**Delta Dental Non-Network Benefits**

Your dental plan provides benefits when you use a non-network dental provider.

The percentages are the same for non-network as in-network.  However, the dentist can balance bill over what the insurance allows.

With a network provider, the provider agrees to the contractual amount regardless of what they bill. Any amount over the contractual rate is written off by the provider.

As a non-network provider has no contract, he can bill for any charged amounts over what Delta allows. Delta allows the usual customary charges for a procedure in the area.

For example:

Dr. Bob charges $120 for a routine cleaning

Network:  The allowed amount is $100, so Delta pays $100.  Dr. Bob writes off the other $20.

Non-Network:  Dr. Bob bills $120.  Delta only allows $100, so they pay 100% of the allowed $100.  However, Dr. Bob can still bill for the other $20, and the patient would owe that amount.

This is a simplified example, but it should help explain the concept.  The member can always ask Delta for a pre-determination of what would be covered if they submit the Dx and CPT codes with the estimate from the dentist.  It’s not a prior authorization, but an estimate of what Delta would pay on the claim.

For more information you can contact Delta Dental at 800-524-0149 or log on to [www.deltadentaloh.com](http://www.deltadentaloh.com)