

# Delta Dental benefit summary

To find a dentist, visit [deltadentalin.com/findadentist](http://deltadentalin.com/findadentist) and use the dentist search tool in the blue box for Medicare Advantage PPO and Medicare Advantage Premier Providers. You may also call customer service at 800.330.2732 (TTY users call 711).

Customer service is available Monday – Friday, 8 am to 8 pm. Automated system is available 24/7.

<b>Medicare Advantage PPO and Premier</b>		
<b>Covered services</b> Coverage effective Jan. 1, 2019	Delta Dental Medicare Advantage PPO or Medicare Advantage Premier Dentist*	Out-of-network dentist**
<b>Diagnostic and preventive services</b>		
<b>Diagnostic and preventive services – 1 exam and 1 cleaning</b>	100% after deductible	50% after deductible
<b>Bitewing radiographs – 1 set of bitewing X-rays</b>	100% after deductible	50% after deductible
<b>Maximums and deductible</b>		
Deductible (per contract year)	\$10 per member	

\*Delta Dental's Medicare Advantage PPO and Medicare Advantage Premier networks are in the states of Michigan, Indiana and Ohio.

\*\*Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier network will be processed as services received from a non-participating dentist and your out-of-pocket costs may be higher. Please note Delta Dental's Medicare Advantage PPO and Delta Dental's Medicare Advantage Premier Networks only consist of dentists in the states of Michigan, Indiana and Ohio. If you receive services from a dentist who DOES NOT participate in either Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier network YOU WILL BE RESPONSIBLE for the difference between Delta Dental's payment to you and the amount charged by the non-participating dentist.

If you receive services from a Dentist that has affirmatively opted not to participate with Medicare, Delta Dental will be unable to make any payments to either you or your Dentist and you will be responsible for all costs. Prior to receiving services from your Dentist, you should confirm whether or not your Dentist has affirmatively opted out of Medicare participation. If you receive services from a Dentist that is on the CMS preclusion list, Delta Dental will be unable to make any payments to either you or your Dentist and you will be responsible for all costs.

Please see certificate for a complete list of exclusions and limitations.

Indiana University Health Plans is a Medicare Advantage organization with a Medicare contract. Enrollment in Indiana University Health Plans depends on contract renewal. Other pharmacies/physicians/providers are available in our network. Product types include HMO and HMO POS.



Health Plans



# Delta Dental benefit summary, continued

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**IU Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. IU Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. IU Health Plans 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。**



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# Additional Delta Dental plan options

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All plans use Delta Dental Medicare Advantage PPO or Medicare Advantage Premier networks.

<b>Delta Dental Medicare Advantage PPO and Premier</b>						
<b>Covered services</b> Coverage effective Jan. 1, 2019	<b>Basic 750</b>		<b>Enhanced 1000</b>		<b>Enhanced 1500</b>	
	<b>In-network dentist</b>	<b>Out of network dentist*</b>	<b>In-network dentist</b>	<b>Out of network dentist*</b>	<b>In-network dentist</b>	<b>Out of network dentist*</b>
<b>Rates</b>						
<b>Monthly premium</b>	<b>\$6</b>		<b>\$12</b>		<b>\$18</b>	
<b>Diagnostic and preventive services</b>						
<b>Diagnostic and preventive services – 1 additional exam and 1 additional cleaning</b>	100% after deductible	50% after deductible	100% after deductible	50% after deductible	100% after deductible	50% after deductible
<b>Emergency palliative treatment – To temporarily relieve pain</b>	100% after deductible	50% after deductible	100% after deductible	50% after deductible	100% after deductible	50% after deductible
<b>Bitewing radiographs – 1 additional set of bitewing X-rays</b>	100% after deductible	50% after deductible	100% after deductible	50% after deductible	100% after deductible	50% after deductible
<b>Basic services</b>						
<b>Brush biopsy – To detect oral cancer</b>	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Minor restorative services – Fillings and crown repair</b>	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Endodontic services – Root canals</b>	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Periodontic services – To treat gum disease</b>	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Oral surgery services – Extractions and dental surgery</b>	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible

(See next page for more information.)



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# Additional Delta Dental plan options, continued

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<b>Other basic services – Miscellaneous services</b>	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Delta Dental Medicare Advantage PPO and Premier</b>						
<b>Covered services</b>	<b>Basic 750</b>		<b>Enhanced 1000</b>		<b>Enhanced 1500</b>	
Coverage effective Jan. 1, 2019	In-network dentist	Out of network dentist*	In-network dentist	Out of network dentist*	In-network dentist	Out of network dentist*
<b>Major services</b>						
<b>Major restorative services – Crowns</b>	Not a covered benefit		50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Relines and repairs – To bridges and dentures</b>			50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Prosthetic services – Bridges and dentures</b>			50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Maximums and deductible</b>						
Contract year maximum	\$750 per member		\$1,000 per member		\$1,500 per member	
Deductible (per contract year)	\$10 per member		\$10 per member		\$10 per member	

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