

Q: Why should I choose a Delta Dental PPO Plan over paying fees for services, as needed?

A: Delta Dental has negotiated substantial discounts from participating dental providers. This means that your dollars go much further. If you choose to have no dental insurance, you are charged the dentist's fee for service, which is not discounted. Dental insurance also helps you budget for larger, unexpected expenses. Delta Dental participating dentists will file your claim, only charge for any deductible or coinsurance (your portion), and will bill Delta Dental for the covered portion.

Q: May I visit any licensed dentist?

A: Yes, you have the freedom to see any dentist. A PPO dentist will maximize your savings. With a Premier dentist, you will have protection from balance-billing and see savings, but not on the level of a PPO provider. You may also go to a out-of-network dentist. When you go to a out-of-network provider, you are responsible for the difference between the out-of-network Maximum Plan Allowance and the full fee charged by the dentist.

Q: How many dentists participate with Delta Dental?

A: Delta Dental offers access to more than 2,800 dentists in Colorado, between our PPO and Premier networks. Our dual network advantage means you will save money, enjoy balance billing protection and have less out-of-pocket costs.

Q: How do I find a dentist?

A: Delta Dental has the largest dental network in the country. Finding a participating dentist in your area is easy -- just go to www.DeltaDentalCO.com and use the Find a Dentist search feature, or call 1-800-610-0201.

Q: What happens if I go to a out-of-network dentist?

A: If you see a out-of-network provider, you will be responsible for paying the difference between the Maximum Plan Allowance and what the dentist actually charges. In addition, reimbursement for covered services will be paid directly to you -- meaning you may be responsible for paying your dentist in full at the time of service.

Q: What if I have an emergency outside of the U.S.?

A: You must pay the bill at the time of service. Please send your receipt and claim to Delta Dental at P.O. Box 173803, Denver, CO 80217-3803.

Q: What if someone in my family has another dental insurance plan?

A: When someone has additional dental coverage, one plan is usually primary. Your dentist will send the claim to the primary insurance plan. They may also submit it to a secondary plan. Delta Dental will coordinate benefits if a subscriber has coverage under more than one dental plan.

Q: How does the Calendar year maximum work?

A: A calendar year refers to the period from January 1 through December 31 each year. Your deductible and coverage maximum start fresh each January 1. Maximums and deductibles are not pro-rated. The full deductible and maximum apply, no matter your start date.

Q: How do I get started?

A: Enrolling in Delta Dental's PPO plan is easy. Your employer has enrollment information, procedures and policies. The attached summaries give you a snapshot of your dental benefits. Your Delta Dental Benefit Booklet provides more detailed information.

Q: Is there a late enrollment penalty?

A: Yes. There is no annual open enrollment for dental. There is a waiting period if you do not enroll you or your dependents when initially eligible, or if you leave the plan then re-enroll. A Late Enrollee will be subject to a 6 month waiting period on Basic Services and a 12 month waiting period on Major and Orthodontic (if covered) Services. The "Late Enrollee" penalty does not apply to those covered by another group dental plan who enroll within 31 days of loss of the other dental coverage and to children who are enrolled on any anniversary prior to the 4th birthday. The Late Enrollee provision will be waived for anyone enrolling with an effective date of 7/1/2012 or prior.