

Michigan House Health Policy Committee
Testimony of Rick Lantz, Manager, Government Relations
Delta Dental of Michigan

On
House Bills 4875-77

October 1, 2013

- Delta Dental of Michigan is opposed to MI HB 4875-77
- HB 4875-77 will create confusion among providers, patients, employers and HR departments, and insurance agents/brokers.
- Employers dictate coverage levels. Insurers craft benefit plans according to their clients' desired coverage level.
- Providers and plan enrollees have 24/7 access to enrollee benefits and eligibility information, including copays and deductibles.
- Insurer communications to policyholders are required to clearly show benefits, coverage levels, co-insurance, deductibles, and other information.
- When a service is covered at 40%, for example, the insurer clearly communicates to the employer, employee, and providers that the plan provides 40% coverage for that service. If passed, these bills would force the carrier to inaccurately indicate that the service is not covered, instead of accurately stating that it is covered at 40%.
- Employers will wonder why the coverage they purchased isn't listed as a covered service.
- The standard employer-sponsored dental plan includes coverage as follows: 100% for Diagnostic and Preventative, 80% for Basic Services, and 50% for Major Services. Depending on available funds for benefit programs, some employers could choose to cover some services at less than 50%. Consider these examples:
 - Employers may want to gradually increase coverage over several years, such as Year 1=0%, Year 2=30%, Year 3=40%, Year 4=50%.
 - During tough times, an employer may need to scale back coverage from 60% to 40%.
 - Some employers provide coverage for children's braces. Typical orthodontic coverage is 50%. Some employers, such as small businesses, may not be able to afford a 50% coverage level but still want to provide some financial assistance to employees with children.

In all of these cases, it is inaccurate to tell plan enrollees that a service is not covered when in fact, some coverage is available.

- If a patient pays in full for a service assuming that it is not covered, when in fact some coverage is available, then end result could be that the provider receives full payment from the patient and some payment from the carrier. In that case, the provider would have to refund a portion of the

patient's payment. That creates more administrative expense for the provider and a hassle for the patient.

- Health coverage is already confusing for many enrollees. This package of bills would only increase confusion about covered services. For that reason, Delta Dental encourages Health Policy Committee members to oppose the bills.

Dental Office Toolkit®



Welcome:

Logout

Patient Information



View Patient Details

Toolkit Home

Selected Office Details

• Patient Info / Enter Claims

Search Activity Log Forms

Direct Deposit

Profile

Help

Patient Name : **Relationship :** Subscriber **Member Number :**

View Benefits

In the event that treatment is rendered from a dentist that does not participate in any of Delta Dental's programs, the patient may be responsible for more than the percentage indicated below.

Member Type: All	Benefit Member Type: All			Specialty Type: All		
Standard Benefit	Product: Delta Dental PPO (Point-of-Service)			Click here for Routine Procedure Eligibility		
Code Search: <input type="button" value="FIND"/>	PPO Dentist			Premier Dentist, Nonparticipating Dentist		
	Exclusions and Limitations	%	Waiting Period	Exclusions and Limitations	%	Waiting Period
▶ Diagnostic	☑	100*		☑	100*	
▶ Preventive	☑	100*		☑	100*	
▶ Bitewing Radiographs	☑	100		☑	100	
▶ All Other Radiographs	☑	100*		☑	100*	
▶ Brush Biopsy		100			100	
▶ Sealants	☑	100*		☑	100*	
▶ Minor Restorative	☑	100*		☑	60*	
▼ Major Restorative	☑	50*		☑	40*	
▶ Gold Foil Restorations		Optional			Optional	
▶ Inlays		Optional			Optional	
▶ Onlays		50			40	
▶ Crowns - Single Restorations Only		50			40	
▶ Prefabricated Crowns		50			40	
▶ Other Major Services		50*			40*	
▶ Endodontics		100*			60*	
▶ Periodontics	☑	100*		☑	100*	
▶ Relines and Repairs		50*			40*	
▶ Simple Extractions		100			60	
▶ Other Oral Surgery		100*			60*	
▶ TMD	☑	50*		☑	40*	
▶ Other Basic Services		100*			60*	
▶ Prosthodontics	☑	50*		☑	40*	
▶ Implants	☑	50*		☑	40*	
▶ Orthodontic Services		50*			50*	

* Not all procedure codes under this category are covered benefits

Red indicates that not all procedure codes under this category are paid at the percentage indicated.

Click on ▶ to expand a category/subcategory to view.

Optional An allowance may be made based on the fee for the customarily provided service. The patient will be responsible for the difference in cost for any optional treatment.

Maximums and Deductible	Accum Period Type: Calendar Year
PPO Dentist, Premier Dentist, Nonparticipating Dentist	

Type	Category	Suffix	Name	Individual Amount	Individual Amount Used	Individual Amount Remaining	Family Amount	Family Amount Used	Family Amount Remaining	Accum Period	
										From	To
Deductible	General		All except, diagnostic, preventive, X-rays, sealants, periodontal maintenance, scaling and root planing, occlusal guard and orthodontics	50.00	0.00	50.00	150.00	50.00	100.00	01/01/2013	12/31/2013
Maximum	General		All, except diagnostic, preventive, x-rays, sealants (if covered), scaling and root planing, occlusal guards, and orthodontics	1250.00	0.00	1250.00				01/01/2013	12/31/2013
Maximum	TMD	1	Temporomandibular joint dysfunction	1000.00	0.00	1000.00					Life time
Maximum	Orthodontic	1	orthodontics	1500.00	0.00	1500.00					Life time

