

Dental Terms You Should Know



1. What is coinsurance?

A fixed percentage of a dental treatment cost that you share with your dental plan. For example, Delta Dental may pay for 80 percent of a given service, while you are responsible for 20 percent. The 20 percent you pay is called coinsurance. Coinsurance kicks in after you meet your annual deductible.

2. What is a deductible?

A set dollar amount you are responsible for before your dental plan begins to pay for covered services. Major services are subject to a \$50 deductible per covered person per calendar year or \$150 per family per calendar year.

3. Can I use my dental benefits out of state?

Yes. All claims should be submitted to Northeast Delta Dental as indicated on the back of the ID card.

4. What is a waiting period?

A waiting period is the period of time that a person must be enrolled in the plan before certain services are covered. On this plan, the waiting period is six months for Basic services, 12 months for Major services and 24 months for orthodontic services.

5. What is the difference between a participating network dentist and a non-participating dentist?

Discounts. Delta Dental network dentists agree to accept predetermined fees for services, which are usually discounted from typical charges. Delta Dental network dentists also agree not to bill patients for differences between the Delta Dental contracted fees and their typical charges. In other words, you may pay less out of pocket with a Delta Dental network provider.

With a participating dentist there's no waiting for reimbursement. When you are treated by a Delta Dental network dentist, you don't have to pay the entire bill and wait for reimbursement from Delta Dental. Instead, we pay your in-network dentist directly.

With a participating dentist there is less paperwork. Delta Dental Dentists handle all claims forms and other paperwork, making it as easy as possible to help you get the care you need.

6. What is a pretreatment estimate?

A treatment plan is submitted by a dentist for Delta Dental to review and provide an estimate of benefits before treatment starts. Pre-treatment estimates can help you budget for dental procedures. They can also help you and your dentist decide how to proceed with a

treatment. This is sometimes referred to as a pre-authorization and is recommended when having costly dental work.

7. What is an annual maximum?

The amount of total dollars Delta Dental will pay your dentist in a calendar year for you and each of your dependents covered under the plan. Your annual maximum is \$1,500 for all services. Your orthodontic services have a separate Lifetime maximum of \$1,500.

8. Will I get an ID when I enroll in this Dental Plan?

Yes. Two ID cards will be issued in the employee's name and mailed to the home address. Be sure to present the new cards to your dental provider upon the effective date of this new plan.

9. When can I make changes to my plan?

Changes can only be made during an open enrollment which for your group is typically in May or June for a July 1 effective date. Changes may also be made if you have a life event change such as a marriage, birth of a child or loss of coverage. Please check with your Benefit Department for more details.