

Welcome!



Delta Dental of Ohio

800-524-0149 | deltadentaloh.com



Welcome to Delta Dental.

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

Delta Dental brings you two of the nation's largest networks of participating dentists—our Delta Dental PPO™ network and our Delta Dental Premier® network.

This packet includes general information about what you can expect as a Delta Dental member. It also contains resources to help you understand your coverage and how to use your benefits. (Please see your Summary of Dental Plan Benefits to review your specific plan details.) You can visit deltadentaloh.com to locate participating dentists, access your plan details, manage your account and find oral health information.

If you have questions about your new dental benefits, please 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 Monday through Friday from 8:30 a.m. to 8 p.m. ET.



Definitions

Allowed amount	The amount permitted under the applicable fee schedule for your plan, and upon which Delta Dental will base its payment for a covered service.
Certificate	A standard booklet provided by Delta Dental to subscribers explaining their dental benefit coverage.
Copayment	As provided by your plan, the percentage of the charge, if any, that you will have to pay for covered services.
Covered services	The unique benefits selected in your plan detailed in the Summary of Dental Plan Benefits and Certificate.
Summary of Dental Plan Benefits	A description of the specific provisions of your group dental plan. The Summary of Dental Plan Benefits is and should be read as a part of the Certificate, and supersedes any contrary provision of the Certificate.
Deductible	Amount a person or family must pay toward covered services before Delta Dental begins paying for services.
Maximum payment	The maximum fee that Delta Dental approves for a given procedure.
Delta Dental PPO dentist fee schedule	The maximum amount allowed per procedure for services rendered by a Delta Dental PPO participating 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 participating dentist.
Nonparticipating dentist fee	The maximum fee allowed per procedure for services rendered by a nonparticipating dentist as determined by Delta Dental.
Balance-billing	The difference between the dentist's submitted fee and the maximum approved fee that can be charged to the patient by a nonparticipating dentist. Delta Dental participating dentists do not balance-bill.
Pre-treatment estimate	A written estimate of benefits that may be available under your plan for your proposed dental treatment.



The connection: oral and overall health

Did you know your mouth holds clues to what's going on with your overall health? During a routine checkup, your dentist can search for clues that may point to other serious health issues. Dentists can detect more than 120 signs and symptoms of nondental diseases by examining your mouth, head and neck. Plus, more than 90% of systemic diseases have oral manifestations. This means that if something is wrong in your mouth, then something could be wrong in another part of your body.

If you have one of the conditions listed below, 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 undergoing dialysis
- Suppressed immune system due to chemotherapy or radiation treatment, HIV-positive status, organ transplant, or stem cell (bone marrow) transplant

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

Dental coverage is about more than 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.



Stay in network and save

As a Delta Dental PPO (Point-of-Service) member, you can see any dentist you like. However, you will likely save the most money and receive the highest level of coverage when you visit a Delta Dental PPO dentist.

Delta Dental PPO dentists	 No balance-billing (when the dentist charges you the difference between the allowed amount and the dentist's submitted fees) on covered services Deepest network discounts Dentists file claims for member
Delta Dental Premier® dentists	 No balance-billing on covered services Significant network discounts Dentists file claims for member
Out-of-network dentists	 Can balance-bill you for the difference between their submitted fee and Delta Dental's allowed amount No network discounts May need to file own claims

How it works:

As shown below, choosing a Delta Dental PPO dentist minimizes out-of-pocket costs.

		Delta Dental PPO dentists	Delta Dental Premier dentists	Out-of-network dentists
ADULT CLEANING	Submitted charge	\$11O	\$11O	\$11O
	Allowed amount	\$71	\$86	^{\$} 78
	Percentage paid by Delta Dental	100%	100%	100%
	Amount Delta Dental pays	\$71	\$86	^{\$} 78
	AMOUNT YOU PAY	*O	*O	^{\$} 32
CROWN	Submitted charge	\$1,370	^{\$} 1,370	^{\$} 1,370
	Allowed amount	\$890	\$1,070	\$960
	Percentage paid by Delta Dental	50%	50%	50%
	Amount Delta Dental pays	\$445	\$535	\$480
	AMOUNT YOU PAY	^{\$} 445	^{\$} 535	\$890

NOTE: Payment examples above are illustrative only. Fees and reimbursements can vary by location and dentist. They do, however, represent how payment is determined.

Member Portal—Access your benefit information 24/7

Stay current on your dental benefits with Delta Dental's easy-to-use Member Portal. 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 EOB statements electronically, print claim forms and identification cards, and browse oral health information.

All users must register to gain access to the Member Portal. Privacy of your benefit information is assured through highly secure encryption technology.

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

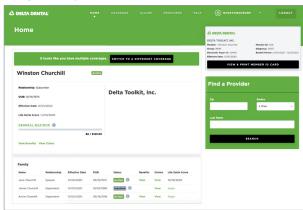
- 1. Visit memberportal.com.
- 2. Log in.
 - If you have already registered, enter your credentials and click the "Login" button.
 - If you are new to Member Portal, click the "Sign up!" link to register.

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.

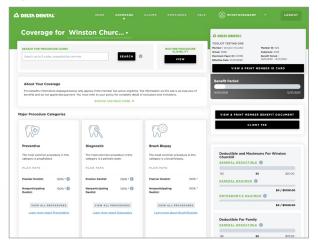
- 3. Complete required fields and follow the on-screen instructions.
- 4. Select your own username and password to access the site.

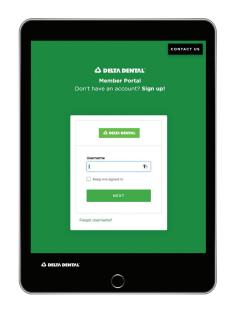
Additional help can be accessed through the Help menu within Member Portal. For assistance with Member Portal, call Toolkit Support at 866-356-0301.

Eligibility



Up-to-date benefit information





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 Certificate or by logging in to Member Portal.
Do I need to tell my dentist my coverage has changed?	Yes. At your first dental visit after coverage becomes effective, you should tell your dentist that you have Delta Dental of Ohio coverage. A standard reference card will be provided to you with this information.
Do I need an ID card to receive care?	No. It is not necessary to present a personalized ID card to receive treatment. Your dental office will use your Social Security number (or alternate ID) to verify eligibility and benefits, and to submit claims. If you prefer a personalized ID card, you may print one using Member Portal.
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 deltadentaloh.com or log in to memberportal.com. 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 they 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 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 you Monday through Friday from 8:30 a.m. to 8 p.m. ET. To submit a written inquiry, please send to: Delta Dental, PO Box 9089, Farmington Hills, MI 48333-9089. Please include your name, group name and number, and the subscriber's member ID number when writing.

How do I submit a claim?

Delta Dental participating dentists will 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 **deltadentaloh.com**. Send completed forms to: Delta Dental, PO Box 9085, Farmington Hills, MI 48333-9085.

Where should claims be sent for services rendered prior to my Delta Dental effective date? Claims for dental services rendered prior to the plan's effective date must be submitted to your previous dental administrator to receive reimbursement.

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

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

If my plan includes orthodontia coverage, how will orthodontic claims be processed? Dentists are required to submit an orthodontic treatment plan. A percentage of the total fee will be paid when orthodontic treatment begins. Payments will be based on the type of treatment or until the lifetime orthodontic maximum is reached.



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