

Delta Dental PPO plus Premier – Claim Payment Example

Example	Delta Dental PPO SM Dentists	Delta Dental Premier [®] Dentists	Non-Contracted Dentists*
Dentist's Charge for a Crown	\$1,000	\$1,000	\$1,000
Sample Plan Allowance Based on:	\$640 PPO Plan Allowance	\$800 Premier Plan Allowance	\$900 Plan Allowance
Coinsurance Amount	50%	50%	50%
Plan Payment	\$320	\$400	\$450
Balance Billing:	NO	NO	YES: \$100
Enrollee Payment	$(\$640 \times 50\%) = \320	$(\$800 \times 50\%) = \400	$(\$900 \times 50\%) + \$100 = \$550$
Typical Network Utilization	30 – 40%	40 – 50%	10 – 30%

*Non-contracted dentists may charge enrollees the difference between their usual fee and the carrier reimbursement (dental payment).
 Note: These are hypothetical numbers for illustrative purposes only. Assume no maximum or deductibles are applicable.