



Delta Dental Individual and Family

Dental benefits for individuals and families in Missouri

Standard Plus Pediatric PPO - MAC Plan

Benefit Summary

	Standard Plus Pediatric Plan
Details	Under Age 19
Deductible	No Deductible
Coverage Levels	
For a Delta Dental PPOSM Network Dentist <ul style="list-style-type: none"> • Preventive • Basic • Major • Medically Necessary Orthodontics 	100% 80% 50% 50%
For a Delta Dental Premier[®] Network Dentist* <ul style="list-style-type: none"> • Preventive • Basic • Major • Medically Necessary Orthodontics 	90% 70% 40% 50%
For an Out-of-Network Dentist** <ul style="list-style-type: none"> • Preventive • Basic • Major • Medically Necessary Orthodontics 	90% 70% 40% 50%
Annual Plan Maximum	Not Applicable
Out-of-Pocket Maximum	\$350 Per Person \$700 Per Family (Not Applicable for Out-of-Network Dentists)
Commitment Length	From effective date through the end of the calendar year. Each renewal thereafter has a 12-month commitment.
Waiting Period	24 Months (Medically Necessary Orthodontics)
Exchange Certified?	Yes

*A dentist participating in the Delta Dental Premier[®] Network may collect the difference between the Delta Dental Premier[®] Network fee schedule and the Delta Dental PPOSM Network fee schedule, increasing your out-of-pocket costs.

**Out-of-network dentists are not contracted with Delta Dental and may bill you for the difference between Delta Dental's out-of-network payment and the dentist's billed charges.

Coverage Levels – Under Age 19

Preventive Dental Services

- Oral examinations (evaluations), twice in any benefit period.
- Periapical x-rays as required.
- Bitewing x-rays two sets per benefit period.
- Full-mouth x-rays once in any 5-year period.
- Dental prophylaxis (cleaning, scaling, and polishing), twice in any benefit period.
- Topical fluoride application, twice in any benefit period.
- Emergency palliative treatment as needed (minor procedures to temporarily reduce or eliminate pain).
- Space maintainers that replace prematurely lost teeth.
- Sealants, limited to caries-free occlusal surfaces of permanent molars, once in 36 months.

Basic Dental Services

- Non-surgical periodontics (including periodontal maintenance visits, subject to the prophylaxis frequency limitation under Coverage A). Coverage for scaling and root planing are limited to once per quadrant in any 2-year period.
- Oral surgery including simple and surgical extractions.
- Pulpotomy and pulpal therapy, once per lifetime per tooth.
- Restorative services using amalgam, synthetic porcelain, and plastic filling material.
- Prefabricated crowns, once in any 5-year period per tooth.
- Therapeutic drug injections in conjunction with covered surgical procedures.
- General anesthesia in conjunction with covered surgical procedures.
- Consultations

Major Dental Services

- Root canals, including apicoectomy and root amputation.
- Surgical periodontics (surgical treatment of gum diseases and bone supporting the teeth). Periodontal surgery is covered only once in a 3-year period for the same site.
- Crowns, labial veneers, and onlays when required for restorative purposes and when teeth cannot be restored with a filling material, once in 5 years per tooth.
- Prosthetics: bridges and dentures, once in 5 years.
- Denture repair, rebase and relining of removable dentures more than 6 months after the installation of an initial or replacement denture, but not more than one relining or rebasing in any 36-month period.
- Occlusal guard, 1 per year, age 13 through age 18.
- Implants when determined to be medically necessary in Delta Dental's sole discretion, once in any 5-year period per site.

Medically Necessary Orthodontic Services - available for pediatric participants after satisfying a 24-month waiting period.

- Coverage of orthodontic services only for severe malocclusions caused by craniofacial anomalies like cleft lip and palate and determined to be medically necessary in Delta Dental's sole discretion.

Questions You May Have

Q What are the advantages of seeing a Delta Dental PPOSM Network dentist versus a Delta Dental Premier[®] Network dentist or an out-of-network dentist?

