.

Mail claims and completed information requests to:
Delta Dental, PO Box 9085, Farmington Hills, Michigan 48333-9085.

Pre-Treatment Estimate

A Pre-Treatment Estimate is not required to receive payment, but it allows claims to be processed more efficiently and allows you to know what services may be covered before your Dentist provides them. You and your Dentist should review your Pre-Treatment Estimate Notice before treatment. Once treatment is complete, the dental office will submit a Claim to Delta Dental for payment.

Written Notice of Claim and Time of Payment

Because the amount of your Benefits is not conditioned on a Pre-Treatment Estimate decision by Delta Dental, all Claims under This Plan are post-service.

Once a Claim is filed, Delta Dental will adjudicate it within 30 days of receiving it. That means that we will send to claimant, by electronic or paper mail the following: (a) payment of the claim; (b) notice of denial of the claim; (c) notice that proof of loss is inadequate or incomplete; (d) notice that the claim was not submitted on the form required; (e) notice that coordination of benefits information is needed in order to pay the claim; or

(f) notice that the claim is pending based on nonpayment of fees or premiums. If the claim is denied, the notice shall include all the specific good faith reasons for denial, including specific clinical rationale for any utilization review or dental necessity decisions. If there is not enough information to adjudicate the claim, the notice will (a) describe the information needed, (b) explain why it is needed, (c) request an extension of time in which to decide the Claim, and (d) inform you or your Dentist that the information must be received within 90 days. If the services were performed by a Nonparticipating Dentist and the information is not received within 90 days, your claim will be denied. If the services were performed by a Participating Dentist, and the Participating Dentist fails to provide required information within his or her control, any fees associated with the service are not chargeable to the patient. You will receive a copy of any notice sent to your Dentist. Once Delta Dental receives the requested information, it has 30 days to adjudicate your Claim. A claim previously denied for failure to provide required information within 90 days will be reopened by Delta Dental if the information previously requested is submitted within one (1) year of the date of the denial notice.

Proof of Loss

All Claims for Benefits must be filed with Delta Dental within one year of the date the services were completed. Failure to submit a Claim within the time required shall not invalidate nor reduce any Claim if it was not reasonably possible for the Claim to be filed within such time, provided such Claim is submitted as soon as reasonably possible and in no event, except in the case of legal incapacity, later than one year from the time submittal of the Claim is otherwise required.

Authorized Representative

You may also appoint an authorized representative to deal with Delta Dental on your behalf with respect to any Claim you file or any review of a Denied Claim you wish to pursue (see the Claims Appeal Procedure section). You should contact your Contractor, call Delta Dental's Customer Service department, toll-free, at (800) 662-8856, or write them at PO Box 9089, Farmington Hills, Michigan, 48333-9089, to request a form to designate the person you wish to appoint as your representative. Delta Dental will only recognize the person whom you have authorized on the last dated form filed with Delta Dental. Once you have appointed an authorized representative, Delta Dental will communicate directly with your representative and will not inform you of the status of your Claim. You will have to get that information from your representative. If you have not designated a

representative, Delta Dental will communicate directly with you.

Questions and Assistance

Questions regarding your coverage should be directed to your Contractor or call Delta Dental's Customer Service department, toll-free, at (800) 662-8856. You may also write to Delta Dental's Customer Service department at PO Box 9089, Farmington Hills, Michigan, 48333-9089. When writing to Delta Dental, please include your name, the Contractor's name and number, the Enrollee's Member ID number, and your daytime telephone number.

If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with Delta Dental, you may contact the North Carolina Department of Insurance by telephone at (855) 408-1212, or by mail at:

NC Department of Insurance Services for Consumers
1201 Mail Service Center
Raleigh, NC 27699-1201

The physical location is:

Albemarle Building
325 N. Salisbury Street
Raleigh, NC 27603

You can also file a complaint electronically at www.ncdoi.com/consumer.

VI. How Payment is Made

Delta Dental shall make payments for Covered Services in accordance with the type of plan selected by the Contractor. The type of plan selected will be identified in your Summary of Dental Plan Benefits.

When your Plan is Delta Dental PPO plus Premier Plan

If your Dentist is a Participating Dentist, Delta Dental will base payment on the Maximum Approved Fee for Covered Services.

Delta Dental will send payment directly to Participating Dentists and you will be responsible for any applicable Copayments and/or Deductibles. For non-covered services, you will be responsible for the Dentist's Submitted Amount.

If your Dentist is a Nonparticipating Dentist, Delta Dental will base payment on the Nonparticipating Dentist Fee for Covered Services.

If your Dentist is an Out-of-Country Dentist, Delta Dental will base payment on the Out-of-Country Dentist Fee for Covered Services.

