

Delta Dental PPO – <i>DentaFlex</i>		Delta Dental PPO	Delta Dental Premier	Non-Participating Providers
Calendar Year Deductible	<ul style="list-style-type: none"> Applied to Basic and Major services 	\$50 individual 3X family	\$50 individual 3X family	\$50 individual 3X family
Annual Maximum	<ul style="list-style-type: none"> Applied to Preventive, Basic and Major services 	\$1,500	\$1,500	\$1,500
Preventive Services	<ul style="list-style-type: none"> Bitewing X-rays Full mouth x-rays Sealants for dependent children Oral examinations Prophylaxis (cleanings) Topical fluoride treatments Emergency palliative treatment Space Maintainers 	100%	100%	100%
Basic Services	<ul style="list-style-type: none"> Endodontics Non-Surgical Periodontics Oral Surgery (excluding extractions) Surgical Extractions Surgical Periodontics Fillings Simple Extractions 	80%	80%	80%
Major Services	<ul style="list-style-type: none"> Prosthodontics (bridges & dentures) Crowns, Inlays, Onlays General anesthesia 	50%	50%	50%
Orthodontia	<ul style="list-style-type: none"> Not covered 	N/A	N/A	N/A

About Delta Dental networks

Delta Dental PPO Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Delta Dental Premier Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Non-Network Providers: are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.

Delta Dental PPO Providers typically offer the greatest discounts.

Our monthly rates in this proposal assume the following:

- Employer contributes a minimum of **100%** of the employee costs.
- 51 eligible employees. **100%** of all eligible employees must enroll, or 10 employees whichever is greater. Employees with coverage through a spouse's dental program are not required to enroll.
- Final rates are based on final enrollment and are guaranteed for a one year contract from the effective date of the proposal, if accepted within 30 days of the effective date. If enrollment deviates by more than 10%, Delta Dental reserves the right to re-rate the group.
- Dependent age is **26**.
- Delta Dental must be the only program offered.
- Rates are developed from a pooled product; therefore, individual group experience will not be released.

This is not a contract; it is a partial listing of benefits and services, coverage limitations and exclusions. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of the Delta Dental Membership Certificate and Summary Plan Description. The group executes Delta Dental's standard group contracts. Until such contracts are executed and the initial dues paid, Delta Dental has no obligation to provide or administer any dental benefits for the group.

DentaFlex Coverage limitations

- Oral examinations (evaluations), twice in any benefit period (includes all types).
 - Bitewing x-rays, one set per benefit period. Full-mouth x-rays, once in any 36 month period. A panoramic film with or without other films is considered equivalent to a full mouth series for coverage purposes.
 - Dental prophylaxis (cleaning, scaling, and polishing including periodontal maintenance visits), twice in any benefit period.
 - Topical fluoride application for dependent children under age 16, once in any benefit period.
 - Space maintainers that replace prematurely lost teeth of eligible dependent children under age 16, once in 5 years.
 - Sealants for dependent children under age 16, limited to caries-free occlusal surfaces of the first and second permanent molars, once in 5 years.
 - If alternate treatments are available, Delta Dental shall only pay for the least costly professionally satisfactory treatment.
 - If an existing bridge or denture cannot be made satisfactory, a replacement will be covered only once in seven years, but not during the first year of Coverage C (Major) benefits.
 - Dental benefits for an initial or replacement crown, jacket, labial veneer, inlay or onlay on or for a particular tooth will on be provided once in seven years, unless damage to that tooth was caused by accidental injury not related to the normal function of the tooth or teeth.
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Exclusions

- Services or supplies not specifically stated as covered dental services, including but not limited to: hospital or prescription drug charges, instructions in dental hygiene, dietary planning or plaque control, complete occlusal adjustments, crowns for occlusal correction, athletic mouthguards, nightguards, bruxism appliances, bite therapy appliances, missed appointments or claim form completion, analgesia, including Nitrous Oxide, duplication of radiographs or temporary appliances, and services or supplies related to temporomandibular joint (TMJ) dysfunction).
 - Services that require multiple visits, which commenced prior to the membership effective date (including prosthetics and orthodontic care).
 - Services or supplies for which the enrollee, absent this coverage, would normally incur no charge, such as care rendered by a dentist to a member of his immediate family or the immediate family of his spouse.
 - Services or supplies for which coverage is available under workers' compensation or employers' liability laws.
 - Services or supplies performed for cosmetic purposes or to correct congenital malformations, except newborns with congenital dental defects.
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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 online at www.deltadentalmo.com.
- Call Delta Dental's Customer Service at **1-800-392-1167**.