



## GLENBARD SCHOOL DISTRICT #87

### Delta Dental PPO Plan Highlights

Group #10490

#### Introduction

Glenbard School District #87 dental enrollees have access to two extensive networks, Delta Dental PPO and Delta Dental Premier managed fee-for-service. When you call your dentist to make an appointment, ask if he/she 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 165,200 Delta Dental PPO and 247,600 Delta Dental Premier dentist locations nationwide, including 5,650 and 9,340, respectively, in Illinois.

#### Choosing Your Dentist

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. 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 \$600 and the MPA is \$900. If your plan covers crowns at 50% and your dentist normally charges \$1000, your out-of-pocket cost (excluding deductible) would be:

**Delta Dental PPO Dentist – \$300**  
(50% of the \$600 PPO fee allowance)

**Delta Dental Premier Dentist – \$450**  
(50% of the \$900 MPA)

**Out-of-Network Dentist – \$550**  
(50% of the \$900 MPA plus \$100 difference between the MPA 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 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 (non-PPO/non-Premier) 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.* You will be reimbursed directly for covered plan benefits.

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 Glenbard School District #87 Dental Plan pays. For further information, refer to your dental benefits booklet 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 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 Glenbard School District #87 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 – Glenbard School District #87 as of 01/01/2013**

<b>Annual Maximum</b> Dependents eligible to age 26	\$1,500/person	\$1,500/person	\$1,500/person
<b>Annual Deductible</b> (applies to <u>Basic/Major</u> only)	\$0/person \$0/family	\$25/person \$75/family	\$50/person \$150/family
<b>Lifetime Ortho. Maximum</b>	\$1500/per dependent	\$1,000/per dependent	\$750/per dependent
	<b><u>Delta Dental PPO</u></b>	<b><u>Delta Dental Premier</u></b>	<b><u>Out-of-Network</u></b>
<b>Preventive/Diagnostic</b> <ul style="list-style-type: none"> <li>◆ oral evaluations (two per year)</li> <li>◆ x-rays (bitewings – two per year; full mouth - once every three years)</li> <li>◆ prophylaxis (cleaning; two per year)</li> <li>◆ fluoride treatment (once per year for children under age 19)</li> <li>◆ space maintainers</li> <li>◆ sealants</li> </ul>	100% of reduced fee*	100% of MPA**	100% of MPA***
<b>Basic</b> <ul style="list-style-type: none"> <li>◆ fillings</li> <li>◆ posterior composites</li> <li>◆ oral surgery</li> <li>◆ periodontics</li> <li>◆ endodontics</li> <li>◆ general anesthesia (in conjunction with oral surgery)</li> <li>◆ IV sedation</li> </ul>	80% of reduced fee*	80% of MPA**	80% of MPA***
<b>Major</b> <ul style="list-style-type: none"> <li>◆ crowns, jackets, cast restorations</li> <li>◆ fixed/removable bridges</li> <li>◆ partial/full dentures</li> <li>◆ implants</li> </ul>	80% of reduced fee*	60% of MPA**	50% of MPA***
<b>Orthodontia</b> <ul style="list-style-type: none"> <li>◆ for dependent children under age 19</li> </ul>	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
	*You will not be "balance billed" for charges exceeding Delta Dental's allowed PPO fees	**You will not be "balance billed" for charges exceeding Delta Dental's maximum plan allowances (MPAs)	***You are responsible for charges exceeding Delta Dental's maximum plan allowances (MPAs)

**The preceding information is a brief summary of the Glenbard School District #87 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.*

**Jan 2013**