Smile More, Save More

Preventive Care and Pre-Treatment Estimates

One word explains why dental benefits work: prevention. Regular dental visits help keep your smile healthy and prevent the development of serious oral health problems. However, when a special procedure is needed, it's good to know how much a procedure will cost before a commitment is made. Delta Dental makes it easy for you to find out whether a proposed dental treatment is covered, what amount the plan will pay and your out-of-pocket costs.

Preventative Benefits of Dental Coverage



Cover Preventive Care

Many dental plans cover all or most of the cost for routine dental checkups, including cleanings, x-rays, and exams. Deductibles do not usually apply to these services.



Prevent Costly Dental Problems and Improve Overall Health

At a routine checkup, your dentist can diagnose and treat dental disease early on, saving you from more costly and time-consuming dental procedures down the road. Also, serious diseases such as diabetes, and even some cancers have symmtoms that can be detected early during a routine oral exam. However, in the event your dentist recommends a special prodedure, getting a **pre-treatment estimate** is a great way to manage costs.

Know Before You Go —Getting a Pre-treatment Estiment



What is a pre-treatment estimate?

A pre-treatment estimate is a voluntary, optional service in whice Delta Dental issues a written estimate of benefits that may be available under your plan for your proposed dental treatment. Your dentist submits the proposed dental treatment to Delta Dental **before** providing the treatment. This service is free for Delta Dental members and usually takes 10-14 business days for processing.



When should I request a pre-treatment estimate from my dentist?

You can request a pre-treatment estimate at any time; however, specific instances when you may want to request one include:

- If your dentist is recommending extensive treatment.
- If you need information on benefit coverage and plan limitations.
- If you would like an estimate of how much you may have to pay.

Note: Pre-treatment estimate is provided for informational purposes only and is not a prerequisite or condition for approval of future dental benefits payment. The benefits estimate provided on a pre-treatment estimate notice is based on benefits available on the date the notice is issued. A pre-treatment estimate is NOT a guarantee of future dental benefits or payment. When the services are complete, Delta Dental will calculate its payment based on your current eligibility, remaining maximum and any deductible requirements based on availability of benefits at the time your treatment is completed depends on several factors such as, but not limited to, your continued eligibility for benefits, your available annual or lifetime maximum payments, any coordination of benefits, the status of your plan and the dentist, your plan's limitations and any other plan provisions. A request for a pre-treatment estimate is not a claim for benefits or a preauthorization, precertification or other reservation of future benefits.



Why Going PPO Saves You Money

When it comes to pearly whites, everyone wants to save a little green. With the Delta Dental PPOSM network, you'll get quality dental care at a fair price. Here's why:

Dentists in Delta Dental's PPO network agree to accept reduced fees and abide by Delta Dental policies. On average, patients save 31.5 percent¹ on claim fees. In fact, our PPO dentists' rates are often even less than what Delta Dental Premier* network dentists have agreed to charge —providing lower out-of-pocket expenses and the best value. Delta Dental PPO network dentists have also agreed not to "balance bill" patients. That means they can't bill you for the difference between what they usually charge and the amount they've agreed to charge patients with Delta Dental.

Example of In-Network Savings for a Common Procedure

This example assumes the patient has already met the year's deductible

	Estimated Charge	Maximum Allowed	Percentage Paid by	Amount Delta Dental	Amount Dentist can	Total Amount	Your Total Cost
	Charge	Fees	Delta Dental	Pays	Balance Bill	You Pay	Savings
PPO Network	\$1,200	\$850	50%	\$425	*O	\$425	\$350
Premier Network	\$1,200	\$975	50%	\$487.50	*O	\$487.50	\$22 5
Out-of- Network	\$1,200	\$1,100	50%	\$550	\$100	\$650**	\$O

Delta Dental PPO Network

In this example, Delta Dental PPO network dentists have agreed to charge \$850 for the \$1,200 service, a savings of \$350. Your Delta Dental plan covers 50 percent of the cost. Delta Dental will pay \$425 and you'll pay \$425.



2,082 Dentists in 3,797 locations in Tennessee and 112,000+ Dentists in 278,166 locations nationwide.



Provides the Deepest discounts.

Delta Dental Premier® Network

In this example, Delta Dental Premier network dentists have agreed to charge \$975 -a savings of \$225 compared to the dentist's regular fee. Your Delta Dental plan will cover 50 percent of that \$975, paying \$487.50. You'll also pay \$487.50. That's an extra \$62.50 tacked on to your share of the bill when compared to what you would have paid with a PPO dentist.



2,652 Dentists in 4,450 locations in Tennessee and 156,000+ Dentists in 342,077 locations nationwide

Out-of-network

Out-of-network dentists do not agree to charge a lower fee and, in this example, can bill the full \$1,200. Delta Dental has set a limit on the accepted amount at \$1,100, which means Delta Dental's share of the bill is \$550. The dentist can bill you the difference between the maximum allowed fee and what they usually charge.** This leaves you with a bill of \$650, which includes the \$100 the out-of-network dentist can "balance bill."



Using out-of-network dentists results in higher out-of-pocket costs.

Visit **DeltaDentalTN.com** today to find network dentists in your area or download our free Delta Dental mobile app, available for Apple and Android devices, to find network dentists near you.