

Delta Dental PPO

Strong teeth and gums are an important part of good health. We offer you a choice of two dental plans: Delta Dental PPO or DeltaCare USA (DHMO) to help pay for some of the dental expenses you and your family may have. With the Delta Dental PPO plan, you can visit any in-network or out-of-network dentist.

However, in-network dentists have agreed to discount their fees. With out-of-network dentists, the benefit paid is based on Delta Dental's reasonable and customary charge. You will be responsible for any charges above that amount. There is a deductible and calendar year maximum. To verify coverage your dentist will contact Delta Dental directly.

Dental PPO				
Coverage Tier	Total Monthly Cost	NU Monthly Cost	Employee Monthly Cost	Employee Pay Period Cost
DPPO				
Employee Only	\$39.62	\$28.12	\$11.50	\$5.75
Employee + Spouse	\$91.14	\$55.02	\$36.12	\$18.06
Employee + Child(ren)	\$106.20	\$64.12	\$42.08	\$21.04
Employee Family	\$159.68	\$87.50	\$72.18	\$36.09

Eligibility		Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26			
Waiting Period		Basic Services: None	Major Services: None	Prosthodontics: None	Orthodontics: None
Maximums <i>Calendar Year</i>		Delta Dental PPO dentists: \$2,000 per person Non-Delta Dental PPO dentists: \$1,000 per person			
Deductible <i>Calendar Year</i> <i>Waived for Diagnostic & Preventive and Orthodontics</i>		Delta Dental PPO dentists: \$25 per person/\$75 per family Non-Delta Dental PPO dentists: \$50 per person/\$150 per family			
		In-Network		Out-Of-Network	
Diagnostic & Preventive Services <i>Exams, cleanings, and x-rays</i>		Covered 100%		80%	
Basic Services <i>Fillings and sealants</i>		80%		70%	
Endodontics <i>Root canals</i>		80%		70%	
Periodontics <i>Gum treatment</i>		80%		70%	
Oral Surgery		80%		70%	
Major Services <i>Crowns, inlays, onlays and cast restorations</i>		50%		50%	
Prosthodontics <i>Bridges, dentures, and implants</i>		50%		50%	
Orthodontic <i>Adults and dependent children</i>		60% Up to a \$1,500 Lifetime Maximum		50% Up to a \$1,500 Lifetime Maximum	

DeltaCare USA Dental HMO

Dental DHMO Premiums				
Coverage Tier	Total Monthly Cost	NU Monthly Cost	Employee Monthly Cost	Employee Pay Period Cost
DHMO				
Employee Only	\$20.58	\$10.04	\$10.54	\$5.27
Employee + Spouse	\$38.16	\$5.44	\$32.72	\$16.36
Employee + Child(ren)	\$40.66	\$5.80	\$34.86	\$17.43
Employee Family	\$59.40	\$0.00	\$59.40	\$29.70

Available in AZ, CA, WA, NV only

DENTAL BENEFITS MADE EASY

When you enroll in a Delta Care USA plan, you'll choose a primary care dentist from the DeltaCare network of private practice dentists. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com and select the DeltaCare Network. If you do not select a dentist when you enroll, one will be assigned to you. You can change your primary care dentist via phone or online.

Once your enrollment is complete, you will receive welcome materials from DeltaCare USA which will include the contact information on your selected primary care dentist. You must visit your primary care dentist to receive benefits.

With your Delta Care USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- » No deductibles or maximums for covered service
- » Pay only copayment at the time of treatment
- » Low or no copayment for services like cleanings and exams
- » No restrictions on pre-existing conditions (except work in progress)
- » Access to specialty care and out-of-area emergency care

CONVENIENT SERVICES

There are no claim forms to complete, and a plan ID card is not required to receive treatment. Some services are covered at no cost, while others have a copayment for certain services.

To find out how much a treatment will cost, refer to the Description of Benefits and Copayments found at <http://benefits.nu.edu/dental>.

