



**Questions and Answers about
Delta Dental PPO (Point-of-Service) for
The University of Akron
Group No. 1036**

Has your dental provider changed?	Yes, Delta Dental of Ohio will begin providing dental coverage for The University of Akron effective January 1, 2011. You will be covered under Delta Dental PPO (Point-of-Service). Your dental benefit levels will remain the same.
What is Delta Dental PPO (Point-of-Service)?	Delta Dental PPO (Point-of-Service) is Delta Dental's national program that gives you greater opportunities for member access, no balance billing and processing policies that will save you money. Delta Dental PPO program has two of the nation's largest networks of participating dentists—the Delta Dental PPO network and the Delta Dental Premier network. Although you can go to any licensed dentist anywhere, your out-of-pocket costs are likely to be lower if you go to a dentist who participates in one of these networks.
What are the advantages of choosing a Delta Dental PPO (PPO) dentist?	Your benefit level for services will be the same regardless of the participating status of the dentist. However, your out-of-pocket cost will be lower if you seek treatment from a PPO dentist. Also, Delta Dental will pay the PPO dentist directly for covered services based on his or her submitted fee or the amount in the local Delta Dental's PPO dentist schedule, whichever is less. If the PPO dentist schedule amount is lower than the dentist's submitted fee, the dentist cannot charge you the difference. This means you will be responsible only for your copayments and deductible, if any, when you go to a PPO dentist for covered services. PPO dentists will also fill out and file your claim forms.
What are the advantages of choosing a Delta Dental Premier dentist?	Delta Dental will pay the Delta Dental Premier dentist directly for covered services based on his or her submitted fee or the local Delta Dental maximum approved fee, whichever is less. If the maximum approved fee is lower than the dentist's submitted fee, the dentist cannot charge you the difference. As with PPO dentists, this means you will be responsible only for your copayments and deductible, if any, when you go to a Delta Dental Premier dentist for covered services. And, like PPO dentists, Delta Dental Premier dentists will fill out and file your claim forms for you.
How can I find a participating dentist?	To find the names of participating dentists near you, call our Customer Service department, toll-free, at (800) 524-0149. Our DASI (Delta's Automated Service Inquiry) system is available 24 hours a day, seven days a week, and can provide you with the names of PPO dentists near you. You can also check Delta Dental's web site www.deltadentaloh.com .
What if I go to a nonparticipating dentist?	If you go to a dentist who does not participate in Delta Dental PPO or Delta Dental Premier, you will still be covered. Benefits will be paid according to the Plan of Benefits. Note: You will not be receiving the discount afforded by utilizing the Delta Dental PPO network. Delta Dental will pay you directly for covered services based on the dentist's submitted fee or Delta Dental's maximum plan allowance for nonparticipating dentists, whichever is less. You may be responsible for the difference between Delta Dental's payment and the submitted fee (balance billing). Your dentist may require you to reimburse him/her the full amount at the time of service.
Do I need to tell my dentist my coverage has changed?	Yes. It would be helpful if you told your dentist that you have Delta Dental PPO (Point-of-Service) coverage through Delta Dental of Ohio. For services rendered January 1 st and after, remind your dentist to submit claims to Delta Dental, P.O. Box 9085, Farmington Hills, MI 48333-9085.
Where should claims be submitted for services rendered prior to January 1, 2011?	For any services rendered prior to January 1, 2011, your claims must be submitted to Anthem for reimbursement of benefits.

How will orthodontic claims be processed?	If one of your family members is in the middle of orthodontic treatment and has not yet reached his or her lifetime orthodontic maximum, ask the dentist to submit a claim with the complete treatment plan to us as if he or she was submitting the claim for the first time. We will use the information on this claim to calculate the remaining liability based on the number of months left in the treatment plan. We will then make monthly payments until treatment ends or until your family member reaches the lifetime orthodontic maximum. Delta Dental will receive your claim history. This means any amounts paid previously by Anthem will be applied to your lifetime maximum.
How can I view my own dental information?	You can use our Web-based Consumer Toolkit (www.deltadentaloh.com) to access your own benefit, claims, and eligibility information 24 hours a day, seven days a week. You can use this Toolkit to search our dentist directories, print ID cards and claim forms, and read oral health tips, too.
What if I have additional questions?	If you need assistance or have additional questions about your new dental carrier and how your benefit works, contact Delta Dental's Customer Service (800) 524-0149.

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
Who will the check be sent to?	The Dentist	The Dentist	You
What is the payment based on?	The billed fee or the amount in your dentist's local PPO Fee Schedule ¹ , whichever is less.	The billed fee or the Maximum Approved Fee ² , whichever is less.	The billed fee or the Nonparticipating Dentist Fee ³ , whichever is less.
Special things to consider	Participating Dentists: <ul style="list-style-type: none"> ▪ Will submit claim forms for you ▪ Cannot balance bill you ▪ Will only charge your copayment and deductible up front 	Participating Dentists: <ul style="list-style-type: none"> ▪ Will submit claim forms for you ▪ Cannot balance bill you ▪ Will only charge your copayment and deductible up front 	Nonparticipating Dentists: <ul style="list-style-type: none"> ▪ May charge you the total difference between what was charged and what was paid ▪ May ask you to pay the full amount up front ▪ May have you submit your own claim information
Payment example of a Class II dental benefit (assuming any applicable deductible has been met)	Billed Charges: \$100.00 PPO Fee Schedule amount: \$76.00 Delta Dental pays 70% of the PPO fee schedule: \$53.20 Member pays: \$22.80 The PPO dentist cannot charge you the \$24 difference between the PPO Fee Schedule amount and his or her fee	Billed Charges: \$100.00 Maximum Approved Fee: \$92.00 Delta Dental pays 70% of the Maximum Approved Fee: \$64.40 Member pays: \$27.60 The Premier dentist cannot charge you the \$8 difference between the Maximum Approved Fee and his/her fee.	Billed Charges \$100.00 NonPar Dentist Fee amount: \$88.00 Delta Dental pays 70% of the NonPar Dentist Fee amount: \$61.60 Member pays: \$38.40 Because the dentist does not participate, you are responsible for the difference between Delta's payment and his/her fee.

1. A PPO Dentist is one that has agreed to the PPO Fee Schedule, which is lower than Maximum Approved Fee used for a dentist who participates in Delta Dental Premier.

2. Maximum Approved Fee is the maximum amount approved for a specific procedure determined by Delta Dental in the Premier program.

3. Nonparticipating Dentist Fee is the maximum fee allowed when the dentist does not participate.

For services rendered after January 1, 2011, your dentist should send all dental claims to Delta Dental of Ohio at the following address:

**Delta Dental
P.O. Box 9085
Farmington Hills, MI 48333-9085**