**Out-of-network coverage**

The dental plan provides coverage for diagnostic and preventive services **only** (Type I services) when performed by out-of-network dentists. For these services, members will be covered up to 80% of the maximum fee allowance or the dentist's charge whichever is less. Refer to the Delta Dental PPO Value Plan coverage details for a list of covered diagnostic and preventive services.

If you receive dental care from an out-of-network dentist, you are responsible for paying the dentist and submitting a claim form to Delta Dental for reimbursement. You can obtain an estimate of the reimbursement by Delta Dental prior to treatment by contacting Delta Dental customer service at 1-800-872-0500

**The following example is for illustrative and discussion purposes only. It does not guarantee benefit coverage. The terms of the Delta Dental subscriber certificate will govern in all cases.**

Sample of the 2008 maximum fee allowance for Diagnostic and Preventive services:

- Periodic Oral Examination (D0120) - $22.00
- Comprehensive Oral Evaluation, new or established patient (D0150) - $45.00
- Bitewings – single film (D0270) - $15.00
- Bitewings (two films (D0272) - $25.00
- Prophylaxis- adult, age 14 and over (D1110) - $61.00