PARMA CITY SCHOOLS DISTRICT

MINUTES

INSURANCE COMMITTEE MEETING

November 14, 2023

Meeting called to order at 1:30 p.m.

Financials

• Ryan discussed the Financials for the Insurance Fund. The fund balance as of 10/31/2023 was \$5,989,580.81.

Wellness

• There was no wellness update.

Oswald

• Oswald provided their monthly financial update.

Delta Dental

• Sarah Rossen from Delta Dental presented information on their company.

Meeting was adjourned at 2:15 p.m.

Next meeting: December 12, 2023

Health Care Committee Meeting

November 14, 2023

Ron Boynar Kelsey Finucan We See Risk So You See Opportunity





A UNISON RISK ADVISORS Company



Financial Update

Monthly Report – Current Plan Year

Claim Experience - Prior Year															
	22 年4	Aug 22	Sep 22	Ort 22	Nov 22	Dat 22	MG 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Total	Avecase	VEEDV
Medical Claims	\$1,304,500	\$1,912,095	\$1,553,556	\$1,445,212	\$1,297,010	\$1,393,691	\$1,562,052	\$1,159,747	\$1,607,331	\$1,756,137	\$1,514,431	\$1,267,860	\$17,773,722	51.481.144	514.852
Prescription Claims	\$400,384	\$509,000	\$461,854	\$439,359	\$514,833	\$407,282	\$506,055	\$450,417	\$477,049	\$454,983	\$564,792	\$473,936	\$5,659,944	\$471,662	\$4.729
Rx Rebates	(\$96,971)	(\$56,971)	(176,962)	(\$98,468)	(\$98,468)	(\$98,468)	(\$119,998)	(\$119,998)	(\$119,998)				(\$946,311)	(5105.146)	(6791)
Total Claims	\$1,608,012	\$2,324,124	\$1,918,439	\$1,786,103	\$1,713,375	\$1,702,506	\$1,948,109	\$1,490,166	\$1,964,331	\$2,211,120	\$2,079,223	\$1,741,796	\$22,487,354	51,847,660	518.790
Fees/Premium	\$221,497	\$219,160	\$214,945	\$217,217	\$217,926	\$218,076	5218,479	\$218,328	\$217,619	\$218,175	\$217,721	\$217,570	\$2,616,733	\$218,061	\$2.187
Total Cost	\$1, 889, 508	\$7.543.304	\$2,133,385	\$2,000,320	51.931.301	\$1,970,542	52, 106,568	\$1,708,494	100 23 25	\$2,429,795	SV 286 943	\$1,959,366	525,104,087	52.092.000	520.977
Reimbursed Claims													(\$2,080,990)		(\$1,739)
Grand Total													\$23,023,097	\$1,918,591	\$19 238

Subscribers Medical/Rx	1,207	1,199	1,178	1,193	1,200	1,200	1,201	1,201	1.194	1,193	1,195	1,195	14,351	1,197	
Medical/Rx Cleim PEPM	51,582,24	\$1,938.39	\$1,628.56	51,497.15	\$1,427.81	51.418.75	St. 622.07	\$1.740.77	1 2 2 2	27 Sel. 23	\$1,759.94	51,457.57		51,586	\$12,790
Claims Experience - Current Year	ar														
	Jul 23	Augzs	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Total	Average	Adjd
Medical Claims	\$1,392,477	\$1,724,247	\$2,073,455										\$4,190,179	\$1,396,726	514.164
Prescription Claims	\$551,915	\$611,950	\$478,033										\$1,641,897	\$547,299	55,550
Rx Rebates													25	S	\$
Total Claims	\$1,944,392	\$2,336,197	\$1,551,488										\$5,832,076	\$1,944,025	\$19,714
Fees/Premium	\$236,245	\$232,021	\$235,806										\$704,072	\$234,691	\$2,380
Total Cost	7 (80 cs)	\$2,568,218	\$1,787,294										\$6,536,149	52,178,716	\$22.094
Reimbursed Claims													(\$37,829)		(5126)
Grand Total													\$5,498,320	\$2,166,107	\$21,966

519,714								
\$1,645		\$2.178.716	The same and					Average
				10				
				100			3.	Jun
			\$2,196,948		8		25	May
			ST MARK	ļ		ş	R.	Apr
			52.165.001			S	28	Mar
				St. robust		3	2	Feb
			585,985		ł	ç	3	Jan
				C 000 300	=""	9	3	Dec
				21,031,501		5	3	Nov
						9	Oct Oct	ğ
52,364.5			787.204 141 143					*
\$2,000.17	\$10,889.00		, di					Aug
\$1,629.83	0	\$2,180,637	No.	\$1,829.509				Jul
(FM	\$3,000,000	52,500,000 \$2.	\$2,000,000	\$1,500,000	\$1,000,000	\$500,000	8	
Medical/8x Claim P		Total Cost		# Current Poor	ř			



Monthly Report – Current Plan Year (continued)

Large Claims; July 2023 June 2024	Claims	Estimated Reimbursement
Claimant 1	\$287,829	(\$37,829)
Claireant 2	\$158,597	
Claireant 3	\$104,442	
	\$500,867	(537,829)

Plan Information	
insurer/Medical	MMA
Rec	25 M
Contract Type	Seif-Insured
Specific Stop-Loss Coverage	Medical/Rx
Specific Stop-Loss Deductible	\$200,000
Aggregate Stop-Loss Coverage	Medical/Rx
Aggregate Stop-Loss Corridor	115%

Due to reporting lamitations, reimbursements are shown on medical claims only.

