

## Delta Dental

### How the plans work

Butte County offers two dental plans (Plan A and Plan B), deciding which one is best for you can be confusing. We are going to discuss some of the terms, how benefits are paid and provide some recommendations on making your choices.

First, let's review terminology for dental plans.

**PPO Dentist** – if you are selecting a dentist from the Delta Dental PPO list, you are considered in-network and will have the highest level of benefits.

**Premier Dentist** – if you are selecting a dentist from the Delta Dental Premier list, you are considered out-of-network, however, the dentist has an agreement with Delta that they will not balance bill a member.

**Balance Billing and Reasonable & Customary (also known as UCR)** – Insurance companies look at a geographic area and how much dentists charge for certain procedures. Once they know what all the dentists are charging, they determine what is reasonable for that charge. For instance, if you were having your teeth cleaned and some dentists charge \$80 and some charge \$120, the “average” would be \$100. The maximum Delta Dental would pay for a cleaning would be \$100 (Reasonable & Customary). Balance billing happens when you see a dentist that charges more than what Delta Dental has determined is “Reasonable & Customary”. In this instance, if a member saw the dentist that charges \$120, the plan would pay \$100 and the member would have to pay the difference of \$20 direct to the dentist (balance billed).

**Calendar Year Maximum** – this is the maximum amount Delta Dental will pay for services a member received throughout the year. The Calendar Year Maximum is greater if you see an in-network PPO dentist under both plans.

**Coinsurance** – this is the percentage the member is responsible for paying directly to the dentist.

**Plan design** – the following page contains the plan design information. Be sure to continue reading to the third page where we provide examples based on which plan you are enrolled in and which type of provider you use.

	Delta Dental DPO Plan A You Pay		Delta Dental PPO Plan B (Premier) You Pay	
	In-Network <sup>1</sup>	Out-of-Network <sup>1</sup>	In-Network <sup>1</sup>	Out-of-Network <sup>1</sup>
<b>Provisions</b>				
Providers	You may select any provider you wish for your dental care. When you obtain services from providers in the DPO network, you receive greater coverage.		You may select any provider you wish for your dental care. When you obtain services from providers in the PPO network, you receive greater coverage.	
Annual Deductible	Individual: \$25; Family; \$75		Individual: \$25; Family; \$75	
Calendar Year Maximum Benefit	\$1,500	\$500	\$1,100	\$1,000
Orthodontia Lifetime Maximum Benefit	\$1,500		\$1,000	
<b>Dental Benefits</b>				
Preventive (X-Rays, Cleanings, Exams)	\$0; deductible waived	50% plus any amount over R&C fees (deductible waived)	20% plus any amount over R&C fees (after deductible)	
Basic (Fillings, Extractions)	\$0 (after deductible)	50% plus any amount over R&C fees (after deductible)	20% plus any amount over R&C fees (after deductible)	
Major (Bridges, Dentures, Crowns)	40% (after deductible)	50% plus any amount over R&C fees (after deductible)	50% plus any amount over R&C fees (after deductible)	
<b>Orthodontia Benefits</b>				
Orthodontia Coverage for Adults and Children	20% (deductible waived)		20% (deductible waived)	

<sup>1</sup> Reimbursement is based on PPO Contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

The plans work the same regardless of Plan A or Plan B. Members of both plans can use PPO dentists, Premier dentists or non-contracted dentists. Which dentist you use determines what level of benefits you receive. Members using a PPO dentist will receive the in-network benefit and members using either Premier or non-contracted dentists will receive the out-of-network benefit. Here is how each would work under each plan.

For these examples, we will assume a member is having work done that is considered “Basic” which would be things like fillings, extractions, etc. Let’s assume the Reasonable and Customary amount for these services was \$300.

**PPO Dentist** – even though the Reasonable and Customary amount is \$300, the in-network PPO dentist has a contract with Delta Dental that pays \$225 for these services.

Plan A – First, the member will pay their deductible. The balance of \$200 would be paid in full by Delta Dental direct to the dentist. This reduced the amount left in the members Calendar Year Maximum benefit.

