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| **FAQs** **Delta Dental - Dental Health Maintenance Organization (DHMO) Plan** |  |

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| Delta Dental - Dental Health Maintenance Organization (DHMO) Plan |
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| **What is a dental health maintenance organization (DHMO) plan and how does it work?**

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|   | A dental health maintenance organization (DHMO) plan is a dental care system that provides comprehensive dental services to plan members through a network of dental providers.When you enroll in a DHMO plan, you select a participating primary dentist for each enrolled family member. You may select any participating primary dentist from your plan's provider directory. Your primary dentist coordinates your dental care, either by providing that care or by issuing a referral to another dentist within the DHMO. With a DHMO plan, you generally pay a fixed amount each time you receive care. Coinsurance typically does not apply with a DHMO plan.Except in an emergency as defined by the plan, or with previous approval through the plan's authorization procedures, **only services provided by or referred by your primary dentist will be covered under the plan.** |

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| **What is a primary dentist?**

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|   | With some DHMOs, you are asked to select a primary dentist to be the personal dentist for each enrolled family member. If you are asked to select a primary dentist, you may select any primary dentist from your DHMO's provider directory. |

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| **What are the advantages of a DHMO plan?**

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|   | There are several advantages when you belong to a DHMO. Generally:* You don't need to submit claim forms and wait to be reimbursed by your plan.
* In most cases, you only pay a fixed copayment (fixed dollar amount) at the time you receive covered services. After you pay your copayment, you owe no more payments for the covered services.
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| **How does the DHMO plan work when I obtain care outside the DHMO?**

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|   | Generally, DHMO plans do not cover services provided outside the DHMO except in certain emergency situations. |

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| **My plan requires me to select a primary dentist when I enroll. How do I do so?**

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|   | When you enroll, you may select any primary dentist from your plan's network provider directory for each covered family member. Your enrollment materials will request your primary dentist's name, or a code for that primary dentist from the network provider directory.It's a good idea to check with your dental care company before you select a primary dentist. Some primary dentists have "full" practices and cannot accept new patients, and others may no longer be participating in the network. |

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| **Can I change my primary dentist?**

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|   | Yes. You or a covered family member may change primary dentists for any reason. Just call the member services number on your ID card. |

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| **Do I need to file a claim form with a DHMO plan?**

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|   | You generally don't need to file a claim form when you see your primary dentist. Just show your ID card when you receive services so the office knows to charge you a copayment and bill your DHMO plan for the balance. The plan works the same way when your primary dentist refers you to another DHMO doctor or hospital for care. Just show your ID card and pay your copayment.In a true emergency, your eligible expenses may be covered even if you had to go outside the DHMO as long as you follow the DHMO plan's rules. In this case, the provider will bill you directly. You then need to submit a claim form to be reimbursed. You will be reimbursed for part of the bill.To file a claim, follow the instructions on the claim form. If you have received an Explanation of Benefits (EOB) from another health or dental care company, be sure to include a copy with your claim. |

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| **What happens if I need care while I'm traveling?**

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|   | If it's not an emergency and you need care while traveling, call your DHMO and your DHMO can help you arrange a referral.In a true emergency, such as an accident that broke your teeth or severe dental pain, get the care you need as quickly as you can. If you are able, contact your DHMO even in an emergency. However, even if you are unable to contact your DHMO, get the care you need. Even if you need to seek care from a non-DHMO provider, your plan may cover emergency care as long as you follow the plan rules. |

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| **Do I pay a deductible?**

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|   | A deductible is the part of your eligible expenses you pay each year before the plan begins to pay benefits. Check your Benefits Overview for details. |

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| **Do I pay coinsurance?**

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|   | Coinsurance is the percentage of eligible expenses you pay after you meet any deductible required by your plan. Check your Benefits Overview for details. |

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| **What is a copayment?**

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|   | A copayment is a fixed amount you pay at the time you receive services. |

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| **What is predetermination of benefits?**

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|   | Predetermination of benefits is the process by which a dental care company reviews the proposed treatment and tells you and your dentist how benefits may be paid.Generally, with a DHMO plan, fees for services are very straightforward, and predetermination of benefits is not necessary to avoid surprises. However, you can always discuss costs and treatment options with your dentist. |

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| **What are covered services?**

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|   | Covered services are services covered by the plan. No dental plan covers everything. If you obtain services that are not covered services, you pay the full cost for those services. |

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| **What is an out-of-pocket maximum?**

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|   | An out-of-pocket maximum is the most you would have to pay out of your own pocket for eligible expenses. Most DHMOs do not have an out-of-pocket maximum. Check your Benefits Overview for details. With a plan that has an out-of-pocket maximum, once you reach the out-of-pocket maximum for a given year, the plan would pay all eligible expenses for covered services until any lifetime maximum benefit is reached. |

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| **What is a lifetime maximum?**

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|   | A lifetime maximum is the most that will be paid by the plan for covered services for a given plan member. Not all plans apply a lifetime maximum, and some plans have different lifetime maximums for different services. Once you reach the lifetime maximum, you pay all expenses over that amount. |

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| **What is an open access dental health maintenance organization (DHMO) plan and how does it work?**

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|   | An open access dental health maintenance organization (DHMO) plan is a dental care system that provides comprehensive dental services to plan members through a network of dental providers.When you enroll in an open access DHMO plan, your plan may or may not ask you to select a participating primary dentist from your plan’s provider directory. With an open access DHMO, you may see any provider in the DHMO’s panel without getting a referral. With a DHMO plan, you generally pay a fixed amount each time you receive care. Coinsurance typically does not apply with a DHMO plan.Except in an emergency as defined by the plan, or with previous approval through the plan's authorization procedures, **only services provided by or referred by a DHMO panel provider will be covered under the plan.** |

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| **Do I need to file a claim form with an open access DHMO plan?**

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|   | You generally don't need to file a claim form with an open access DHMO. Just show your ID card when you receive services so the office knows to charge you a copayment and bill your DHMO plan for the balance.In a true emergency, your eligible expenses may be covered even if you had to go outside the DHMO as long as you follow the DHMO's rules. In this case, the provider will bill you directly. You then need to submit a claim form to be reimbursed. You will be reimbursed for part of the bill.To file a claim, follow the instructions on the claim form. If you received an Explanation of Benefits (EOB) statement from another health or dental care company, be sure to include a copy with your claim form. |

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