The stop loss contract covers both medical and Re claims so actual reimbursements may differ

Year to Date Actual vs Budgeted Plan Cost	Budgeted P.	an Cost														
		30 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Total	Average	heb∧
Budget Plan Cost	V	2,065,549	\$2,022,264	\$2,058,623										\$6,146,436	\$2,048,812	\$20,777
Actual Plan Cost	v. F	\$2,180,637	\$2,568,218	\$1,787,294										\$6,498,320	\$2,178,716	\$21,966
				Н		gue.	One was the second of the Second control of the second of	TOTAL CONTRACT AND ADDRESS OF THE PARTY OF T		AND THE RESIDENCE AND THE PROPERTY.	A CONTRACTOR MANAGEMENT OF CONTRACTOR OF THE CONTRACTOR OF	THE PROPERTY OF THE PROPERTY O	The state of the s	A COST THE COST OF THE PROPERTY OF THE PROPERT		-
% to Budget	3606		27.0%													
	25%															
	30%															
	15%															
	10%	3693												5,7%		
	3%5				200	900	300	2000	20.00	0.085	900	0.06	30.0			
	03%				-	arana a	2000		Brace.	2000		-	2000			
	-5%															
	-10%															
	-15%			-13.7%												
	-20%															
		Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Total		





2023-24 Service Calendar

PCSD 2023 Service Calendar © Benefits/Meetings © Communications/Wellbeing





NOVEMBER

	Q3 2023			Q4 2023
	JULY	AUGUST	SEPTEMBER	OCTOBER
	Monthly financials (May)	Monthly financials (June)	Monthly financials (July) HC Committee 9/12	Monthly financials (August) HC Committee 10/10
12	PCORI Filing Deadline (7/31)		CMS Disclosure (9/1) SAR Distribution Deadline (9/30)	Medicare Part D Creditable Coverage Notice Deadline (10/1)
-	UV Safety Month	National Immunization Awareness Month	Suicide Prevention Awareness Month	Mational Breast Cancer Awaren Month

•

	Monthly financials (August) HC Committee 10/10	Monthly financials (September) HC Committee 11/14	Monthly financials (October) HC Committee 12/12
(9/30)	Medicare Part D Creditable Coverage Notice Deadline (10/15)	Open Enrollment Required Notices	
ness	Mational Breast Cancer Awareness Month	American Diabetes Month	National Hand Washing Awareness Week

	Q1 2024			Q2 2024	
	JANUARY	FEBRUARY	MARCH	• APRIL	MAY
•	Benefit Plan Year Begins HC Committee 1/9	Monthly financials (Dec) Wellness Update w People One & Oswald HC Committee 2/13	Monthly financials (Jan) Preliminary FY24 projection HC Committee 3/12	Monthly financials (Feb) Current state assessment/strategy meeting MetLife Marketing Results HC Committee 4/9	Monthly financials (Mar) Revised Projection FY23 Healthcare innovation HC Committee 5/14
A I			 1095 Distribute Deadline (3/2) 1094-1095 (Electronic) Filing Due (3/31) 		
7	Cervical Health Awareness Month	American Heart Month National Wear Red Day Random Acts of Kindness Week	National Nutrition Month National Kidney Month	National Autism Awareness Month Stress Awareness Month	Mational Mental Health I

ن <i>ا</i>	MARCH	• APRIL	MAY	JUNE
financials (Dec) Update w People One & nittee 2/13	Monthly financials (Jan) Preliminary FY24 projection HC Committee 3/12	Monthly financials (Feb) Current state assessment/strategy meeting MetLife Marketing Results HC Committee 4/9	Monthly financials (Mar) Revised Projection FY23 Healthcare Innovation HC Committee 5/14	Monthly financials (April)
	 1095 Distribute Deadline (3/2) 1094-1095 (Electronic) Filing Due (3/31) 			Consolidated Appropriations Act (CAA) Rx Reporting Due (6/1)
. Heart Month Wear Red Day Acts of Kindness Week	National Nutrition Month National Kidney Month	National Autism Awareness Month. Stress Awareness Month	National Mental Health Month	National Safety Month

