

How to use your dental benefits

GENERAL INFORMATION

Group Name: Ohio Turnpike Commission
Group Number: 0214
Program Type: Delta Dental PPO
(Point-of-Service)
Effective Date: 1/1/2011

WHAT ARE MY BENEFITS?

You can find this information in your Summary of Dental Plan Benefits and your Dental Care Certificate or by checking online at www.consumertoolkit.com. If you are not sure what your dental plan covers, call the Customer Service (DASI) number on this sheet.

HOW DO I FIND A PARTICIPATING DENTIST?

There are a number of ways to find participating dentists near you:

- Call your dentist's office and ask if he or she participates with Delta Dental Premier or Delta Dental PPO (Point-of-Service).
- Call our DASI (Delta's Automated Service Inquiry) system at (800) 524-0149. DASI is available seven days a week, 24 hours a day, and can provide you with a random listing of Delta Dental PPO dentists in your area. If you would rather talk to a Customer Service representative, simply follow the telephone prompts through DASI. Our representatives are available to assist you Monday through Friday from 8:30 a.m. to 7:50 p.m. Eastern Time.
- Check our online dentist directory at www.deltadental.com.

DO I HAVE TO GO TO A PARTICIPATING DENTIST?

No. You can go to any licensed dentist anywhere.

CUSTOMER SERVICE

(DASI) TELEPHONE PHONE NUMBER:

(800) 524-0149

If you have any questions about your dental program, please call our Customer Service department.

CUSTOMER SERVICE ADDRESS:

Please send written inquiries to:

**Attn: Customer Service
Delta Dental
P.O. Box 30416
Lansing, MI 48909-7916**

Please include your name, the group name and group number, and the subscriber's Social Security number when writing to us.

WHERE DO I SEND CLAIMS?

If you go to a participating dentist, your dentist will fill out and file your claims for you. If you go to a nonparticipating dentist and he or she does not file your claim for you, please send it to:

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

WHAT DO I NEED WHEN I GO TO THE DENTIST?

Nothing. You do not need an ID card or a claim form to receive treatment. However, at your first visit after your Delta Dental coverage takes effect, it would be helpful if you provided your dentist with your group number and Social Security number for his or her records.



**Delta Dental PPOSM (Point-of-Service)
Benefit Features for
Ohio Turnpike Commission
Client #0214**

Delta Dental PPO (Point-of-Service) is a point-of-service preferred provider organization program administered by Delta Dental of Ohio. You can go to any licensed dentist, but you may have lower out-of-pocket costs if you choose a dentist who participates in the Delta Dental PPO network. If you do not go to a Delta Dental PPO dentist, you can still save money if you choose a dentist who participates in Delta Dental Premier[®], our managed fee-for-service plan. If you choose a dentist who doesn't participate in either plan, you are responsible for any difference between Delta Dental's fee and the amount charged by the dentist.

Effective: January 1, 2011

	PPO Dentist Plan Pays	Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays
CLASS I			
Diagnostic and Preventive Services – Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings, space maintainers, and fluoride treatments).	100%	100%	100%
Emergency Palliative Treatment – Used to temporarily relieve pain.	100%	100%	100%
Radiographs – X-rays.	100%	100%	100%
Sealants – Dental sealants to prevent decay of permanent molars (to age 14).	100%	100%	100%
CLASS II			
Oral Surgery – Extractions and dental surgery, including preoperative and postoperative care.	80%	80%	80%
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, fillings).	80%	80%	80%
Periodontics – Used to treat diseases of the gums and supporting structures of the teeth.	80%	80%	80%
Endodontics – Used to treat teeth with diseased or damaged nerves (for example, root canals).	80%	80%	80%
CLASS III			
Prostodontics – Used to replace missing natural teeth (for example, bridges, endosteal implants, and dentures).	60%	60%	60%
Major Restorative Services – Used when teeth cannot be restored with another filling material (for example, crowns).	60%	60%	60%
CLASS IV			
Orthodontics (to age 19) – Used to correct malposed teeth and/or facial bones (for example, braces).	60%	60%	60%
Maximum Payment – \$1,000 per person total per calendar year for Class II and Class III Benefits. Delta Dental's payment for Class IV Benefits will not exceed a lifetime maximum of \$1,500 per eligible person.			
Deductible – \$50 per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on Class II and Class III Benefits. The deductible does not apply to Class I or Class IV Benefits.			

**Customer Service toll-free number (800) 524-0149
www.deltadentaloh.com**

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for policy exclusions and limitations.



