

Oak Grove R-VI School District

Delta Dental PPO Plan Features	Delta Dental PPO Network	Delta Dental Premier Network	Non Network
	Based on a reduced fee schedule – 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 <ul style="list-style-type: none"> ➤ Oral exams (all types), twice per benefit year ➤ Bitewing x-rays, one set per benefit period ➤ Periapical x-rays as required ➤ Full-mouth x-rays once in any 36 consecutive months ➤ 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 ➤ Sealants for dependent children under age 16, once per tooth every 5 years, limited to non-decayed 1st and 2nd permanent molars 	100%	100%	100%
Basic Services <ul style="list-style-type: none"> ➤ Restorative services using synthetic porcelain and plastic material (white) on front teeth and amalgam (silver) on molar teeth ➤ Simple and surgical extractions ➤ Endodontics: root canal filling and pulpal therapy ➤ Periodontics: surgical and non-surgical ➤ Oral surgery 	80%	80%	80%
Major Services <ul style="list-style-type: none"> ➤ Prosthetics: bridges and dentures; a replacement will be covered only once in 7 years, but not during the first 12 months of coverage¹ ➤ Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 7 years 	50%	50%	50%
Orthodontic Services <ul style="list-style-type: none"> ➤ For adults and children that begin treatment while covered by this plan ² 	50%	50%	50%
Calendar Year Deductible (applies to Basic and Major Services only)	\$50 per person / \$150 family limit		\$75 per person / \$225 family limit
Calendar Year Benefit Maximum	\$1,000 per person		
Lifetime Orthodontic Maximum	\$1,000 per person		
Dependent Age Limit: end of the year in which your dependents turn 26			

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.

¹ The 12 month waiting period applies to replacement bridges and dentures only. This waiting period is waived for all members who enroll on the Employer’s original group effective date with Delta Dental of Missouri.

² Orthodontic treatments covered by the prior carrier and in progress on the original effective date of the employer’s group contract with Delta Dental of Missouri will be covered. Benefits provided by the prior carrier will be subtracted from the lifetime maximum available from Delta Dental. Delta Dental will provide benefits until the lifetime maximum is reached or the treatment ends; whichever occurs first.

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 discounts available which are 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 and clicking on "Looking for a Dentist?" or by calling Delta's Customer Service Team at 1-800-335-8266.

Delta Dental PPO Network

A subset of the Delta's larger Premier network, this select panel of dentist include more than 165,000 dental offices that have arranged to further reduce their fees and offer the deepest discounts to Delta Dental members.

- **Accept payment based on a reduced fee schedule** – 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.
- 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 247,000 participating dental offices, Delta Dental Premier offers you greater access to dentists while still offering the advantages of a network. These dentists have contractual agreements with Delta Dental which require them to:

- **Accept payment based on Delta's maximum plan allowance** – which means no balance billing.
- 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' 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, or
- Search on-line at www.deltadentalmo.com, or
- Call Delta Dental Customer Service at **1-800-335-8266**