Next Steps

Delta Dental of Ohio

Parma City Schools Benefits Overview



△ DELTA DENTAL

1

Delta Dental Networks

Delta Dental PPO™

Delta Dental Premier®

Delta Dental networks are wholly owned

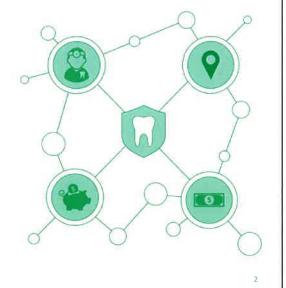
- No portion of our networks are leased
- Our networks are managed completely by Delta Dental
- Participating providers agree to discounted amounts for services as payment in full—providing groups and members with savings and protects them from balance billing

Local professional services representatives

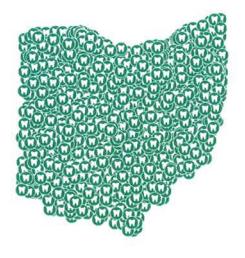
- · Grow and develop our networks through active recruiting
- Work directly with providers to enhance the office's experience with Delta Dental for both the provider and the patient

Processing policies provide additional protection

 Processing policies are contractual guidelines developed to ensure that payment is made only for needed and appropriate treatment



Delta Dental Networks—Ohio



In-network dental care access everywhere you go!

- In Ohio, 82% of licensed dentists participate in the Delta Dental PPO or Delta Dental Premier network.
 - 3,125 Delta Dental PPO and 4,652 Delta Dental Premier dentists
 - At least 1 in-network provider within 15 miles of 99% of zip codes in Ohio

a zip code which has an in-network provider within 15 miles

2

Enhanced Benefits for a Vulnerable Population

For **6.5 million** people in the U.S. with an intellectual or developmental disability, oral health care is often inaccessible or overwhelming.

Delta Dental is changing that.

Delta Dental of Michigan, Ohio and Indiana offers enhanced dental benefits for members with qualifying special health care needs.

These enhanced benefits include:

- Additional visits to the dentist's office and/or first treatment consultations prior to appointment
- Up to four total dental cleanings in a benefit year
- · Treatment delivery modifications
- The use of anesthesia or nitrous oxide if necessary



1

△ DELTA DENTAL

Two PPO/Point of Service Plans to choose from

Networks:

- Delta Dental PPOTM—highest fee discounts, NO BALANCE BILLING (dentists agree to accept Delta Dental's fee as full payment); greatest cost saving
- Delta Dental Premier®—slightly larger network, fee discounts and NO BALANCE BILLNG (dentists agree to accept Delta Dental's fee as full payment)

5

Benefit features for Parma City Schools Coverage effective: Calendar Year Idmin and Certified Employees			
Maximums and deductibles per calendar year	Delta Dental PPO dentist	Delta Dental Premier dentist	Nonparticipating dentist
Deductible per person	\$25	\$25	\$25
Aaximum deductible per family	\$75	\$75	\$75
	e Deductible does not apply to oral exams, pre cteriological testing, and orthodontic services. \$2,000	ventive services, X-rays, brush biopsy, cephalometr	ric films, photos, diagnostic casts, pulp vitality,
Orthodontic Services			
Orthodontic services—braces	60%	60%	60%
Orthodontic age limit		No Age Limit	
Orthodontic <u>lifetime</u> maximum	\$1,000	\$1,000	\$1,000

Delta Dental PPOTM (Point-of-Service)

Benefit features for Parma City Schools

Coverage effective: Calendar Year Admin and Certified Employees

Diagnostic and preventive services	Delta Dental PPO dentist Plan pays	Delta Dental Premier dentist Plan pays	Nonparticipating dentist Plan pays
Diagnostic and preventive services—exams, cleanings, fluoride and space maintainers	100%	100%	100%
Brush biopsy—to detect oral cancer	100%	100%	100%
Radiographs—X-rays	100%	100%	100%

This document is intended as a supplement to your Summary of Dental Plan Benefits booklet. Please refer to your booklet for policy exclusions and limitations.

7

Delta Dental PPOTM (Point-of-Service)

Benefit features for Parma City Schools Coverage effective: Calendar Year Admin and Certified Employees

The state of the design of the state of the			
Basic services	Delta Dental PPO dentist Plan pays	Delta Dental Premier dentisk Plan pays	Nonparticipating dentist Plan pays
Emergency palliative treatment— to temporarily relieve pain	80%	80%	80%
Sealants—to prevent decay of permanent teeth	80%	30%	80%
Minor restorative—fillings and crown repair	80%	80%	80%
Endodontic services—root canals	80%	80%	80%
Periodontic services—to treat gum disease	80%	80%	80%
Oral Surgery Services ~ extractions and dental surgery	80%	80%	80%
Other basic services — miscellaneous services	80%	80%	80%
Prosthodontic repair – to bridges, implants and dentures	80%	80%	80%

This document is intended as a supplement to your Summary of Dentol Plan Benefits booklet. Please refer to your booklet for policy exclusions and limitations.

