**GENERAL INFORMATION**

|  |
| --- |
| **Group Name: Rising Sun – Ohio County Community School Corporation** |
|  |
| **Group Number: 1054** |
|  |
| **Program Type:** **Delta Dental PPOSM Point of Service** |
|  |

**WHAT ARE MY BENEFITS?**

You can find this information in your Summary of Dental Plan Benefits and your Dental Care Certificate or by checking online at **www.deltadentalin.com**. If you are not sure what your dental plan covers, call the Customer Service (DASI) number on this sheet.

**HOW DO I FIND A PARTICIPATING DENTIST?**

There are a number of ways to find participating dentists near you:

* Call your dentist’s office and ask if he or she participates with Delta Dental PPO or Delta Dental Premier®.
* Call our DASI (Delta Dental’s Automated Service Inquiry) system at (800) 524-0149. DASI is available seven days a week, 24 hours a day, and can provide you with a listing of Delta Dental PPO or Delta Dental Premier dentists in your area. If you would rather talk to a Customer Service representative, simply follow the telephone prompts through DASI. Our representatives are available to assist you Monday through Friday from 8:30 a.m. to 8:00 p.m. Eastern Time.

* Check our online dentist directory at: **www.deltadentalin.com**.

**DO I HAVE TO GO TO A PARTICIPATING DENTIST?**

No. You can go to any licensed dentist anywhere, however, if the provider participates in either the Delta Dental PPO or Delta Dental Premier network, you may have less out-of-pocket expense because they have agreed to accept Delta Dental’s allowed amounts for most services.

**CUSTOMER SERVICE**

**(DASI) TELEPHONE NUMBER:**

**(800) 524-0149**

If you have any questions about your dental program, please call our Customer Service department.

**CONSUMER TOOLKIT® RESOURCE:**

Go to **www.deltadentalin.com** click on *Consumer Toolkit*  
to view:

**Claims, Benefits, Directories, Print ID Card**

**CUSTOMER SERVICE ADDRESS:**

Please send written inquiries to:

**Attn: Customer Service**

**Delta Dental**

**P.O. Box 9089**

**Farmington Hills, MI 48333-9089**

Please include your name, the group name and group number, and the subscriber’s member ID number when writing to us.

**WHERE DO I SEND CLAIMS?**

If you go to a participating dentist, your dentist will fill out and file your claims for you. You may download a claim form at www.deltadentalmi.com. If you go to a nonparticipating dentist and he or she does not file your claim for you, please send it to:

**Delta Dental**

**P.O. Box 9085**

**Farmington Hills, MI 48333-9085**

**WHAT DO I NEED WHEN I GO TO THE DENTIST?**

Nothing. You do not need an ID card or a claim form to receive treatment. However, at your first visit after your Delta Dental coverage takes effect, it would be helpful if you provided your dentist with your group number and member ID number for his or her records.