	Delta Pays	Member Pays
Deductible		\$25.00
Coinsurance	\$200.00	\$0.00
Total Paid	\$200.00	\$25.00
Remaining Calendar Year Maximum Benefit		\$1,300.00

The member paid \$25.00 and still has \$1,300.00 to use for the remainder of the calendar year.

Plan B – First, the member will pay their deductible. The balance of \$200 would be split between the member and Delta Dental, with the member paying \$40 (\$200 x 20% coinsurance). The total paid by the member = \$65 (\$25 deductible + \$40 coinsurance).

	Delta Pays	Member Pays
Deductible		\$25.00
Coinsurance (20% paid by member)	\$160.00	\$40.00
Total Paid	\$160.00	\$65.00
Remaining Calendar Year Maximum Benefit		\$940.00

The member paid \$65.00 and still has \$940.00 to use for the remainder of the calendar year.

**Premier Dentist** – the dentist would normally charge \$350 for this service, but they have an agreement with Delta Dental that they will not charge more than what Delta Dental says is Reasonable and Customary. The dentist will reduce his fee from \$350 down to \$300.

Plan A – First, the member will pay their deductible. The balance of \$275 will be split between the member and Delta Dental, with the member paying \$137.50 (\$275 x 50% coinsurance). The total paid by the member = \$162.50.

	Delta Pays	Member Pays
Deductible		\$25.00
Coinsurance	\$137.50	\$137.50
Total Paid	\$137.50	\$162.50
Remaining Calendar Year Maximum Benefit		\$362.50

The member paid \$162.50 and has \$362.50 to use for the remainder of the calendar year. The Premier dentist wrote off the \$50 amount above the Reasonable and Customary allowance.

Plan B – First, the member will pay their deductible. The balance of \$275 will be split between the member and Delta Dental, with the member paying \$55.00 (\$275 x 20%).

	Delta Pays	Member Pays
Deductible		\$25.00
Coinsurance	\$220.00	\$55.00
Total Paid	\$220.00	\$80.00
Remaining Calendar Year Maximum Benefit		\$780.00

The member paid \$80.00 and has \$780.00 to use for the remainder of the calendar year. The Premier dentist wrote off the \$50 amount above the Reasonable and Customary allowance.

**Non-Contracted Dentist** – the dentist is charging \$350 for this service. Since Delta Dental has set \$300 as the Reasonable and Customary amount, the member will be responsible for the extra \$50.

Plan A – First, the member will pay the amount over Reasonable and Customary and then they will pay their deductible. The balance of \$275 will be split between the member and Delta Dental, with the member paying \$137.50 (\$275 x 50% coinsurance). The total paid by the member = \$162.50.

	Delta Pays	Member Pays
Amount over Reasonable & Customary		\$50.00
Deductible		\$25.00
Coinsurance	\$137.50	\$137.50
Total Paid	\$137.50	\$212.50
Remaining Calendar Year Maximum Benefit		\$362.50

The member paid \$212.50 and has \$362.50 to use for the remainder of the calendar year.

Plan B – First, the member will pay the amount over Reasonable and Customary and then they will pay their deductible. The balance of \$275 will be split between the member and Delta Dental, with the member paying \$55.00 (\$275 x 20%).

	Delta Pays	Member Pays
Amount over Reasonable & Customary		\$50.00
Deductible		\$25.00
Coinsurance	\$220.00	\$55.00
Total Paid	\$220.00	\$130.00
Remaining Calendar Year Maximum Benefit		\$780.00

The member paid \$130.00 and has \$780.00 to use for the remainder of the calendar year.

To summarize what happened in each of the scenarios above, there is how each plan worked out.

Plan A –

	PPO Dentist	Premier Dentist	Non-Contracted Dentist
Total paid by member	\$25.00	\$162.50	\$212.50
Remaining Calendar year Maximum	\$1,300.00	\$362.50	\$362.50

Plan B –

	PPO Dentist	Premier Dentist	Non-Contracted Dentist
Total paid by member	\$65.00	\$80.00	\$130.00
Remaining Calendar year Maximum	\$940.00	\$780.00	\$780.00

By looking at the chart above –if you have a PPO Dentist, Plan A is clearly the best choice. If you have a Premier dentist, Plan B is the best choice. If you are seeing a dentist that is not contracted with Delta Dental as either a PPO dentist or a Premier dentist, Plan B is the best choice.