

City of Kirkwood

Group #: 5171-3107 - Base Plan

Delta Dental PPO – Dentacare M Plan Features	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non- Participating Dentist	
	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 dentist Balance billing is possible	
Diagnostic and Preventive Services > Oral exams (all types), twice per calendar year > Bitewing and Periapical x-rays as needed > Full-mouth x-rays once in any benefit period > Cleanings, twice per calendar year > Fluoride, once per calendar year for dependents under age 19	100%	80%	80%	
Basic Services > Space maintainers, once in 5 years, to age 16 > Restorative services using synthetic porcelain and plastic material (white) on front teeth and amalgam (silver) on molar teeth > Non-surgical periodontics: treatment of gums > Endodontics: root canal filling and pulpal therapy > Sealants for dependent children under 19, limited to caries-free occlusal surfaces of the first and second permanent molars, once in 5 yr > Extractions and other oral surgery > Crowns, jackets, labial veneers when required for restorative purposes, once in 5 years	80%	60%	60%	
Major Services Prosthetics: bridges and dentures; a replacement will be covered once in 5 years, but not during the first 12 months of coverage Inlays and onlays: required due to gross decay or fracture and when teeth cannot be restored with a filling material under Coverage B, once in 5 years Surgical periodontics (surgical treatment of gum diseases and bone supporting the teeth, including periodontal splinting)	50%	50%	50%	
Orthodontic Services For dependent children to age 19 that begins treatment while covered by this plan	50%	50%	50%	
Calendar Year Deductible (applies to Basic, Major and Ortho Services)	\$50 per person \$150 family limit			
Calendar Year Benefit Maximum	\$1,000 per person			
Orthodontic Lifetime Maximum	\$1,000 per eligible dependent			
Dependent Age Limit: 26, end of calendar year				

This is intended to be a summary only. If there is a discrepancy 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.



City of Kirkwood Group #: 5171-3007 – Buy Up Plan

Delta Dental PPO – Dentacare M Plan Features	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non- Participating Dentist	
	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 dentist Balance billing is possible	
Diagnostic and Preventive Services Oral exams (all types), twice per calendar year Bitewing and Periapical x-rays as needed Full-mouth x-rays once in any benefit period Cleanings, twice per calendar year Fluoride, once per calendar year for dependents under age 19	100%	100%	100%	
Basic Services > Space maintainers, once in 5 years, to age 16 > Restorative services using synthetic porcelain and plastic material (white) on front teeth and amalgam (silver) on molar teeth > Non-surgical periodontics: treatment of gums > Endodontics: root canal filling and pulpal therapy > Sealants for dependent children under 19, limited to caries-free occlusal surfaces of the first and second permanent molars, once in 5 yr > Extractions and other oral surgery > Crowns, jackets, labial veneers when required for restorative purposes, once in 5 years	80%	80%	80%	
Major Services > Prosthetics: bridges and dentures; a replacement will be covered once in 5 years, but not during the first 12 months of coverage > Inlays and onlays: required due to gross decay or fracture and when teeth cannot be restored with a filling material under Coverage B, once in 5 years > Surgical periodontics (surgical treatment of gum diseases and bone supporting the teeth, including periodontal splinting)	60%	60%	60%	
Orthodontic Services > For dependent children to age 19 that begins treatment while covered by this plan	50%	50%	50%	
Calendar Year Deductible (applies to Basic, Major and Ortho Services)	\$25 per person \$75 family limit			
Calendar Year Benefit Maximum	\$1,500 per person			
Orthodontic Lifetime Maximum	\$1,500 per eligible dependent			
Dependent Age Limit: 26, end of calendar year				

This is intended to be a summary only. If there is a discrepancy 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.

About Delta Dental...

Delta Dental is a not-for-profit corporation and the largest and most experienced provider of dental benefits in the nation. Delta Dental covers one out of every four Americans who have dental insurance.

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. You have three options and the information below describes what you can expect depending on whether you receive services from a Delta Dental PPO dentist, a Delta Dental Premier dentist or a non-participating dentist.

In PPO Network

1. Delta Dental PPO Network

Comprised of a select panel of dentists, over 287,389 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 the applicable PPO Maximum Plan Allowance reducing your out-of-pocket expenses.
- 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 will be lowest when you see a Delta Dental PPO dentist.

In Premier Network

2. Delta Dental Premier Network

Comprised of over 363,417 participating dental offices, Delta Dental Premier offers you greater access to dentists while still offering the advantages of a network. These dentists have participating agreements with Delta Dental which require them to:

- Accept payment based on the applicable Premier Maximum Plan Allowance which means no balance billing on any charges that exceed Delta's contracted amount.
- 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.

If your dentist is not a Delta Dental PPO dentist but is a Delta Dental Premier dentist, your benefit will be based on the Premier benefit level; however, you will receive the cost control and claims filing advantages noted above.

3. Non-participating Dentist

If you receive services from a non-participating dentist (does not participate in either Delta Dental network) benefits for covered services are based on the out of network benefit level for non-participating dentists.

- You will 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 applicable maximum plan allowance for non-participating dentists.
- You will be responsible for the difference between the dentist's charge and Delta' maximum plan allowance.

Your out-of-pocket expenses may be more when you use a non-participating 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
- Search on-line at <u>www.deltadentalmo.com</u>, or
- Call Delta Dental Customer Service at 1-800-335-8266

24/7 Online Access to Benefits and Service

Register Today

Visit DeltaDentalMO.com/Members/Register to receive electronic delivery of your benefit information. Once registered, log in to your account online or with the Delta Dental mobile app.



You have access to important plan information

- Review and print your dental plan's coverage levels, deductibles, maximums, age limits and limitations
- Verify your eligibility
- · Request or download a claim form

- Order or print an ID card
- View your Explanation of Benefits (EOB)
- Get answers to frequently asked questions



Log In to View **Your Benefits**

Visit www.DeltaDentalMO.com. and click on one of the Member or **Sign In** links. To register, follow the steps under **Member Sign In**.



Find a Delta Dental **Participating Dentist**

Visit www.DeltaDentalMO.com. and click on Find a Provider then on Find a Dentist.



Call or Email **Customer Service**

We are here to help every Monday through Friday from 7 am to 5 pm CT.

& 800-335-8266

■ Service@DeltaDentalMO.com

Download Delta Dental Mobile App

Your dental health is important to Delta Dental - and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are!

- Mobile ID card no more looking for ID cards!
- Claims and coverage information on the go, putting benefits information right at your fingertips.
- A dentist search tool that helps you quickly select an in-network provider nearby, and even book an appointment with participating dentists!
- Our toothbrush timer motivates you to brush for the recommended two
- Dental Care Cost Estimator get estimated cost ranges for common dental care needs with ranges of fees charged by dentists in your area.*



Delta Dental of Missouri



