DELTA DENTAL

Raymore-Peculiar School District

Delta Dental PPO Plan Features	Delta Dental PPO Network	Delta Dental Premier Network	Non-Network Dentist
	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 ➢ Oral exams (all types), twice per benefit period ➢ Bitewing and Periapical x-rays as needed ➢ Full-mouth x-rays once every 3 years ➢ Cleanings (all types including periodontal maintenance), twice per benefit period ➢ Fluoride, once per year for dependents under age 19 ➢ Emergency palliative treatment ➢ Space maintainers, once in 5 years , to age 16	100%	100%	100%
Basic Services ➢ Sealants for dependent children under 19, once per tooth every 5 years, limited to non-decayed 1st and 2nd permanent molars ➢ Restorative services using synthetic porcelain and plastic material (white) on front teeth and amalgam (silver) on molar teeth ➢ Periodontics: treatment for diseases of gums and bone supporting the teeth ➢ Endodontics: root canal filling and pulpal therapy ➢ Simple and surgical extractions	80%	50%	50%
Major Services ➢ Oral surgery, except for extractions covered under Basic ➢ Prosthetics: bridges and dentures, replacements are covered once in 5 years but not during the first year of coverage** ➢ Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 5 years **members must satisfy 12 consecutive months of enrollment before a replacement bridge or denture will be covered.	50%	50%	50%
Orthodontic Services ➢ For eligible dependents to age 19 who begin treatment while covered by this plan	50%	50%	50%
Annual Deductible[1] (applies to Basic and Major Services only)	$25 per person		
Annual Benefit Maximum[1]	$1,000 per person	$750 per person	
Separate Lifetime Orthodontic Maximum	$1,000 per eligible dependent		
Dependent Age Limit: End of the calendar year in which the dependent turns 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.

[1] **A new benefit period begins each year on July 1st.**

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 level of coverage available which is 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 Dental Premier Network, over 138,000 dental offices participate in the Delta Dental PPO program. Delta Dental will provide the highest level of benefits (see benefit highlights) 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** – 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 220,000 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**