Delta Dental PPO™ (Point-of-Service)

Benefit features for Parma City Schools

Coverage effective: Calendar Year Admin and Certified Employees

Major services	Delta Dental PPO dentist Plan pays	Delta Dental Premier dentist Plan pays	Nonparticipating dentist Plan pays
Major restorative services—crowns	60%	60%	60%
Relines and Adjustments – To dentures	60%	60%	60%
Prosthodontic services — bridges, dentures and crowns over implants	60%	60%	60%

When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

This document is intended as a supplement to your Summary of Dental Plan Benefits booklet. Please refer to your booklet for policy exclusions and limitations.

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Delta Dental PPOTM (Point-of-Service)

Benefit features for Parma City Schools

Coverage effective: Calendar Year Classified employees

Maximums and deductibles per calendar year

Delta Dental Premier dentist \$25 Deductible per person \$75 \$75 \$75 Maximum deductible per family

The Deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, cephalometric films, photos, diagnostic casts, pulp vitality, bacteriological testing, and orthodontic services.

Maximum payment (on all services, except cephalometric films and orthodontics) \$2,500

Orthodontic Services

Orthodontic services—braces 60% 60% 60% Orthodontic age limit No age limit Orthodontic <u>lifetime</u> maximum (on cephalometric films and orthodontic services) \$750

This document is intended as a supplement to your Summary of Dental Plan Benefits booklet. Please refer to your booklet for policy exclusions and limitations.

Delta Dental PPOTM (Point-of-Service)

Benefit features for Parma City Schools Coverage effective: Calendar Year Classified employees

Diagnostic and preventive services	Delta Dental PPO dentist Plan pays	Delta Dental Premier dentist Plan pays	Nonparticipating dentist Plan pays
Diagnostic and preventive services—exams, cleanings, fluoride and space maintainers	100%	100%	100%
Brush biopsy—to detect oral cancer	100%	100%	100%
Radiographs—X-rays	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%
Incision and Drainage – Dental surgery other than extractions	100%	100%	100%

This document is intended as a supplement to your Summary of Dental Plan Benefits booklet. Please refer to your booklet for policy exclusions and limitations.

11

Delta Dental PPOTM (Point-of-Service)

Benefit features for Parma City Schools Coverage effective: Calendar Year Classified employees

cossiled employees	Delta Dental	Delta Cental	Nonparticipating
Basic services	PPO dentist Plan pays	Premier dentist Plan pays	dentist Plan pays
Emergency palliative treatment— to temporarily relieve pain	80%	80%	80%
Minor restorative—fillings and crown repair	80%	80%	80%
Endodontic services — root canals	80%	80%	80%
Periodontic services—to treat gum disease	80%	80%	80%
Surgical extractions—surgical removal of teeth	80%	80%	80%
Other basic services — miscellaneous services	80%	80%	80%
telines and Repairs – to prosthetic appliances	80%	80%	80%

This document is intended as a supplement to your Summary of Dental Plan Benefits booklet. Please refer to your booklet for policy exclusions and limitations.

Delta Dental PPO™ (Point-of-Service)

Benefit features for Parma City Schools

Coverage effective: Calendar Year Classified Employees

Major services	Delta Dental PPO dentist Plan pays	Delta Dental Premier dentist Plan pays	Nonparticipating dentist Plan pays
Simple Extractions – non-surgical removal of teeth	50%	60%	60%
Major restorative services—crowns	60%	60%	60%
Prosthodontic services—bridges, implants, dentures and crowns over implants	60%	60%	60%

When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

This document is intended as a supplement to your Summary of Dental Plan Benefits booklet. Please refer to your booklet for policy exclusions and limitations.

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△ DELTA DENTAL

Adult Cleaning payment example

100%/100%/100%	Submitted charge	Maximum allowed fee	Percentage paid by Delta Dental	Amount Delta Dental pays	Amount dentist can balance bill	Total amount you pay	Total network savings
Delta Dental PPO	\$106	\$50	100%	\$50	\$0	\$0	\$56
Delta Dental Premier	\$106	\$72	100%	\$72	\$0	\$0	\$34
Nonparticipating	\$106	\$59	100%	\$59	\$47	\$47	\$0

You may see any dentist you like. However, you will likely save the most money and receive the highest level of coverage when you visit a Delta Dental PPO dentist.

A DELTA DENTAL

Filling payment example

80%/80%/80%	4		[△ ≡	Δ	50		00
0076/0076	Submitted charge	Maximum allowed fee	Percentage paid by Delta Dental	Amount Delta Dental pays	Amount dentist can balance bill	Total amount you pay	Total network savings
Delta Dental PPO	\$262	\$119	80%	\$95.20	\$0	\$23.80	\$143.00
Delta Dental Premier	\$262	\$190	80%	\$152.00	\$0	\$38.00	\$72.00
Nonparticipating	\$262	\$152	80%	\$121.60	\$110.00	\$140.40	\$0

You may see any dentist you like. However, you will likely save the most money and receive the highest level of coverage when you visit a Delta Dental PPO dentist.

