

EXCELSIOR SPRINGS SCHOOL DISTRICT

Group # 1593-1000

Delta Dental PPO SM Benefit Plan Highlights ¹	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non- Participating Dentist
	Based on applicable PPO SM 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 -- Dentist Balance Bills
Diagnostic and Preventive Services <ul style="list-style-type: none"> • Oral exams (all types), twice per calendar year • Bitewing and Periapical x-rays as needed • Full-mouth x-rays once in any 36 consecutive months • Cleanings (all types), twice per calendar year • Fluoride, once per calendar year for dependents under age 19 • Emergency palliative treatment • Space maintainers, once in 5 years , to age 16 • Sealants for dependent children under 19, once per tooth every 5 years, limited to non-decayed 1st and 2nd permanent molars 	80%	80%	80%
Basic Services <ul style="list-style-type: none"> • 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 • Other oral surgery • Stainless steel crowns • Denture and bridge repair • Laboratory tests and other diagnostic exams • Therapeutic injections 	80%	80%	80%
Major Services <ul style="list-style-type: none"> • Prosthetics: bridges and dentures; a replacement will be covered only once in 5 years, but not during the first 12 months of coverage • Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 5 years 	50%	50%	50%
Calendar Year Deductible (applies to Basic Services only)	\$25 per person / \$75 family limit		
Calendar Year Benefit Maximum	\$750 per person		
MaxAdvantage	Charges for exams, cleanings, x-rays and fluoride treatments do not apply towards the annual maximum.		
Dependent Age Limit: 26, end of calendar year			

¹ This is intended to be a summary only. Please refer to your Summary Plan Description (SPD) for a complete listing of services, including plan limitations and exclusions. If a discrepancy occurs, the SPD will govern.