For Covered Services rendered by a Nonparticipating Dentist or Out-of-Country Dentist, Delta Dental will usually send payment to you, unless otherwise required by law or contract, and you will

be responsible for making full payment to the Dentist. You will be responsible for any difference between Delta Dental's payment and the Dentist's Submitted Amount.

PAYMENT EXAMPLES	PPO Dentist	Premier Dentist	Non- participating Dentist
ADULT CLEANING			
Submitted fee	\$105.00	\$105.00	\$105.00
Maximum Approved Fee	\$63.00	\$72.00	\$89.00
Coverage level	100%	100%	100%
Amount Delta Dental Pays	\$63.00	\$72.00	\$89.00
AMOUNT YOU PAY	\$0.00	\$0.00	\$16.00
CROWN			
Submitted fee	\$1,500.00	\$1,500.00	\$1,500.00
Maximum Approved Fee	\$900.00	\$1,000.00	\$1,200.00
Coverage level	50%	50%	50%
Amount Delta Dental Pays	\$450.00	\$500.00	\$600.00
AMOUNT YOU PAY	\$450.00	\$500.00	\$900.00

NOTE: This is just an example and the amounts shown here may not be the same as your coverage levels or your dentist's fees.

Your actual expenses for Covered Services may exceed the stated Copayment percentage because actual provider charges may not be used to determine our and your payment obligations.

How can I save?

PPO and Premier Dentists

- Submit claims for you
- Only charge you for your Copayment and Deductible (if any) - no balance billing
- Out-of-pocket costs are likely to be lower

Nonparticipating Dentists

- May require you to submit your own claims
- May charge you the full cost of a procedure
- May ask for payment in full up front

How will the Dentist receive payment?

PPO and Premier Dentists

Payment will be sent directly to your Dentist.

Nonparticipating Dentists

You will be responsible for making full payment to your Dentist and then Delta Dental will send you the check for Covered Services.

When your Plan is Delta Dental PPO (Standard)

Regardless of your Dentist's participating status, Delta Dental will base its payment on the lesser of the Submitted Amount or the PPO Dentist Schedule.

Delta Dental will send payment directly to Participating Dentists and you will be responsible for any applicable , Coinsurance and/or Deductibles. If your Dentist is not a PPO Dentist, but is a Premier Dentist, you will also be responsible for any difference between the PPO Dentist Schedule and the Premier Dentist Schedule for Covered Services, in addition to , Coinsurance and/or Deductibles. You will be responsible for the Maximum Approved Fee for most commonly performed non-covered services. For other non-covered services, you will be responsible for the Dentist's Submitted Amount. For Covered Services rendered by a Nonparticipating Dentist or Out-of-Country Dentist, Delta Dental will usually send payment to you, unless otherwise required by law or contract, and you will be responsible for making full payment to the Dentist. You will be responsible for any difference between Delta Dental's payment and the Dentist's Submitted Amount.

PAYMENT EXAMPLES	PPO Dentist	Premier Dentist	Non-participating Dentist
ADULT CLEANING			
Submitted fee	\$105.00	\$105.00	\$105.00
Maximum Approved Fee	\$63.00	\$72.00	n/a
PPO Dentist Schedule	\$63.00	\$63.00	\$63.00
Coverage level	100%	100%	100%
Amount Delta Dental Pays	\$63.00	\$63.00	\$63.00
AMOUNT YOU PAY	\$0.00	\$9.00	\$42.00
CROWN			
Submitted fee	\$1,500.00	\$1,500.00	\$1,500.00
Maximum Approved Fee	\$900.00	\$1,000.00	n/a
PPO Dentist Schedule	\$900.00	\$900.00	\$900.00
Coverage level	50%	50%	50%
Amount Delta Dental Pays	\$450.00	\$450.00	\$450.00
AMOUNT YOU PAY	\$450.00	\$550.00	\$1,050.00

NOTE: This is just an example and the amounts shown here may not be the same as your coverage levels or your dentist's fees.

How can I save?

PPO Dentists

- Submit claims for you
- Only charge you for your Copayment and Deductible (if any) - no balance billing
- Out-of-pocket costs are likely to be lower

Premier Dentists

- Submit claims for you
- Will charge you for the difference between the PPO Dentist Schedule and the Premier Dentist Schedule, along with your Copayment and Deductible (if any)

Nonparticipating Dentists

- May require you to submit your own claims
- May charge you the full cost of a procedure
- May ask for payment in full up front

How will the Dentist receive payment?

PPO and Premier Dentists

Payment will be sent directly to your Dentist.

Nonparticipating Dentists

You will be responsible for making full payment to your Dentist and then Delta Dental will send you the check for Covered Services.

Orthodontics

If This Plan includes orthodontics it will be identified on and paid as reflected in your Summary of Dental Plan Benefits.

Covered Services Requiring Multiple Visits

In the event a Covered Service requires more than one (1) visit with your Dentist, payment for the Covered Service will be rendered upon Completion Date.