DELTA DENTAL®

Understanding Your Dental Benefits

As a Delta Dental subscriber, you have one of the best dental benefit plans available. To take full advantage of your dental coverage, read your benefits information before you go to your dentist. Below are some mportant benefit plan highlights.[1]

Plan Basics

All Delta Dental of Virginia dental plans emphasize prevention. Brushing and flossing every day and visiting your dentist regularly for checkups can help you avoid expensive dental treatments later. Many Delta Dental benefit plans pay all, or most of the cost for routine dental checkups, including cleanings and exams, to promote preventive care. As you learn more about your coverage, you'll want to know the answers to two key questions:

Which Delta Dental plan[2] do I have? Most Delta Dental customers have a Delta Dental PPO®, Delta Dental Premier® or a Delta Dental PPO℠ plus Premier plan. For these plans you can choose any dentist you wish, though there are advantages to choosing a Delta Dental network dentist. If you have a DeltaCare® USA plan, you must select a primary care dentist from our DeltaCare network. To find out which plan you have, look in the upper right corner of your Delta Dental ID card or log into our subscriber site at DeltaDentalVA.com.

Is my dentist in the Delta Dental network? Since Delta Dental has the nation's largest network of participating dentists, nearly 153,000[3] dentists at more than 340,000[3] office locations nationwide, it's likely your dentist participates.

Most of our plans offer access to either the Delta Dental PPO or Delta Dental Premier networks, and often both. Our PPO network offers the lowest out-of-pocket fees and the richest benefits, while our Premier network offers discounts and protection from additional billing, with the benefit of a larger selection of dentists. If you choose to visit an out-of-network dentist, you may be subjected to higher fees and may be required to submit claims yourself. See the last section of this flyer for more advantages of using a Delta Dental network dentist.

Terms you need to know

Annual Maximum — Most dental plans have an annual maximum. This is the maximum dollar amount a dental benefit plan will pay toward the cost of dental care within a benefit period (usually January through December). The patient is responsible for paying costs above the annual maximum. Consult your plan for more about your plan's annual maximum.

Benefit Period — Dental benefits are calculated within a "benefit period". The benefit period typically is for one year, but not always a calendar year. To learn when you might be approaching your deductible payments or plan maximums, check your benefits online at DeltaDentalVA.com.

Categories of Coverage — Many dental plans offer three classes, or categories of coverage — often with different reimbursement levels for each. Each class provides specific types of treatment and those treatments are typically covered at a certain percentage. Each class also specifies limitations and exclusions. Procedures within a category of services can vary from plan to plan, so be sure to read your benefits information carefully. The three levels typically work like this:

- **Class I** procedures are diagnostic and preventive. These are usually covered at the highest percentage (for example, 100% of the plan's approved fee). This gives patients a financial incentive to seek early or preventive care because such care can deter the need for more expensive treatments in the future.
- **Class II** includes basic procedures — such as fillings, extractions and periodontal treatment — that are sometimes reimbursed at a slightly lower percentage (80%, for example).
- **Class III** is for major services and is usually reimbursed at a lower percentage than class II services (for example, 50%). Class III services may have a waiting period before they are covered.

Coinsurance — Many insurance plans have a coinsurance provision. That means the benefit plan pays a pre-determined percentage of the cost of your treatment, and you are responsible for paying the

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DELTA DENTAL®

Understanding Your Dental Benefits (continued)

balance. What you pay is called the coinsurance, and it is part of your out-of-pocket cost. It is paid even after a deductible is reached.

Deductibles — Most dental benefit plans include a deductible, which is a specific dollar amount you must pay before the plan begins to cover your expenses. During a benefit period, you will have to pay a portion of your dental bill before your benefit plan will contribute to your cost of dental treatment. Your plan information will describe how your deductible works.

Enhanced Benefits — Many plans now offer enhanced coverage for individuals who have specific health conditions that can be positively affected by additional oral health care. These enhancements are based on scientific evidence and often include additional services for at-risk individuals.

Limitations and Exclusions — Dental benefit plans are designed to help with part of your dental expense. However, the typical plan does not cover every aspect of dental care. This can relate to the type or number of procedures, the number of dental visits or any age limits. These limitations and exclusions are detailed in your plan information.

Pre-Treatment Estimate — If your dental care will be extensive, you may ask your dentist for a cost estimate, sometimes called a pre-treatment estimate or a pre-determination of benefits. This will allow you to know what procedures are covered, the amount your benefit plan will pay toward treatment and your financial responsibility.

Your Explanation of Benefits (EOB) Statement

One of the most important communications you will receive from Delta Dental is your Explanation of Benefits. This is sent after your dental treatment and is not a bill. The EOB explains what procedures were covered under your plan, as well as procedures not covered and why. An EOB will also tell you:

- A description of the dental services performed and the dentist fees for those services
- Delta Dental's payment and what you may owe
- Coordination of benefits (COB), if applicable.

To receive EOB statements electronically, log into DeltaDentalVA.com and edit your account information.

MaxOver® Helps Manage Costs

Many Delta Dental PPO plans include MaxOver, a "rollover" feature that allows members to roll over part of their unused spending in a year to increase their maximum benefit limit the next year. Limitations apply. Refer to your benefits information or contact Delta Dental customer service at 1.800.237.6060.

In-Network Means Maximum Value

Most Delta Dental plans allow the freedom to choose any dentist. However, to get full advantage of your coverage, you should choose a dentist who participates in the network. Here's why:

1. You'll likely pay less, because Delta Dental network dentists agree to accept pre-determined fees often discounted from typical charges. In addition, Delta Dental network dentists agree not to "balance bill" patients for differences between approved fees and their typical charges.

2. When you are treated by a Delta Dental network dentist, you don't pay the entire bill and wait for reimbursement from Delta Dental. Instead, we pay your dentist directly. You pay only the amount your dentist bills you.

3. Because Delta Dental network dentists handle claims and paperwork, there's less work for you.

4. All Delta Dental network dentists must meet professionally-recognized quality standards. Delta Dental re-credentials providers periodically to ensure those standards are being maintained.

With a better understanding of the benefits in your Delta Dental plan, you can have a key role in your oral health. For more information visit DeltaDentalVA.com.

[1]This flyer includes content adapted from materials developed by Delta Dental of Michigan, Delta Dental of Illinois and Delta Dental of California.

[2]Due to the range of plans and options within those plans, your coverage details may vary from friends or neighbors who also have Delta Dental.

[3]Delta Dental Plans Association, March 2017