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 Farmington Hills, MI
 48333-9085
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**Ohio Turnpike Commission
 Group #0214
 Q&A / Payment Examples
 PPO POS (passive) plan – effective 1/1/11**

	PPO Dentist	Premier Dentist	Nonparticipating Dentist
Where will the check go?	The dentist's office.	The dentist's office.	Delta Dental will send the check for services to you and you will be responsible for reimbursing your dentist.
What is the payment based on?	The submitted fee or the amount in your dentist's local PPO Fee Schedule ¹ , whichever is less.	The submitted fee or the Maximum Approved Fee ² , whichever is less.	The submitted 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 (claims address is in the upper right hand corner of this document)
Class I payment example for: Prophylaxis (Adult)	Submitted Fee: \$67.00 PPO Fee Schedule amount: \$47.00 Delta Dental pays 100% of the PPO fee schedule: \$47.00 Member pays: \$0.00 The PPO dentist cannot charge the \$20 difference between the PPO Fee Schedule amount and his or her fee	Submitted Fee: \$67.00 Maximum Approved Fee: \$64.00 Delta Dental pays 100% of the Maximum Approved Fee: \$64.00 Member pays: \$0.00 The Premier dentist cannot charge the \$3.00 difference between the Maximum Approved Fee and his/her fee.	Submitted Fee: \$67.00 NonPar Dentist Fee amount: \$57.00 Delta Dental pays 100% of the NonPar Dentist Fee amount: \$57.00 Member pays: \$10.00 Because the dentist does not participate, you are responsible for the difference between Delta's payment and his/her fee.



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Class II payment example for: Amalgam Restoration/One Surface (assuming any applicable deductible has been met)	Submitted Fee: PPO Fee Schedule amount: \$105.00 Delta Dental pays 80% of the PPO fee schedule: \$84.00 Member pays: The PPO dentist cannot charge the \$21.00 difference between the PPO Fee Schedule amount and his or her fee	Submitted Fee: Maximum Approved Fee: \$105.00 Delta Dental pays 80% of the Maximum Approved Fee: \$84.00 Member pays: The Premier dentist cannot charge the \$21.00 difference between the Maximum Approved Fee and his/her fee.	Submitted Fee: NonPar Dentist Fee amount: \$105.00 Delta Dental pays 80% of the NonPar Dentist Fee amount: \$84.00 Member pays: Because the dentist does not participate, you are responsible for the difference between Delta's payment and his/her fee.
	Submitted Fee: PPO Fee Schedule amount: \$61.00 Delta Dental pays 60% of the PPO fee schedule: \$36.60 Member pays: The PPO dentist cannot charge the \$24.40 difference between the PPO Fee Schedule amount and his or her fee	Submitted Fee: Maximum Approved Fee: \$61.00 Delta Dental pays 60% of the Maximum Approved Fee: \$36.60 Member pays: The Premier dentist cannot charge the \$24.40 difference between the Maximum Approved Fee and his/her fee.	Submitted Fee: NonPar Dentist Fee amount: \$61.00 Delta Dental pays 60% of the NonPar Dentist Fee amount: \$36.60 Member pays: Because the dentist does not participate, you are responsible for the difference between Delta's payment and his/her fee.
Class III payment example for: Crown-Porcelain Fused to Metal (assuming any applicable deductible has been met)	Submitted Fee: PPO Fee Schedule amount: \$950.00 Delta Dental pays 60% of the PPO fee schedule: \$570.00 Member pays: The PPO dentist cannot charge the \$380.00 difference between the PPO Fee Schedule amount and his or her fee	Submitted Fee: Maximum Approved Fee: \$950.00 Delta Dental pays 60% of the Maximum Approved Fee: \$570.00 Member pays: The Premier dentist cannot charge the \$380.00 difference between the Maximum Approved Fee and his/her fee.	Submitted Fee: NonPar Dentist Fee amount: \$950.00 Delta Dental pays 60% of the NonPar Dentist Fee amount: \$570.00 Member pays: Because the dentist does not participate, you are responsible for the difference between Delta's payment and his/her fee.
	Submitted Fee: PPO Fee Schedule amount: \$420.00 Delta Dental pays 60% of the PPO fee schedule: \$252.00 Member pays: The PPO dentist cannot charge the \$168.00 difference between the PPO Fee Schedule amount and his or her fee	Submitted Fee: Maximum Approved Fee: \$420.00 Delta Dental pays 60% of the Maximum Approved Fee: \$252.00 Member pays: The Premier dentist cannot charge the \$168.00 difference between the Maximum Approved Fee and his/her fee.	Submitted Fee: NonPar Dentist Fee amount: \$420.00 Delta Dental pays 60% of the NonPar Dentist Fee amount: \$252.00 Member pays: 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.

