

## Dental Plan Summary and Rates

Delta Dental PPO Plan Features	Delta Dental PPO Network	Delta Dental Premier Network	Non Network
	Based on a contractual agreement – no balance billing	Based on a contractual agreement – no balance billing	Based on Delta’s maximum plan allowance; balance billing is possible
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>• Oral exams (all types), twice per benefit year</li> <li>• Bitewing x-rays, one set per benefit period</li> <li>• Cleanings (all types), twice per benefit year</li> <li>• Fluoride, once per benefit year for dependents under age 16</li> <li>• Emergency palliative treatment</li> <li>• Space maintainers, once in 5 years, to age 16</li> </ul>	100%	100%	100%
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Restorative services using synthetic porcelain and plastic material (white) on front teeth and amalgam (silver) on molar teeth</li> <li>• Full mouth x-rays</li> <li>• Simple extractions</li> <li>• Sealants for children</li> </ul>	80%	80%	80%
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Periodontics: surgical and non-surgical</li> <li>• Endodontics: root canal filling and pulpal therapy</li> <li>• Prosthetics: bridges and dentures; a replacement will be covered only once in 7 years, but not during the first 12 months of coverage.</li> <li>• Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 7 years</li> <li>• General anesthesia</li> <li>• Oral surgery</li> </ul>	50%	50%	50%
<b>Orthodontic Services</b>	N/A	N/A	N/A
<b>Calendar Year Deductible</b> (applies to Basic and Major Services only)	PPO: \$25 per person / \$75 family limit Premier & Non Network: \$50 per person / \$150 family limit		
<b>Calendar Year Benefit Maximum</b>	\$1,000 per person		
<b>Lifetime Orthodontic Maximum</b>	N/A		
Dependent Age Limit: 26			
<b>Rates</b>			
Single: \$48.27   Two Party: \$93.35   Family: \$153.22			

## About Delta Dental...

Delta Dental gives you the freedom to visit the dentist of your choice and to select any dentist on a treatment by treatment basis. It is important to remember your out-of-pocket costs may vary depending on your choice.

Delta Dental also gives you access to two networks of participating dentists, Delta Dental PPO and Delta Dental Premier. If your dentist participates in both networks you will receive the best level of coverage available which is typically found in the PPO network. You can verify which network(s) your dentist participates in by visiting Delta Dental's website at [www.deltadentalmo.com](http://www.deltadentalmo.com) and clicking on "Looking for a Dentist?" or by calling Delta's Customer Service Team at (800) 335-8266.

## Delta Dental PPO Network

A subset of the Delta Dental Premier Network, over 138,000 dental offices participate in the Delta Dental PPO program. Delta Dental will provide the highest level of benefits (see benefit highlights) for covered services when care is received from a Delta Dental PPO dentist. Delta PPO dentists:

- Agree to accept contractual reimbursement — which means fewer dollars accumulate towards your annual benefit maximum, your out-of-pocket expenses are typically less and you are protected from balance billing for charges that exceed Delta's contracted PPO reimbursement.
- Submit dental claims for members and abide by Delta's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

**Your out-of-pocket expenses are typically lowest when you see a Delta Dental PPO dentist.**

## Delta Dental Premier Network

Comprised of over 220,000 participating dental offices, Delta Dental Premier offers you greater access to dentists while still offering the advantages of a network. Delta Premier dentists:

- Agree to accept contractual reimbursement — which means no balance billing for charges that exceed Delta's contracted amount.
- Submit dental claims for members and abide by Delta's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

## Non-Network Dentist

If you receive services from a non-network dentist (does not participate in either Delta Dental network):

- You may be responsible for filing your own claim forms.
- Delta Dental's benefit payment will be made directly to you.
- Benefit payments will be based on Delta's maximum plan allowance.
- You may be balance billed if there is a difference between the dentist's charge and Delta's maximum plan allowance.

**Your out-of-pocket expenses may be more when you use a non-network dentist.**

## Locating a Participating Dentist...

To determine if your dentist participates with Delta Dental or to select a participating dentist in your area:

- Ask your dentist if he or she participates in the Delta Dental PPO or Delta Dental Premier program;
- Search on-line at [www.deltadental.com](http://www.deltadental.com); or
- Call Delta Dental Customer Service at (800) 335-8266.