A With this plan, you may visit any dentist anywhere in the country regardless of whether the dentist participates in a Delta Dental network. However, you usually will have the lowest out-of-pocket expense when you use a Delta Dental PPOSM Network dentist. A dentist in the Delta Dental PPOSM Network accepts the PPO fee schedule as payment-in-full for covered charges. You are only responsible for deductibles, coinsurance amounts and non-covered charges.

A dentist participating in the Delta Dental Premier[®] Network may collect the difference between the Delta Dental Premier[®] Network fee schedule and the Delta Dental PPOSM Network fee schedule, increasing your out-of-pocket costs. Out-of-network dentists are not contracted with Delta Dental and may bill you for the difference between Delta Dental's out-of-network payment and the dentist's billed charges.

Q How can I find a Delta Dental PPOSM Network dentist or find out if my dentist participates in the Delta Dental PPOSM Network?

A Delta Dental has the largest PPO network in Missouri. To find a Delta Dental PPOSM Network dentist near you, visit Individual.DeltaDentalMO.com and click on "Find a Dentist." Be sure to check the PPO box to find a Delta Dental PPOSM Network dentist.

Q What payment options are available for this plan?

A You may pay annually by check, money order, credit/debit card or automatic debit withdrawal from your checking or savings account. You may also pay monthly with a credit/debit card or automatic debit withdrawal from your bank account.

Q Can someone other than the policyholder make the premium payments?

A Delta Dental will accept an annual payment from the policyholder or another individual, such as a friend or family member. Monthly automatic debit withdrawals and credit card payments will only be accepted from the account of the policyholder. Payments from a corporate account cannot be accepted.

Q When will coverage on this plan begin?

A All complete applications received on or before December 15, 2015, will be effective on January 1, 2016. From December 16, 2015, and forward, all complete applications received on or before the 15th day of the month will be effective the first of the following month, provided the application for coverage is accepted. For example, a completed application received prior to or on April 15 will be effective on May 1, provided the application is accepted (e.g., you satisfy the eligibility requirements, the application is properly completed and the premium is received). An application received April 16-30 will have an effective date of June 1, provided the application is accepted.

Q What "pre-existing condition" impacts my eligibility for prosthodontic coverage?

A Any charges for services related to teeth missing prior to your membership effective date will not be covered under this plan.

Q What is the age limit for this plan?

A This plan covers individuals until the end of the month in which they turn 19.

Q Will this plan provide coverage immediately for all services?

A There are no waiting periods for preventive, basic or major services; however, this plan has a 24-month waiting period for medically necessary orthodontia.

Q When can I add or remove a dependent?

A You can add or remove a dependent annually during open enrollment or within 31 days of a qualifying event, such as a marriage or adoption. Effective dates for membership changes follow the schedule stated for initial effective dates. To add or remove a spouse or dependent, you may log in to your account on Individual.DeltaDentalMO.com to update your information or complete Section III of the Enrollment/Change Application and submit for processing.

Q What coverage is available once an individual reaches this plan's age limit of 19?

A The month after the covered participant turns 19, he or she will be eligible for adult coverage with Delta Dental of Missouri.

Q Can I terminate my coverage before my commitment period has ended?

A This program has a commitment period, and you cannot voluntarily withdraw from the plan until the commitment period has expired. You will be financially responsible for premiums for the full commitment period, unless you move out of state. If you move out of Missouri, you will no longer be eligible for benefits and you must terminate your plan. Terminations will be effective at the end of the month in which you provide notification to Delta Dental.

Q Where can I find the status of a submitted claim?

A To view claim information, you may log in to your account at Individual.DeltaDentalMO.com. You may also contact our customer care team at 866-991-7345 or ExchangeServices@DeltaDentalMO.com.

Q What if I lose my ID card?

A You may visit Individual.DeltaDentalMO.com and log in to your account to print an ID card or request that a new one be mailed to you. You may also contact our customer care team at 866-991-7345 or ExchangeServices@DeltaDentalMO.com.

Q Where can I learn more about good oral health?

A Visit DeltaDentalMO.com for oral and overall health tips and information.