

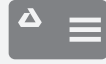






# Choosing a Network Dentist

Discover the advantages of going to a dentist who belongs to a Delta Dental network.

With two dentist networks available, which one is right for you? The Delta Dental PPO network delivers the **greatest savings**, but fewer dentists belong. The Delta Dental Premier network is the **largest dentist network**, but the savings aren't as significant as with a Delta Dental PPO provider. This illustration shows how **both networks save you money**. Seeing either a Delta Dental PPO dentist or Delta Dental Premier dentist will ensure that **treatments are guaranteed, claims are directly paid, and no balance-billing can occur**.

## Example Savings for a Common Procedure

	 Estimated Charge	 Maximum Allowed Fees	 Percentage Paid by Delta Dental	 Amount Delta Dental Pays	 Amount Dentist can Balance Bill	 Total Amount You Pay	 Your Total Cost Savings
<b>PPO Network</b>	\$1,200	\$825	80%	\$660	\$0	\$165	\$375
<b>Premier Network</b>	\$1,200	\$985	80%	\$788	\$0	\$197	\$215
<b>Out-of-Network</b>	\$1,200	\$925	80%	\$740	\$275	\$460	\$0

### Delta Dental PPO network

Delta Dental PPO network dentists have agreed to charge \$825 for the \$1,200 service, a savings of \$375. Your Delta Dental plan covers 80 percent of the cost. Assuming you've already met your deductible for the year, Delta Dental will pay \$660 and you'll pay \$165.

### Delta Dental Premier network

Delta Dental Premier network dentists have agreed to charge \$985 – a savings of \$215 compared to the fee the dentist charges non-network patients. Assuming you've met your deductible, Delta Dental will cover 80 percent of that \$985, paying \$788. You'll pay \$197. That's an extra \$32 tacked on to your share of the bill when compared to what you would have paid with a Delta Dental PPO dentist.

### Out-of-network

Out-of-network dentists have not agreed to charge a lower fee and can bill the full \$1,200. Delta Dental has set a limit on the accepted amount at \$925, which means Delta Dental's share of the tab is \$740. The dentist can bill you the difference between the maximum allowed fee and what they charge. This leaves you with a bill of \$460, which includes the \$275 the out-of-network dentist can "balance bill."



## Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law

Delta Dental complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Compliance Manager, 2801 Hoover Road, Stevens Point, WI 54481, Phone: 715-344-6087, TTY: 877-287-9039, Fax: 715-344-9058, [compliance\\_wi@deltadentalwi.com](mailto:compliance_wi@deltadentalwi.com).

If you believe that Delta Dental has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Compliance Manager, 2801 Hoover Road, Stevens Point, WI 54481, Phone: 715-344-6087, TTY: 877-287-9039, Fax: 715-344-9058, [compliance\\_wi@deltadentalwi.com](mailto:compliance_wi@deltadentalwi.com). You can file a grievance by mail, fax, or email. If you need help filing a grievance, our Compliance Manager is available to help you.

The grievance must be submitted within 60 days of the date of the alleged discriminatory action. The complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought. The Compliance Manager will conduct an investigation of the complaint and issue a written decision on the grievance no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. M919-1612

## Multi-Language Interpreter Services

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-236-3712 (TTY: 711).

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-236-3712 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-236-3712 (TTY: 711)。

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-236-3712 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-236-3712 (رقم هاتف الصم والبكم: 117).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-236-3712 (телетайп: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-236-3712 (TTY: 711)번으로 전화해 주십시오.

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-236-3712 (TTY: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-236-3712 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-236-3712 (TTY: 711).

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-236-3712 (ATS : 711).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-236-3712 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-236-3712 (TTY: 711) पर कॉल करें।

**KUJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-236-3712 (TTY: 711).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-236-3712 (TTY: 711).