

Delta Dental FAQ

What is my Delta Dental Group Number? 001158-0001

What is the Customer Service phone number? (651) 406-5916 or (800) 553-9536

When will I receive my Delta Dental ID card? The ID cards within 5 days of processing.

What are PPO providers and why should I choose them?

PPO stands for Preferred Provider Organization. These providers are contracted to provide dental services at discounted rates. The plan offers \$1,000 annual coverage per person per plan year. Once this amount had been reached, you are responsible for your dental bills. By choosing a dentist in the PPO network you are ensuring maximum coverage.

The maximum fee allowed by Delta is different for Delta Dental PPO dentists, Delta Dental Premier Dentists and nonparticipating dentists. If you see a nonparticipating dentist, your out-of-pocket expenses may increase.

How do I find Delta Providers?

If you are looking for a dentist, the most up to date provider list can be found on Delta Dental's website. Click on "Dental Search" on the left hand side menu and it will walk you through the necessary steps.

What percentage is covered by the dental insurance Plan?

	<u>Delta Dental PPO</u>	<u>Delta Dental Premier</u>	<u>Out-of- Network</u>
Diagnostic and Preventive Services	100%	100%	100%
Basic Services	80%	80%	80%
Endodontic	80%	80%	80%
Periodontics	80%	80%	80%
Oral Surgery	80%	80%	80%
Major Restorative Services	50%	50%	50%
Prosthetic Repairs and Adjustments	50%	50%	50%
Prosthetics	50%	50%	50%
Orthodontics	50%	50%	50%

My child needs braces. What kind of coverage do we have for orthodontia?

Orthodontics is subject to a separate lifetime maximum of \$1,000.00 per Covered Person and limited to those orthodontic treatment plans between your Dependent Child's eighth (8th) birthday and prior to the their nineteenth (19th) birthday as long as they remain covered under your plan.

Is there a Deductible under the Dental insurance plan?

No. However, once you have met your \$1000 maximum, you are responsible for 100% of the remaining dental bills for that year.

What is the Coverage Year? When does my benefit maximum reset?

A Coverage Year is a 12-month period in which benefit maximums apply. Your Coverage Year is January 1 to December 31.

I just received a bill for my teeth cleaning! I thought it was covered at a 100%! Why didn't the insurance pay it?

The Plan Year Maximum takes into account everything that is paid for by Delta Dental. Cleanings and other services typically covered at 100% may not be covered if you have met your \$1,000 maximum coverage for the plan year. For example: If you had your teeth cleaned and then needed cavities filled or a crown, this could cause you to reach your \$1000 maximum coverage for the year. Therefore, if you have your teeth cleaned a second time in the same year; you would be responsible for the payment.

I just found out I need major work done! What should I do to find out what the insurance company will cover?

After the examination, your dentist will establish the dental treatment to be performed. If the dental treatment necessary involves major restorative, periodontics, prosthetics or orthodontic care, it is recommended that a pretreatment estimate be submitted to Delta prior to treatment. Your dentist should submit this form to the Plan outlining the proposed treatment.

A Pretreatment Estimate of Benefits statement will be sent to you and your dentist. You will be responsible for payment of the coinsurance amounts or any dental treatment that is not considered a covered service under the Plan.

What do I do if I have an issue with Delta that I need help resolving?

Contact Delta Dental customer service number to work through your claim issue. The customer service number can be found on your insurance card or on Delta Dental's website (www.deltadentalmn.org)

If you are unable to resolve your claim issue by speaking with Delta Dental, complete a claim issue request form with all required information.

Send form to Corporate Health Systems Attn: Kaari Frondal at kfrondal@corphealthsys.com, or fax to 952-939-0990. PLEASE include your Explanation of Benefits along with the form.

Allow a week for Kaari to work with Delta Dental to review the claim and get back to you.