



What Is A Dental Plan?

Delta Dental of Nebraska wants you to be an informed and satisfied consumer. Helping you understand your dental benefits is one way to ensure you get the most appropriate and cost-effective care.

We've compiled some commonly asked questions, and provided answers to give you a clearer understanding of this important benefit.

Do dental plans differ from health plans?

Yes, they do. The largest difference between dental plans and health plans is this:

Most health plans are designed to cover services that are medically necessary to treat specific conditions or diseases. This allows you the flexibility to respond to your individual medical needs and treatment requirements to avoid significant financial burden. Additionally, your employer and/or health care provider may be mandated by law to provide you with certain coverage levels.

Your dental plan serves a different purpose. Your employer offers a dental benefit plan to provide financial assistance to meet general dental care needs.

Because dental care is less costly and more predictable than medical care, dental plans typically feature a specific set of benefits and coverage parameters and are not always designed to address each individual's specific dental treatment needs.

How does Delta Dental hold down the cost of dental care for our customers?

All of the dentists who participate in a Delta Dental network agree to accept our reimbursement as payment in full for covered services. This amount is usually less than the fee you would pay for that service if purchased without Delta Dental coverage.

Also, "hold harmless" provisions in Delta Dental's contracts with dentists mean that when you see a participating Delta Dental dentist, you cannot be billed for the balance of the fee the dentist would normally have charged for that service.

Non-participating dentists have not signed a contract with Delta Dental to accept lower reimbursement for services; this is what may lead to greater out-of-pocket costs for you.

How is the actual benefit plan determined?

Your employer determines the combination and extent of dental benefits for your program. Delta Dental is responsible for administering your plan, making appropriate payment according to the plan benefits and maintaining the integrity of our various provider networks.

If you are represented by a union, the combination and extent of dental benefits provided is usually negotiated via the collective bargaining process.



What Is A Dental Plan?

What is a dental plan designed to do?

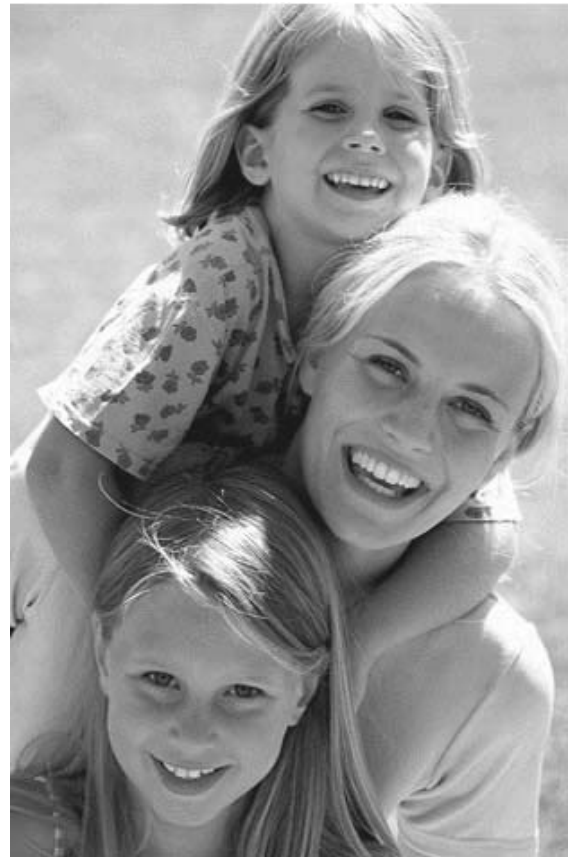
Dental benefit plans are better characterized as financial assistance plans than as insurance. Unlike true insurance plans, which are designed to protect against major loss, dental benefit plans provide financial assistance to you and your family to encourage regular visits to your dentist, which are essential to maintaining oral health.

Most dental plans are structured to provide coverage that meets basic diagnostic and preventive dental needs. Specific dental care needs vary for each individual and should be discussed with your dentist.

Depending on your oral health circumstances, your dental plan may or may not cover all of your needs, and should not be the sole determinant of the dental treatment you receive.

If my dentist does not participate in the Delta Dental network, can I still go to him or her?

You always have the option to see a non-participating dentist. However, if dental services are rendered by a non-participating dentist, Delta Dental cannot guarantee that he or she will accept the allowable charge as payment in full (and dentists usually do not). The dentist may bill for the difference between what Delta Dental pays and what he or she charges for the service, resulting in higher out-of-pocket costs for you.



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