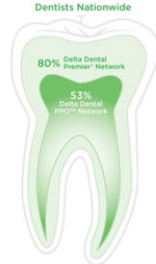
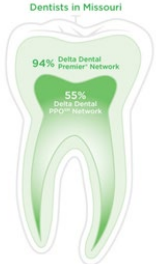

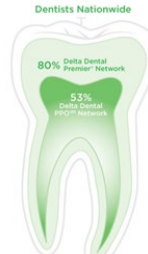
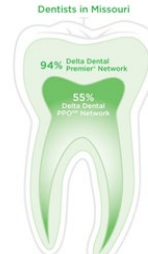
 <b>Base Plan - 2023</b>	Delta Dental PPO <sup>SM</sup> Network	Delta Dental Premier <sup>®</sup> Network	Out-of-Network
	Based on applicable PPO Maximum Plan Allowance - No balance billing	Based on applicable Premier Maximum Plan Allowance - No balance billing	Based on applicable Maximum Plan Allowance for Non-Participating Dentists - Balance billing is possible
<b>Preventive Services</b> <ul style="list-style-type: none"> <li>Oral Exams (all types), twice per calendar year</li> <li>Bitewing and Periapical x-rays, as required</li> <li>Full mouth x-rays, once in 36 consecutive months</li> <li>Prophylaxis (cleaning, scaling and polishing, including periodontal maintenance visits), twice per calendar year. Two additional cleanings allowed for those that qualify due to specific medical conditions (see Healthy Smiles Healthy Lives flier for more information).</li> <li>Topical fluoride treatments for dependent children under age 19, once per calendar year.</li> <li>Emergency palliative treatment</li> <li>Space maintainers for dependent children under age 16, once in 5 years</li> <li>Brush Biopsy to detect oral cancer</li> </ul>	100%	100%	100%
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Sealants for dependents to age 19, once in 5 years</li> <li>Fillings</li> <li>Simple and surgical extractions</li> <li>Endodontics - root canal filling and pulpal therapy</li> <li>Periodontics – treatment for gum disease and bone supporting the teeth</li> <li>General Anesthesia</li> <li>Denture repairs and relines</li> </ul>	80%	80%	80%
<b>Major Services</b> <ul style="list-style-type: none"> <li>Oral Surgery</li> <li>Prosthetics - bridges and dentures; once in 5 years</li> <li>Crowns, jackets, labial veneers, inlays and onlays, once in 5 years</li> <li>Implants as well as bone grafts, once in 5 years</li> </ul>	50%	50%	50%
<b>Calendar Year Deductible</b> (Applied to Basic and Major services)	\$50 per person	\$50 per person	\$50 per person
<b>Annual Maximum</b>	\$1,250	\$1,250	\$1,000
<b>Dependent Age Limit:</b> 26; End of the month	<div> <div> Dentists Nationwide  </div> <div> Dentists in Missouri  </div> </div>		

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

 <b>Enhanced Plan - 2023</b>	Delta Dental PPO <sup>SM</sup> Network	Delta Dental Premier <sup>®</sup> Network	Out-of-Network
	Based on applicable PPO Maximum Plan Allowance - No balance billing	Based on applicable Premier Maximum Plan Allowance - No balance billing	Based on applicable Maximum Plan Allowance for Non-Participating Dentists - Balance billing is possible
<b>Preventive Services</b> <ul style="list-style-type: none"> <li>Oral Exams (all types), twice per calendar year</li> <li>Bitewing and Periapical x-rays, as required</li> <li>Full mouth x-rays, once in 36 consecutive months</li> <li>Prophylaxis (cleaning, scaling and polishing, including periodontal maintenance visits), twice per calendar year. Two additional cleanings allowed for those that qualify due to specific medical conditions (see Healthy Smiles Healthy Lives flier for more information).</li> <li>Topical fluoride treatments for dependent children under age 19, once per calendar year.</li> <li>Emergency palliative treatment</li> <li>Space maintainers for dependent children under age 16, once in 5 years</li> <li>Brush Biopsy to detect oral cancer</li> </ul>	100%	100%	100%
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Sealants for dependents to age 19, once in 5 years</li> <li>Fillings</li> <li>Simple and surgical extractions</li> <li>Endodontics - root canal filling and pulpal therapy</li> <li>Periodontics – treatment for gum disease and bone supporting the teeth</li> <li>General Anesthesia</li> <li>Denture repairs and relines</li> </ul>	80%	80%	80%
<b>Major Services</b> <ul style="list-style-type: none"> <li>Oral Surgery</li> <li>Prosthetics - bridges and dentures; once in 5 years</li> <li>Crowns, jackets, labial veneers, inlays and onlays, once in 5 years</li> <li>Implants as well as bone grafts, once in 5 years</li> </ul>	50%	50%	50%
<b>Orthodontia</b> <ul style="list-style-type: none"> <li>Applies to dependent children under age 19</li> </ul>	50% to a \$2,000 lifetime maximum	50% to a \$2,000 lifetime maximum	50% to a \$1,500 lifetime maximum
<b>Calendar Year Deductible</b> <b>(Applied to Basic and Major services)</b>	\$50 per person	\$50 per person	\$50 per person
<b>Annual Maximum</b>	\$2,000	\$2,000	\$1,500
<b>Dependent Age Limit:</b> 26; End of the month	<div> <div> Dentists Nationwide  </div> <div> Dentists in Missouri  </div> </div>		

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

# Delta Dental PPO™ plan network options

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. You have three options and the information below describes what you can expect depending on whether you receive services from a Delta Dental PPO™ dentist, a Delta Dental Premier® dentist or an out-of-network dentist.

## Delta Dental PPO network

Comprised of a select panel of dentists, more than 300,000 dental offices participate in the Delta Dental PPO program. Delta Dental will provide the highest level of benefits for covered services when care is received from a Delta Dental PPO dentist. These dentists agree to:

- Accept payment based on a reduced fee schedule – reducing your out-of-pocket expenses – with **no balance billing** for charges that exceed the fee schedule.
- Submit dental claims for members and abide by Delta Dental'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 will be lowest when you see a Delta Dental PPO dentist.**

## Delta Dental Premier® network

Comprised of more than 363,000 participating dental offices, Delta Dental Premier offers you greater access to dentists while still offering the advantages of a network. These dentists have participating agreements with Delta Dental which require them to:

- Accept payment based on applicable Delta Dental contractual agreement – which means **no balance billing** for charges that exceed the contracted amount.
- Submit dental claims for members and abide by Delta Dental'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.

**If your dentist is not a Delta Dental PPO dentist but is a Delta Dental Premier dentist, your benefit will be based on the Premier benefit level; however, you will receive the cost control and claims filing advantages noted above.**

## Out-of-network

If you receive services from an out-of-network dentist (does not participate in either Delta Dental network) benefits for covered services are based on the Delta Dental maximum plan allowance and:

- You may be responsible for filing your own claim forms.
- Delta Dental's benefit payment will be made directly to you.
- You will be responsible for the difference between the dentist's charge and the maximum plan allowance.

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

## Locating a participating dentist

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

- Search on-line at [DeltaDentalMO.com](http://DeltaDentalMO.com)
- Call Delta Dental Customer Service at 1-800-335-8266 or,
- Scan the image to search for a Delta Dental PPO or Delta Dental Premier participating dentist.

