

Dental Health Services Preferred Provider Organization (PPO) Frequently Asked Questions

Making the Dental Health Services PPO Network Work for You...

Q. What does PPO stand for?



PPO stands for Preferred Provider Organization

Q. What is a dental PPO?



It is a network of dental providers that have been contacted to work directly with Dental Health Services. Lower fees have been negotiated which means lower out-of-pocket costs for you.

An excellent feature of PPO is that it utilizes a FREE ACCESS approach—so you can go directly to a PPO dental specialist, without a referral, and still have PPO benefits. Or, if you wish, you can go out-of-network for any service at a reduced benefit.

Q. Are there any advantages to being part of a dental PPO?



Yes. The main advantage of a dental PPO over a traditional indemnity plan is overall savings in your personal out-of-pocket expenses.

Q. Can I still go to the dentist that I use regularly?



Absolutely. The beauty of this new plan is that it gives you the option to choose dentists both in-network or out-of-network. In fact, there's a chance that your dentist is already part of the network.

Q. How will my benefits be paid if I use an out-of-network dental provider?



Your claim would be paid based on the fee schedule negotiated with the PPO providers, and at the benefit level listed on the Schedule of Benefits. If the out-of-network provider charges an amount higher than the fee schedule you will be responsible for the difference.

Q. How do I select my PPO dentist?



It's easy. Simply choose a dentist from the PPO provider directory of dentists. If you do not have a current edition, or if you have and questions, please call Customer Service at (800) 63.SMILE or toll free at (800) 637-6453.

