

Can I see an out-of-network dentist?

You can see any dentist you choose, including those not participating in Delta Dental's network.

Keep in mind, however, that utilizing a non-network dentist can impact the overall costs of your oral health care because out-of-network dentists do not contractually agree to cap their fees at Delta Dental's allowed amounts for services, so in addition to your coinsurance, deductibles and amounts owed due to contract maximums, the dentist can balance-bill you for any difference between their submitted fee and Delta Dental's allowed amounts.

In-network vs. out-of-network: What it means to you and your oral health care

Did you know a dentist "accepting" your Delta Dental plan may not mean that the dentist participates in Delta Dental's networks? In fact, that dentist could accept Delta Dental as an out-of-network provider. Therefore, rather than asking the dentist whether they "accept" Delta Dental, you should ask, "Do you participate in Delta Dental's network?"

Your Delta Dental plan is specifically designed to provide top-quality oral health care while delivering excellent value. When paired with an in-network dentist, your plan offers the most value and quality of care assurance.

My current dentist is not a participating Delta Dental provider. Will Delta Dental pay anything on my claim?

Delta Dental delivers benefits according to your plan's out-of-network schedule. View the coverage overview flyer or benefit booklet at www.deltadentalmi.com/MPSEERS to review your plan coverages. Specific plan coverage is also available at memberportal.com.

In most instances, you will pay the dentist directly upfront, and Delta Dental will mail you a reimbursement check up to the allowed amount for out-of-network services. In addition to your coinsurance, deductibles and amounts owed due to contract maximums, the dentist may balance-bill you for any charges above the allowable amount covered by your plan up to the full amount of the dentist's standard fee for the service. Out-of-network dentists do not contractually agree to cap their fees at Delta Dental's allowed amounts; they are free to charge patients their full standard fee. You are responsible for the additional amounts out-of-pocket.

Delta Dental has the nation's largest provider network, and staying in-network may help reduce your out-of-pocket expenses because network dentists have agreed to charge only Delta Dental's allowed amounts for services.

How do I submit a claim for reimbursement?

When you visit a participating dentist, the dentist files all claims for you. You may need to file your claims if you visit a nonparticipating dentist. Printable claim forms are available to download at memberportal.com or deltadentalmi.com/MPSEERS. Either you or your dentist may complete the form and attach a copy of your bill. Detailed instructions are included on the claim form.

Example of in-network savings

Crown	Delta Dental PPO™	Delta Dental Premier*	Out-of-network
Submitted charge	\$1,373	\$1,373	\$1,373
Provider contract approved fee	\$890	\$1,070	N/A
Maximum allowed fee	\$890	\$890	\$890
Percentage paid by Delta Dental	50%	50%	50%
Amount Delta Dental pays	\$445	\$445	\$445
Amount dentist can balance-bill	\$0	\$180	\$483
AMOUNT YOU PAY	\$445	\$625	\$928
Total network savings	\$483	\$303	\$0

Note: Payment example above is illustrative only. Fees and reimbursements can vary by location and dentist.

Need additional help?

You can reach our customer service team at 800-345-8756 Monday through Friday, 8:30 a.m. to 8 p.m. ET.

www.deltadentalmi.com/MPSEERS