Ortho Age Limit			
PPO Dentist, Premier Dentist, Nonparticipating Dentist			
Name	Max Age	Min Age	Rule
IRS	19	0	Birth Day
Minor	19	0	Birth Day
Spouse	0	0	Birth Day
Student	19	0	Birth Day
Subscriber	0	0	Birth Day

<p>COB Information</p> <p>Payment Order: Birthday</p> <p>COB Tracking: <input type="checkbox"/></p> <p>Internal COB: <input type="checkbox"/></p> <p>Coordination of benefits is not allowed when the other member is covered within this group.</p> <p>COB Benefit Reserve: <input type="checkbox"/></p>	<p>Client-Subclient:</p> <p>Payment Option Type: Standard</p> <p>Alternate Payment Option Type:</p> <p>External COB: <input checked="" type="checkbox"/></p> <p>Coordination of benefits is allowed when the other member is covered with another dental plan.</p>
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Alternate Payment Options - Procedure Codes:

[Choose Another Patient](#)

Delta Dental of Michigan Dental Benefit Highlights for



Welcome to Michigan's largest dental benefits family!

As a member of Delta Dental of Michigan, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, *we pay more than 90% of claims in 10 days or less.* Delta Dental also offers world-class customer service from our award winning call center.

Online Access

Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at (800) 524-0149 or look online at www.DeltaDentalMI.com.

Delta Dental PPO (Point-of-Service) Coverage effective January 1, 2013

	PPO Dentist Plan Pays	Premier Dentist Plan Pays	Non- participating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	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%
Basic Services			
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%
Relines and Repairs - to bridges, dentures, and implants	80%	80%	80%
Major Services			
Major Restorative Services - crowns	50%	50%	50%
Prosthodontic Services - bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	Dependent children to age 19		

* 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. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

Maximum Payment – \$2,000 per person total per Benefit Year on all services, except surgical removal of impacted teeth and orthodontics. \$2,000 per person total per lifetime on orthodontic services.

Deductible – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, brush biopsy, periodontal maintenance and orthodontic services.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

**Delta Dental of Michigan
Dental Benefit Highlights for**



Delta Dental PPO (Point-of-Service)
Coverage effective January 1, 2013

	PPO Dentist Plan Pays	Premier Dentist Plan Pays	Non- participating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	90%	80%
Emergency Palliative Treatment - to temporarily relieve pain	100%	90%	80%
Sealants - to prevent decay of permanent teeth	100%	90%	80%
Brush Biopsy - to detect oral cancer	100%	90%	80%
Radiographs - X-rays	100%	90%	80%
Basic Services			
Minor Restorative Services - fillings and crown repair	90%	80%	70%
Endodontic Services - root canals	90%	80%	70%
Periodontic Services - to treat gum disease	90%	80%	70%
Simple Extractions - non-surgical removal of teeth	90%	80%	70%
Other Oral Surgery - dental surgery other than extractions	90%	80%	70%
Other Basic Services - misc. services	90%	80%	70%
Relines and Repairs - to bridges, dentures, and implants	90%	80%	70%
TMD Treatment - treatment of the disorder of the temporomandibular joint, including related films	90%	80%	70%
Major Restorative Services - crowns	80%	70%	60%
Surgical Extractions - surgical removal of teeth	50%	50%	50%
Major Services			
Implants - endosteal implants to replace missing teeth	50%	50%	50%
Prosthodontic Services - bridges and dentures	50%	50%	40%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	40%
Orthodontic Age Limit -	treatment must begin prior to age 19 and coverage will continue to the end of treatment or until the maximum has been reached	treatment must begin prior to age 19 and coverage will continue to the end of treatment or until the maximum has been reached	treatment must begin prior to age 19 and coverage will continue to the end of treatment or until the maximum has been reached

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- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists – there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

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Maximum Payment – \$1,850 per person total per Benefit Year on all services, except orthodontics. \$2,200 per person total per lifetime on orthodontic services.

Deductible – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, and orthodontic services.

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ATTACHMENT #4
**Delta Dental of Michigan
Dental Benefit Highlights for**


Delta Dental PPO (Point-of-Service) Coverage effective January 1, 2014	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Non-Surgical Periodontic Services - non-surgical services to treat gum disease	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings	100%	60%	60%
Endodontic Services - root canals	100%	60%	60%
Surgical Periodontic Services - surgical services to treat gum disease	100%	60%	60%
Oral Surgery Services - extractions and dental surgery	100%	60%	60%
Other Basic Services - misc. services	100%	60%	60%
Major Services			
Crown Repair - to individual crowns	50%	40%	40%
Major Restorative Services - crowns	50%	40%	40%
Relines and Repairs - to bridges, dentures, and implants	50%	40%	40%
TMD Treatment - treatment of the disorder of the temporomandibular joint, including related films	50%	40%	40%
Prosthetic Services - bridges, implants, and dentures	50%	40%	40%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	Dependent children up to age 19	Dependent children up to age 19	Dependent children up to age 19

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Maximum Payment – \$1,250 per person total per Benefit Year on all services, except diagnostic, preventive, emergency palliative, x-rays, brush biopsy, sealants, some non-surgical periodontics, occlusal guards, TMD treatment, and orthodontics. \$1,000 per person total per lifetime on TMD treatment. \$1,500 per person total per lifetime on orthodontic services.

Deductible – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The deductible does not apply to diagnostic, preventive, emergency palliative, brush biopsy, X-rays, sealants, periodontal maintenance, scaling and root planing, occlusal guards, and orthodontics.

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