15

△ DELTA DENTAL

Crown payment example

4		△ ≡	Δ	010		· O
Submitted charge	Maximum allowed fee	Percentage paid by Delta Dental	Amount Delta Dentai pays	Amount dentist can balance bill	Total amount you pay	Total network savings
\$1,320	\$814	60%	\$488.40	\$0	\$325.60	\$506.00
\$1,320	\$1,055	60%	\$633.00	\$0	\$422.00	\$265.00
\$1,320	\$846	60%	\$507.60	\$474.00	\$812.40	\$0
	\$1,320 \$1,320	\$1,320 \$1,055	Submitted charge Maximum allowed fee Percentage paid by Delta Dental \$1,320 \$814 60% \$1,320 \$1,055 60%	Submitted charge Maximum allowed fee Percentage paid by Delta Dental Amount Delta Dental pays \$1,320 \$814 60% \$488.40 \$1,320 \$1,055 60% \$633.00	Submitted charge Maximum allowed fee Percentage paid by Delta Dental Amount Delta Dental Dental Dental pays Amount dentist can balance bill \$1,320 \$814 60% \$488.40 \$0 \$1,320 \$1,055 60% \$633.00 \$0	Submitted charge Maximum allowed fee Percentage paid by Delta Dental Amount Delta Dental pays Amount dentist can balance bill Total amount you pay \$1,320 \$814 60% \$488.40 \$0 \$325.60 \$1,320 \$1,055 60% \$633.00 \$0 \$422.00

You may see any dentist you like. However, you will likely save the most money and receive the highest level of coverage when you visit a Delta Dental PPO dentist.

A DELTA DENTAL

Find a Dentist

- Online dentist search tool—www.deltadentaloh.com/findadentist
 - Choose your network from the list—Your plan uses the Delta Dental PPO and Delta Dental
 Premier networks. To find a dentist in these networks, select "Delta Dental PPO Plus Premier"
 as your plan option when searching.
- Member Portal®—www.memberportal.com
- Customer service—Call us toll free at 800-524-0149. You can use the automated system or you can speak with a customer service representative.

Always ask your dentist if he or she is a participating dentist with the Delta Dental PPO or Premier Network before receiving any dental services.

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Member Resources

Customer service

- Toll-free number: 800-524-0149
- Monday—Friday
- 8:30 a.m.–8 p.m.

Member tools available 24/7:

- · Website: www.deltadentaloh.com
- Member Portal: www.memberportal.com
- DASI—Delta Dental's Automated Service Inquiry



Customer service

- Service...once and done.
 - 99+ percent of all inquiries resolved on the first call
 - Experienced, dental-trained customer service representatives
 - All calls tracked and recorded
- · State of the art claims processing, built in-house
- Advisors have the capability to:
 - Process adjustments handle emergency eligibility updates
 - Audit/release pended claims
 - Order ID/reference cards and group materials
 - Reprint EOBs
 - Work with an interpreter for callers who have difficult with English



19

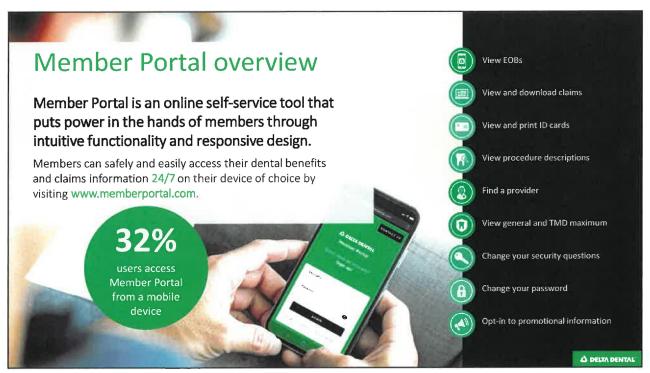
A DELTA DENTAL

Member Resources—Website

Delta Dental of Ohio website: www.deltadentaloh.com

- Find a participating dentist
- Refer your dentist online form
- Link to Member Portal
- Benefit From Your Benefits video series
- View and download wellness materials
- LifeSmile Score risk assessment
- grin! Magazine

