

Dental Benefits Summary

Enhanced Plan - 2024	Delta Dental PPO sM Network	Delta Dental Premier [®] Network	Out-of-Network
BENEFITS	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
 Preventive Services Oral Exams (all types), twice per calendar year Bitewing and Periapical x-rays, as required Full mouth x-rays, once in 36 consecutive months 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). Topical fluoride treatments for dependent children under age 19, once per calendar year. Emergency palliative treatment Space maintainers for dependent children under age 16, once in 5 years Brush Biopsy to detect oral cancer 	100%	100%	100%
 Basic Services Sealants for dependents to age 19, once in 5 years Fillings Simple and surgical extractions Endodontics - root canal filling and pulpal therapy Periodontics - treatment for gum disease and bone supporting the teeth General Anesthesia Denture repairs and relines 	80%	80%	80%
 Major Services Oral Surgery Prosthetics - bridges and dentures; once in 5 years Crowns, jackets, labial veneers, inlays and onlays, once in 5 years Implants as well as bone grafts, once in 5 years 	50%	50%	50%
Orthodontia Applies to all ages 	50% to a \$2,000 lifetime maximum	50% to a \$2,000 lifetime maximum	50% to a \$1,500 lifetime maximum
Calendar Year Deductible (Applied to Basic and Major services)	\$50 per person	\$50 per person	\$50 per person
(Applied to Basic and Major services) Annual Maximum	\$2,000	\$2,000	\$1,500
Dependent Age Limit: 26; End of the month	All dentists in Missouri 94 * of Dentists participate in the Delta Dental Premier network. 70 * of dentists have agreed to participate in the Delta Dental Premier network and the Delta Dental PPO network.		

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

Register your account and manage your dental benefits online... anytime, anywhere



We've made it easy!



Register your account

Visit DeltaDentalMO.com/Members/Register to register. Registering will automatically enroll you in electronic delivery of your EOBs and other important notices, which can be changed at any time through your profile. Once registered, log in to your account online or with the Delta Dental mobile app.



2 Use your member account tools

Once you've registered for an online member account, you have access to important, real-time plan information including:

- J Benefit information Review and print your dental plan's coverage levels, deductibles, maximums, age limits and limitations
- Eligibility Find current eligibility for you and your dependents
- ✓ Claim information Review specific claims, reimbursements, payments and estimates

- ✓ ID cards Order or print an ID card
- ✓ EOB View your Explanation of Benefits
- FAQ Get answers to frequently asked questions
- ✓ Cost estimator A handy tool for estimated costs for common dental care needs
- ✓ Find a dentist Search and compare dental offices to find one that suits your needs

Now you're set!

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*The Dental Care Cost Estimator provides an estimate and does not guarantee the exact fees for dental procedures, what dental benefits your plan will cover, or your out-of-pocket costs. Estimates should not be construed as financial or medical advice. For more detailed information on your dental care costs, please consult your dentist or your Delta Dental.