DELTA DENTAL®

MOCPA
Missouri Society of
Certified Public Accountants

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
Diagnostic and Preventive Services • Oral exams (all types), twice per benefit year • Bitewing x-rays, one set per benefit period • Cleanings (all types), twice per benefit year • Fluoride, once per benefit year for dependents under age 16 • Emergency palliative treatment • Space maintainers, once in 5 years, to age 16	100%	100%	100%
Basic Services • Restorative services using synthetic porcelain and plastic material (white) on front teeth and amalgam (silver) on molar teeth • Full mouth x-rays • Simple extractions • Sealants for children	80%	80%	80%
Major Services • Periodontics: surgical and non-surgical • Endodontics: root canal filling and pulpal therapy • Prosthetics: bridges and dentures; a replacement will be covered only once in 7 years, but not during the first 12 months of coverage. • Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 7 years • General anesthesia • Oral surgery	50%	50%	50%
Orthodontic Services	N/A	N/A	N/A
Calendar Year Deductible (applies to Basic and Major Services only)	PPO: $25 per person / $75 family limit Premier & Non Network: $50 per person / $150 family limit		
Calendar Year Benefit Maximum	$1,000 per person		
Lifetime Orthodontic Maximum	N/A		
Dependent Age Limit: 26			

Rates

Single: $51.95 | Two Party: $100.47 | Family: $164.89

This is intended to be a summary only. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions. If there is a discrepancy the Summary Plan Description (SPD) will govern.