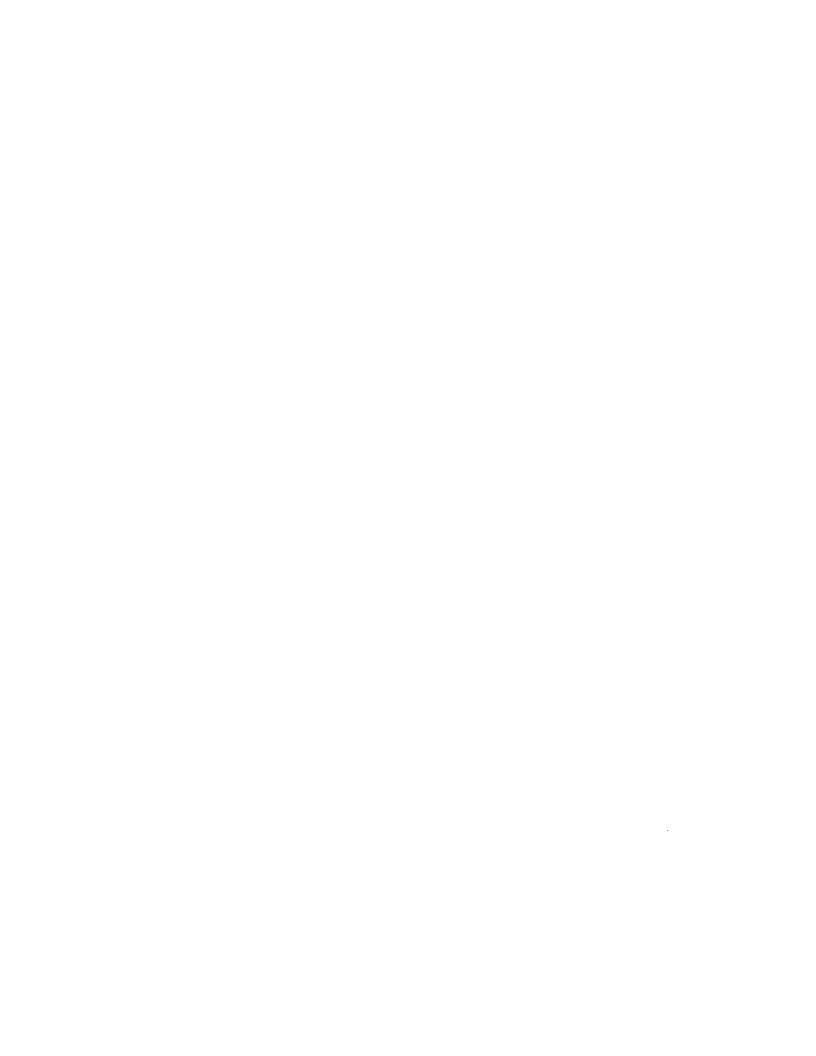




A partnership to smile about

Thank you
for partnering with Delta Dental

21





Stay Informed About Your Dental Benefits With Member Portal

Member Portal is designed to give you 24/7 access to important information regarding your dental benefits.

Use this secure online tool for access to eligibility information, current benefits information, claims information and more.

Once you have logged in to Member Portal, remember to sign up for electronic delivery of Explanation of Benefits (EOB) statements. You will be able to view your EOBs online and print copies when necessary.



All users must first register to gain access to the Member Portal. Privacy of your online benefit information is assured through highly secure encryption technology.

Get started today

- 1. Visit www.memberportal.com.
- 2. Log in.

NOTE: Member Portal has replaced Consumer Toolkit*. If you currently have a Consumer Toolkit account, your username and password for Consumer Toolkit will work for Member Portal.



- If you have already registered, enter your credentials and click the "Login" button.
- If you are new to Member Portal, click the "Sign up!" link to register.

NOTE: You will need the subscriber's (the person whose name is on the benefit package) member ID. The member ID is an assigned number unique to the subscriber. In most cases, the member ID is the same as the subscriber's Social Security number.

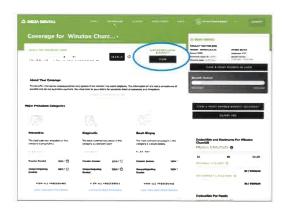
- 3. Complete required fields and follow the on-screen instructions.
- 4. Select your own username and password to access the site.

Additional help can be accessed through the Help menu within Member Portal. If you need further assistance, call Toolkit Support at 866-356-0301.

Member Portal features

Find your benefits

Confirm eligibility and review benefits by clicking the **Coverage** link at the top.



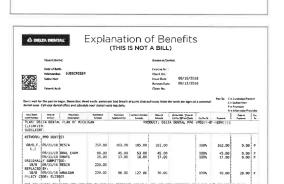
Print ID card

View and print your ID card 24/7 by following the **Print ID Card** link.



View your EOBs

Review and print EOBs by clicking the **Claims** link and entering the dates and patient's name.



Find a dentist

Use the **Find a Provider** link to select your Delta Dental network and find a participating dentist near you.

Nationwide, three out of four dentists participate in of Delta Dental networks, which means members have lots of choices nearby.







Find a Delta Dental Participating Dentist

Your Delta Dental plan allows you to visit any dentist you like. However, there are advantages to choosing a dentist who belongs to one of Delta Dental's two dentist networks—Delta Dental PPO™ and Delta Dental Premier®. You'll likely save the most money and receive the highest levels of coverage when you visit a Delta Dental PPO dentist. If you visit a dentist who does not participate in Delta Dental PPO, you can still save money if that dentist participates in Delta Dental Premier.

To find a participating dentist in your area, follow the simple steps below.

» Step 1

Visit www.deltadentaloh.com.
Click one of the Find a Dentist links.

You may also go directly to www.deltadentaloh.com/findadentist.



» Step 2

Select the drop down arrow in the top right corner and then select **Delta Dental PPO and Delta Dental Premier**.

