

# Understanding your PPO Dental Plan



The best way to take full advantage of your dental coverage is to understand its features and benefits. That's where we can help. Below are the plan basics you need to know to navigate your benefits effectively.

## Schedule of Allowances/Fee Schedule

A listing of established allowances for specific dental procedures or services and represents the maximum amount the insurer pays.

## Annual Maximums

This is the maximum dollar amount a dental plan will pay toward the cost of dental care within a specific benefit period (usually January through December). The member is responsible for paying any costs above the annual maximum. Preventative services typically do not get charged against or reduce the annual maximum.

## Lifetime Orthodontic Maximum

This is the maximum dollar amount the plan will pay towards the cost of orthodontic services over a member's lifetime.

## Deductibles

The dollar amount paid out-of-pocket before the dental insurance will contribute toward the cost of dental treatment.

## Coinsurance (Out-of-Pocket)

The cost of treatment the patient is responsible for after the insurance pays a predetermined percentage. This amount is part of your out-of-pocket costs and is paid even after the deductible is met.

## Benefit Coverage Type

Classes or categories of coverage (Class I Preventive, Class II Basic Restorative or Class III Major Restorative), which provide specific types of treatment. Each class

specifies the percentage of coverage as well as any limitations on frequency of services.

## Pre-treatment Estimate

A cost estimate which provides information on what procedures are covered, the amount the insurance company will pay toward treatment and the patient's financial responsibility. This is not a guarantee of payment. When services are complete, actual payment will be based on eligibility, annual maximum remaining and deductible requirements.

## Limitations and Exclusions

Dental plans help pay part of dental expenses, but may not always cover every aspect of dental care. Limitations and exclusions can relate to number of visits, type or number of procedures, or age limits. Please refer to your dental contract or benefit summary for specific details.

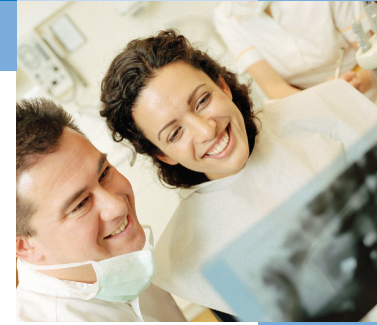
## Participating Dentist

These dentists agree to accept the Schedule of Allowances as payment in full for services performed. Coinsurances apply. (See examples on reverse side)

## Non Participating Dentists

These dentists are not part of the dental network and are not obligated to accept the Schedule of Allowances as payment in full. The member may be liable for balance of the dentist charges above the fee schedule. (See examples on reverse side)





## Sample Plan Design

Coverage Type:	In-Network (Participating Dentists)	Out-of-Network (Non-Participating Dentists)
Preventive	100% of Schedule of Allowance	100% (subject to balance billing)
Basic Restorative	80%	80% (subject to balance billing)
Major Restorative	50%	50% (subject to balance billing)
Orthodontia	50%	
<b>Deductible:</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Annual Maximum Benefit:</b>		
Per Person	\$1,000	\$1,000
Orthodontia Lifetime Max – Children to age 19	\$1,000 per person	\$1,000 per person

Please refer to your benefit summary or contract for specific coverage amounts

## Claims Savings Example

	In-Network (Participating Dentists)	Out-of-Network (Non-Participating Dentists)
<b>Adult Prophylaxis (cleaning)</b>	BCBS Fee: \$63.74*	Dentist Usual Fee: \$74.00*
Plan Pays	\$63.74 (100% x \$63.74)	\$63.74 (100% x \$63.74)
Member Out-of-Pocket Cost:	\$0	\$10.26
<b>Member Out-of-Pocket Savings: \$10.26</b>		
<b>Adding a Crown</b>	BCBS Fee: \$842.40	Dentist Usual Fee: \$1,045
Plan Pays	\$421.20 (50% x \$842.40)	\$421.20 (50% x \$842.40)
Member Out-of-Pocket Cost:	\$421.20	\$623.80
<b>Member Out-of-Pocket Savings: \$202.60</b>		
<b>Root Canal Treatment</b>	BCBS Fee: \$870	Dentist Usual Fee: \$1,245
Plan Pays	\$696 (80% x \$870)	\$696 (80% x \$870)
Member Out-of-Pocket Cost:	\$174	\$549
<b>Member Out-of-Pocket Savings: \$375</b>		

\*Most dental plans do not count preventative services against the annual maximum. In this example the annual maximum would remain at \$1000.