

2016 Dental Plan Scenarios and Frequently Asked Questions

Scenarios

Scenario 1

Employee can elect family medical coverage and employee only dental buy-up plan at the annual premium of \$102 (Option 2 POS plan) or \$246 (Option 1 POS plan). The remaining family members covered under medical will receive the preventive dental benefit.

Scenario 2

Employee elects employee only medical coverage and family dental buy-up plan at the annual premium of \$372 (Option 2 POS plan) or \$927 (Option 1 POS plan). The family members are not covered under medical, however, they will receive the preventive dental benefit according to the dental plan that they choose.

Frequently Asked Questions

If I enroll in a Purdue medical plan and do not elect the additional dental buy-up plans, will I still receive the preventive dental benefit coverage through Delta Dental?

Yes, all benefits-eligible employees and dependents that elect medical coverage will automatically receive preventive dental coverage at no additional cost.

What is the discount for visiting a Delta Dental PPO dentist?

All covered benefits are based on the Delta Dental PPO fee schedule which is usually 30 - 35% less than what a dentist normally charges.

Will my dependents receive Delta Dental ID cards?

Dependents will not receive personalized cards for. Claims will be filed under the employee's information.

How do I file a claim for an out-of-network dentist?

Most out of network dentists will file the claims for their patients. A [claim form](#) can be used to file the claim. Delta Dental will also accept any standard dental claim form from the dentist.

Where can I search for a Delta Dental PPO network dentist?

Find a [participating dentist](#). Choose "Delta Dental PPO" under Network Selection.

Will the preventive coverage apply to the dental benefit maximum?

Yes, any payment for covered services, including preventive, applies to the annual maximum for all plans.

Usual and customary charges-what does that mean and how do I know if I will be responsible to pay the difference?

For the Preventive Plan, claims payments are based upon the Delta Dental PPO fee schedule. If you use a PPO dentist, you will not pay for the covered services. If you use a non-PPO dentist (Delta

Dental Premier or non-participating), you will pay the difference (balanced billing) between the dentist's charge and what Delta Dental allows/pays. For example, if the dentist charges \$65 for a cleaning and Delta Dental allow/pay \$50, the patient owes the dentist the difference - \$15.00.

For the Option One Point-of-Service Plan (5186), you will not be balanced billed for covered services if you use a PPO or Premier dentist. You will only pay a deductible and coinsurance, if applicable. If you use a non-participating dentist, you will pay the difference (balanced billing) between the dentist's charge and what Delta Dental allows/pays, in addition to a deductible and coinsurance, if applicable.

For the Option Two Standard Plan (9824), you will not be balanced billed for covered services if you use a PPO dentist. You will only pay a deductible and coinsurance, if applicable. There are very few services covered if you use a non-PPO dentist (Delta Dental Premier or non-participating). If the service is covered, you will pay the difference between the dentist's charge and what Delta Dental allows/pays, in addition to a deductible and coinsurance, if applicable.

Are periodontal services covered under the preventive benefit?

No, periodontal services are not covered under the Preventive Plan. This includes periodontal maintenance cleanings. Only routine cleanings are covered under the Preventive Plan.

Where can I find more information on the dental plans?

View [dental coverage information](#).