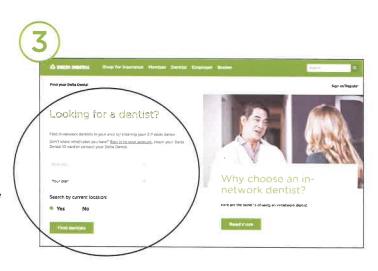
You may also scroll to the bottom of the page and select **Search**.



» Step 3

The **Specialty** menu defaults to any dentist. If you want to search for a specific specialty, select the specialty from the drop-down menu. Then, select the **Your plan** menu and choose the appropriate network option for you.

- Delta Dental PPO—all providers who participate in Delta Dental PPO.
- Delta Dental Premier—all providers who participate in Delta Dental Premier.
- Delta Dental PPO plus Premier—all providers who participate in both Delta Dental PPO and Delta Dental Premier.



The search will display results that fit your criteria, and whether or not those providers also participate in other networks.

Next, select **Yes** to search by current location or **No** to search by address or ZIP code. Choosing "Yes" may require you to change a location setting or you may need to go back and select "No" and manually enter your physical address if you receive an error message.

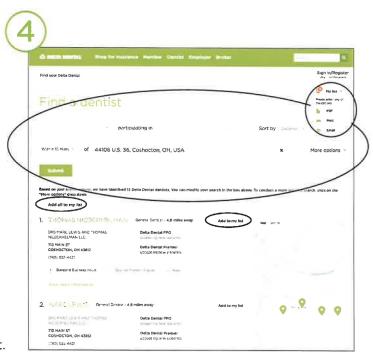
Select Find dentists to begin search.

» Step 4

Your results will be displayed. You can change your original search criteria for specialty, network, and address at the top of the page or sort your results by distance and number of results. By selecting More options you will see additional search criteria such as extended hours, accepting new patients, languages spoken and gender. You can also search for a specific dentist by name or office name. Once you have selected all of your search criteria, select the green Submit box to get your search results.

In addition to viewing your search results online, you can print or email your results, or view your results as a PDF under My list. To add dentists to your list, select the Add to my list or Add all to my list checkboxes.

Once you have added results to your list, select the down arrow to save as a PDF, print or email your list.



?

Unsure of your plan type or looking for additional information?

Register or log in to the Member Portal, Delta Dental's secure online tool for access to eligibility information, current benefits information, claims information and more.

Log in or create an account at www.memberportal.com.



Stay in network and save

As a Delta Dental PPO (Point-of-Service) member, you may see any dentist you like. However, you will likely save the most money and receive the highest level of coverage when you visit a Delta Dental PPO dentist.

Delta Dental PPO dentists

- No balance billing on covered services
- Most significant network discounts with more than 379,300 office locations nationwide*
- · Dentists file claims for member

Delta Dental Premier® dentists

- No balance billing on covered services
- Significant network discounts with the most office locations nationwide—444,000*
- · Dentists file claims for member

Out-of-network dentists

- Balance billing
- No network discounts
- May need to file own claims

How it works:

As shown below, your lowest out-of-pocket costs result from going to a Delta Dental PPO dentist.

Example savings for a crown by network	Submitted charge	Maximum allowed fee	Percentage paid by Delta Dental	Amount Delta Dental pays	Amount dentist can balance bill	Total amount you pay	Total network savings
Delta Dental PPO	^{\$} 1,100	\$754	50%	\$377	^{\$} O	\$377	\$346
Delta Dental Premier	\$1,100	\$988	50%	\$494	\$O	\$494	\$112
Out-of-network	\$1,100	\$798	50%	\$399	\$302	\$701	\$0

Delta Dental PPO dentists

Delta Dental PPO dentists have agreed to charge \$754 for the \$1,100 service, a savings of \$346. Your Delta Dental plan covers 50 percent of the cost. Assuming you've already met your deductible for the year, Delta Dental will pay \$337 and you'll pay \$337.

Delta Dental Premier dentists

Delta Dental Premier dentists have agreed to charge \$988—a savings of \$112 compared to the fee the dentist usually charges. Delta Dental's payment is based on the maximum allowed fee amount of \$988. Assuming you've met your deductible, Delta Dental will cover 50 percent of that \$988, paying \$494. With a Delta Dental PPO (Point-of-Service) plan, the dentist cannot bill you the difference between Delta Dental's payment and the Delta Dental Premier maximum allowed fee.

Out-of-network dentists

Out-of-network dentists have not agreed to charge lower fees and can bill the full \$1,100. For payment to nonparticipating dentists, Delta Dental establishes a nonparticipating dentist fee, which is the maximum fee allowed for the procedure, meaning Delta Dental pays \$399. The dentist can bill you the difference between Delta Dental's payment and what they charge. This leaves you with a bill of \$701, which includes the \$302 the out-of-network dentist can "balance bill."

