



Delta Dental of Minnesota

FREQUENTLY ASKED QUESTIONS

1.	Why was Delta Dental of Minnesota chosen as our dental administrator?
	<p>Delta Dental of Minnesota (DDMN) was chosen based on several factors including the following:</p> <ul style="list-style-type: none"> ➤ For the combined DL/NW group, 75% of employees were in network with Delta Dental versus 40% with Metlife, based on 2009 data ➤ Delta achieved an annual savings of \$4.75M with DDMN, which helped offset employee premium increases for 2010
2.	What are the advantages of using a DDMN network provider?
	<ul style="list-style-type: none"> ➤ No balance billing - with a network dentist, there are no additional charges for the difference between the actual procedure charge and what the plan allows; when care is received from a non-network dentist, payment is sent directly to the member from DDMN and the member is responsible for the dentist's total fee ➤ No paperwork - with a network dentist, the dentist bills DDMN, and receives payment directly; members who choose to see a non-network dentist may have to submit a manual claim form for covered expenses ➤ Less initial out-of-pocket expense - a network dentist can only collect the appropriate deductibles and/or copayments at the time of service, a non-network dentist can require full payment prior to work being completed
3.	What is the claims process when using non-network providers?
	<p>If dental services are received from a non-network dentist, the member is responsible for paying the difference between the maximum allowable plan amount and what the dentist charges (reasonable and customary, or R&C). The member may be responsible for submitting his/her own claim or non-network providers may choose to file the claim on the member's behalf. In either situation, reimbursement for covered services will be paid directly to the member, who is responsible for paying the provider.</p>
4.	How is this different from MetLife's process for non-network claims?
	<p>Members who used a non-network provider with Metlife could also expect that expenses would be covered only up to the R&C charge; therefore, charges could be higher than Delta's allowable fees and the member faced possible higher out-of-pocket costs. MetLife, however, did pay non-network providers directly if instructed to do so. Please read Q5 and Q6 to understand how this practice may prevent administrators from increasing their network of quality providers.</p>
5.	My current dentist is out-of-network and I don't want to switch to another provider. What can I do to offset any out-of-pocket costs?
	<p>Ask your provider in advance if you can charge your visit on a credit card or be billed for your visit. Many times reimbursement from DDMN will arrive before your monthly statement or the bill arrives. Typical turnaround times are within 7-10 business days. Otherwise, you may want to consider a network provider in order to lower your out-of-pocket costs.</p>
6.	What is Assignment of Benefits?
	<p>A procedure whereby a beneficiary or patient authorizes the administrator of the program to forward payment for a covered procedure directly to the treating dentist.</p>
7.	Can DDMN allow members to assign benefits to non-network providers?
	<p>Unfortunately, no. Non-network providers have not been credentialed by DDMN (verification of license, check for sanctions or debarment, etc.) nor do they have to adhere to DDMN grievance policies, processing policies, or plan rules. Non-network dentists may also bill for routine items such as infection control (sterilizing instruments) and provider taxes that network dentists have agreed not to bill to patients. This lack of control over policy and procedure ultimately leads to increased costs for employees.</p>

8.	Are there any changes in DDMN's Assignment of Benefits policy anticipated in the near future?
	No change is anticipated as DDMN uses this Assignment of Benefits policy with all of its clients, including 12 of Minnesota's top 15 Fortune 500 companies, such as Target and General Mills. This policy has helped DDMN provide a very large network as well as control costs and quality for the past 40 years.
9.	How is the Maximum Allowable Fees (MAF) determined?
	This evaluation of MAF or Reasonable & Customary (R&C) rates is conducted and then determined by the insurance provider (DDMN, MetLife, etc.). In DDMN's case, each state has their own MAF table, further broken down by zip code. This provides a more geographically accurate table when determining dentist reimbursement rates. Dental provider charges in Valdosta, GA can differ from those in downtown Atlanta; therefore, the analysis takes this economic and geographic variation into consideration.
10.	Where can I find a document that gives me a quick look at the benefits provided under each dental option?
	Benefit Summaries provide a high-level outline of the benefits provided under each dental option. You can find these on Delta Net/Health & Insurance/Health Benefits/Dental Options. You can find Benefit Summaries for the Preventive, Comprehensive and Option B dental options.
11.	Where can I find a document that shows me details of how certain procedures are covered with DDMN?
	The DDMN ADA (dental) code grids found in Benefits Direct provide a summary of how each code is paid (100%, 70% or 50%). If you need further details around a specific code or treatment, DDMN Customer Service can provide that information through their dedicated line for Delta employees (877-810-4023). Once the Health and Welfare Summary Plan Description (SPD) is completed mid-year, it will be available on Delta Net with additional details of the plans administered by DDMN.
12.	Can Flexible Spending Account (FSA) reimbursement be handled for dental claims through DDMN?
	If you enroll in a Healthcare FSA with UHC for 2010 and elect the Automatic Payment Option on the myHealthcareView.com Web site, dental expenses are automatically submitted on your behalf by DDMN to UHC for payment from your FSA. This is the same procedure used for pre-merger Delta employees when MetLife was the claims administrator
13.	Why can't I just go to any dentist and receive network benefit coverage levels?
	The way Delta Air Lines can control costs is through contracting and managing dental inflation. We try to offset increased costs with plan design and contracting changes with the insurer. If the dental plans offered allowed for complete coverage by any dentist for any procedure, our overall costs would skyrocket and also negatively affect the employee's cost share for dental coverage. It is in an effort to maintain these costs and quality that parameters are set for network/non-network coverage and around overall plan design.