

 Enhanced Plan	Delta Dental PPO SM Network	Delta Dental Premier [®] 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
Preventive Services <ul style="list-style-type: none"> • 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 application for all participants, once in any benefit period. • 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 <ul style="list-style-type: none"> • Sealants for all participants, once in 5 years (limitations apply) • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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
Annual Maximum	\$2,000	\$2,000	\$1,500
Dependent Age Limit: 26; End of the month			

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.



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



We've made it easy!

1 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:

- ✓ **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

3 Now you're set!

*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.