NOTE: Payment examples above are illustrative only. Fees and reimbursements can vary by location and dentist. They do however represent how payment is determined. *Delta Dental Plans Association, June 2022.

Find Delta Dental participating dentists near you by using the search feature on our website or by calling Delta Dental toll-free at 800-524-0149.



Additional benefits when you need them: Delta Dental's Special Health Care Needs Benefit

Your Delta Dental group benefits plan includes enhanced benefits for covered members (children and adults) with a qualifying special health care need.



What are special health care needs? As defined by the American Academy of Pediatric Dentistry, special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma or environmental cause, and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

What is included in the benefit?

- Additional visits to the dentist's office and/or consultations that can be helpful prior to the first treatment to help patients learn what to expect and what is needed for a successful dental appointment. Additional exam benefits will be allowed for this purpose.
- Up to four total dental cleanings in a benefit year.
- Treatment delivery modifications, including anesthesia and nitrous oxide, necessary for dental staff to provide oral health care for patients with sensory sensitivities, behavioral challenges, severe anxiety or other barriers to treatment.

How do I/my spouse/my dependent use this benefit?

- Members with a qualifying special health care need should let their dentist know that their group Delta Dental plan includes the Special Health Care Needs Benefit and that they have a qualifying special health care need.
- To help your dentist better understand the benefit and how to bill Delta Dental for services provided, we suggest you take the "Special Health Care Needs Benefit Provider Instructions" flyer with you to your next dental visit (download the flyer at deltadental.pub/shcn-provider or scan the QR code).





Special Health Care Needs Benefit

provider instructions

You are receiving this information because you have a patient who has a qualifying special health care need and their Delta Dental group benefits give them access to enhanced dental benefits



Benefit verification

Before rendering services, please check the member's procedure eligibility in the Dental Office Toolkit* to verify coverage. There is no age limit on these benefits.

Claims submission information

If the member's record has already been updated to allow for additional services under this benefit, there will be a message in the Dental Office Toolkit confirming this.

If there is not already a message, you should include code D9997 on the initial claim submission for this patient. After this first claim processes, the member's procedure eligibility will update accordingly and you will no longer need to include D9997 on future claims for that member.

What is included in the benefit?

- Additional visits to the dentist's office and/or consultations that can be helpful prior to the first treatment to help patients learn what to expect and what is needed for a successful dental appointment. Additional exam benefits will be allowed for this purpose. (Procedure codes D0120, D0145, D0150, D0160 and D0180)
- Up to four total dental cleanings in a benefit year. (Procedure codes D1110, D1120, D4910, D4346 and D4355)
- Treatment delivery modifications necessary for dental staff to provide oral health care for patients with sensory sensitivities, behavioral challenges, severe anxiety or other barriers to treatment. (Procedure code D9997)
- The use of anesthesia and nitrous oxide necessary to provide dental care. (Procedure codes D9222, D9223, D9230, D9239 and D9243)

Additional resource

With support from the Delta Dental Foundation, Penn Dental Medicine has established a free continuing education series aimed at building awareness of the barriers to equitable oral health care for individuals with disabilities, and developing competency to provide oral health care to this vulnerable population.



Scan the QR code or visit www.deltadental.foundation/ce-courses-seminars

to learn more about the Center for Persons with Disabilities Presentation Series.



Delta Dental PPO™ (Point-of-Service) Summary of Dental Plan Benefits For Group# 10816-0001, 0099, 1000, 1099 Parma City Schools – Admin and Certified Employees

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan - Delta Dental of Ohio

Benefit Year - January 1 through December 31

Covered Services -

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnosti	ic & Preventive		
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basi	c Services		
Emergency Palliative Treatment – to temporarily relieve pain	80%	80%	80%
Sealants – to prevent decay of permanent teeth	80%	80%	80%
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Endodontic Services – root canals	80%	80%	80%
Periodontic Services – to treat gum disease	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Prosthodontic Repair – to bridges, implants, and dentures	80%	80%	80%
	or Services		
Major Restorative Services – crowns	60%	60%	60%
Relines and Adjustments – to dentures	60%	60%	60%
Prosthodontic Services – bridges, dentures, and crowns over implants	60%	60%	60%
Orthod	ontic Services		
Orthodontic Services – braces	60%	60%	60%
Orthodontic Age Limit –	No Age Limit	No Age Limit	No Age Limit

^{*} When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- > Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- > Prophylaxes (cleanings) and periodontal maintenance procedures for individuals with a documented history of periodontal disease are payable twice per calendar year. Full mouth debridement is payable once in any five-year period.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- > Fluoride treatments are payable once per calendar year for people age 13 and under.
- > Space maintainers are payable once per area per lifetime for people age 20 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any two-year period.
- > Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 16 and under. The surface must be free from decay and restorations.
- > Crowns, onlays, and substructures are payable once per tooth in any seven-year period. Veneers are payable on incisors, cuspids, and bicuspids once per tooth in any seven-year period when necessary due to fracture or decay.
- Composite resin (white) restorations are payable on posterior teeth.

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