

Dental Glossary

To help you better understand your dental benefits under Delta Dental, here are definitions of some key words and phrases used to describe the plans.

Copayment (or copay) (PPO Plan only) — The amount you pay for services. After your copay, the plan pays 100% of the remaining cost (there is no deductible).

Covered expense — Any expense for dental services or products that are eligible for benefits.

Deductible (Premier Plan only) — The amount (\$75 per person/year) you pay each year for certain services before the plan begins paying benefits.

Dental emergency — Extreme dental pain or worsening of an existing condition that must be treated immediately.

In-network services (Premier Plan only) — Care or treatment from dentists or dental specialists within a network of providers.

Maximum annual benefit (Premier Plan only) — The maximum amount of plan benefits (\$1,000) paid during a calendar year.

Maximum plan allowance (MPA) — The maximum amount for a dental procedure that the plan allows.

Out-of-network services (Premier Plan only) — Care or treatment you receive from dentists or other providers who are not participating providers. Out-of-network services are covered, but you may be billed for the balance.

Pre-determination of benefits (Premier Plan only) — An estimate of the cost of certain dental procedures before the work is done.