DeltaCare®

A Managed Care Plan vs Traditional PPO Plan



Choosing a dental plan that is a perfect fit for your family can be difficult.

There may be many considerations. To help in your review process and to understand key plan differences we have developed a comparison chart to look at a PPO plan and a managed care plan.

- A managed care plan is a dental insurance plan that contracts with licensed dentists to provide care for members at reduced costs.
- Contracted providers make up the plan's network.
 These are also called Health Maintenance
 Organizations or HMO's or Dental Health
 Maintenance Organizations (DHMO's), for dental.
- Under a Managed Care Plan, you choose a Primary Care Dentist (PCD) to make sure you have personalized, reliable coverage. This provider will be your point person for all your oral health needs and can refer you to a specialist when required.

	DeltaCare Plan	Traditional PPO Plan
Dental Network	Requires primary care dentist (PCD) from the DeltaCare network. PCD must refer you for specialty care.	You have the choice of any provider in the PPO network. Get specialty care without a referral.
Plan Designs	No deductibles or annual maximums. Fixed dollar copays on procedures.	Deductible and annual maximums apply. Coinsurances apply to all treatment.
Finding a Network Dentist	Search in the DeltaCare network, refine search for a General Practitioner.	Search for either a Delta Dental PPO or Delta Dental Premier network dentist.
Changing Your Dentist	Assigned Primary Care Dentist can only be changed by calling Delta Dental.	Freedom to change dentist at any time without contacting Delta Dental.
Network Coverage	You must see your PCD for coverage. Out-of-network care is only granted for urgent care is reimbursed up to \$100 maximum.	You can see any provider for coverage. Coverage for out-of-network care.

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