DELTA DENTAL

Dental benefits summary

NORTHWEST MISSOURI STATE UNIVERSITY Benefit Summary[1]	Delta Dental PPO™ Network Based on applicable PPO Maximum Plan Allowance - No balance billing	Delta Dental Premier® Network Based on applicable Premier Maximum Plan Allowance - No balance billing	Out-of-Network Based on applicable Maximum Plan Allowance for Out-of- Network dentist - Balance billing is possible
Preventive services • Oral exams, twice per calendar year • Prophylaxis (cleanings) twice per calendar year • Periapical x-rays, as required • Bitewing x-rays, two sets per benefit period • Full mouth x-rays, once in any 36-month period • Space maintainers, as required • Topical fluoride treatments for dependent children under age 19, once per calendar year	**100%**	**100%**	**100%**
Basic services • Emergency palliative treatment • Periodontal maintenance, twice per calendar year (subject to the prophylaxis frequency limitation) • Sealants for dependent children to age 17, once in any 36 months per tooth • Fillings, composite (white) on anterior teeth and amalgam (silver) on posterior teeth • Simple and surgical extractions • Crown and bridge repairs & recement • Denture repairs & adjustments • General Anesthesia, in conjunction with a covered surgical procedure • Stainless steel crowns, once in 5 years per tooth	**80%**	**80%**[2]	**70%**
Major services • Non-surgical and surgical periodontics • Endodontics • Bridges, once in 5 years • Crowns, Inlays, Onlays, once in 5 years • Dentures, once in 5 years *Implants are not a covered benefit; however, an alternate benefit allowance will be provided based on the cost of a removable partial*	**50%**	**50%**	**50%**
Orthodontia Orthodontia for all eligible participants	**50%**	**50%**	**50%**
Calendar year deductible (Applied to Basic and Major services)	**$50 per person**		
Annual maximum (Applied to Preventive, Basic and Major services)	**$1,000 per person**		
Orthodontia lifetime maximum	**$1,000 per person**		

Dependent age limit: 26

[1] 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. If a discrepancy occurs, the SPD will govern.

[2] **Effective January 1, 2025 Basic Services received by a Delta Dental Premier® provider will be covered at 80%.** *Previously covered at 70%.*