

Delta Dental benefit summary

To find a dentist, visit 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.

Medicare Advantage PPO and Premier		
Covered services Coverage effective Jan. 1, 2023	Delta Dental Medicare Advantage PPO or Medicare Advantage Premier Dentist*	Out-of-network dentist**
Diagnostic and preventive services		
Bitewing radiographs – 2 sets of bitewing X-rays	100%	50%
Diagnostic and preventive services – 2 exams and 2 cleanings	100%	50%
Full mouth series X-ray/panoramic film – Or a panorex, payable once in a 36-month period (includes bitewing X-ray)	100%	50%
Basic services		
Brush biopsy – To detect oral cancer	50%	50%
Emergency palliative treatment – To temporarily relieve pain	100%	50%
Minor restorative services – Fillings and crown repair	50%	50%
Simple extractions	50%	50%
Maximums and deductibles		
Contract year maximum on diagnostic and preventive and basic services	\$1,000	

*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.



Health Plans



Additional Delta Dental plan options

Delta Dental Medicare Advantage PPO and Premier				
Covered services Coverage effective Jan. 1, 2023	Enhanced 1000		Enhanced 1500	
	In-network dentist	Out-of-network dentist	In-network dentist	Out-of-network dentist
Rates				
Monthly premium	\$20		\$25	
Basic services				
Endodontic services – Root canals	50% after deductible		50% after deductible	
Oral surgery services – Extractions and dental surgery	50% after deductible		50% after deductible	
Periodontic services – To treat gum disease	50% after deductible		50% after deductible	
Other basic services – Miscellaneous services	50% after deductible		50% after deductible	
Major services				
Implants	50% after deductible		50% after deductible	
Major restorative services – Crowns	50% after deductible		50% after deductible	
Prosthodontic services – Bridges and dentures	50% after deductible		50% after deductible	
Relines and repairs – To bridges and dentures	50% after deductible		50% after deductible	
Delta Dental Medicare Advantage PPO and Premier				
Covered services Coverage effective Jan. 1, 2023	Enhanced 1000		Enhanced 1500	
	In-network dentist	Out-of-network dentist	In-network dentist	Out-of-network dentist
Maximums and deductible				
Contract year maximum	\$1,000 per member		\$1,500 per member	
Deductible (per contract year)	\$25 per member		\$25 per member	

(continued on next page.)



Health Plans



Additional Delta Dental plan options, continued

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

If you receive services from a dentist who 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 who 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.

Customer Solutions Center hours

Oct. 1 to March 31, 8 am to 8 pm, seven days a week; April 1 to Sept. 30, 8 am to 8 pm, Monday – Friday. Call 800.455.9776 (TTY/TDD 711).

Indiana University Health Plans is a Medicare Advantage organization with a Medicare contract. Enrollment in an HMO or HMO POS plan from Indiana University Health Plans depends on the plan's contract renewal with Medicare. IU Health does not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, genetic information, veteran status, national origin, gender identity and/or expression, marital status, or any other characteristic protected by federal, state or local law.

For language assistance, call 800.455.9776 (TTY/TDD 711).



Health Plans

