

# Midwest Public Risk

<b>Summary of Dental Benefits<sup>1</sup></b> <b>7/1/2018 through 6/30/2019</b>  <b>(Administered by Delta Dental of Missouri)</b>	Delta Dental PPO Network	Delta Dental Premier Network	Non-Participating
	Based on the PPO maximum plan allowance – no balance billing	Based on the Premier maximum plan allowance – no balance billing	Based on Delta's non-participating maximum plan allowance; balance billing is possible
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>Oral exams (all types), twice per benefit period</li> <li>Bitewing and Periapical x-rays as needed</li> <li>Full-mouth x-rays once in any 36 consecutive months</li> <li>Fluoride, once per benefit period for dependents under age 19</li> <li>Emergency palliative treatment</li> <li>Space maintainers, once in 5 years, to age 16</li> <li>Sealants for adults and children, once per tooth every 5 years, limited to non-decayed 1<sup>st</sup> and 2<sup>nd</sup> permanent molars</li> <li>Brush biopsy to detect oral cancer</li> <li>Cleanings (all types including periodontal maintenance), twice** per benefit period</li> </ul> <p><i>**Patients that are pregnant, diabetic, have a suppressed immune system or have a history of periodontal therapy are eligible for up to two additional cleanings per benefit period. To be eligible for the additional benefits you must submit a completed Self-Report form which can be obtained at <a href="http://www.deltadentalmo.com">www.deltadentalmo.com</a> or by contacting Delta Dental's customer service at 1-800-335-8266.</i></p>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Composite fillings on all teeth</li> <li>Periodontics: treatment for diseases of gums and bone supporting the teeth</li> <li>Endodontics: root canal filling and pulpal therapy</li> <li>Simple and surgical extractions</li> </ul>	<b>85%</b>	<b>80%</b>	<b>80%</b>
<b>Major Services</b> <ul style="list-style-type: none"> <li>Oral surgery, except for extractions covered under Basic</li> <li>Prosthetics: bridges and dentures; a replacement will be covered only once in 5 years, but not during the first 12 months of coverage</li> <li>Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 5 years</li> </ul>	<b>55%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>Available to children and adults</li> </ul>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Deductible Per Benefit Period**</b> (does not apply to diagnostic and preventive services)	<b>\$50 per person / \$150 family limit</b>		
<b>Individual Benefit Maximum Per Benefit Period**</b>	<b>\$1,250 per person + MAXAdvantage</b>		
<b>MAXAdvantage – Benefits provided by Delta Dental for your exams, cleanings, x-rays and fluoride treatments do not apply to your individual benefit maximum</b>			
<b>Separate Lifetime Orthodontic Maximum</b>	<b>\$1,250 per person</b>		
<b>Dependent Age Limit: End of the month in which dependent turns 26</b>			

**\*\* A new benefit period begins each year on July 1<sup>st</sup> and concludes on June 30<sup>th</sup> the following year.**

<sup>1</sup> 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. Should discrepancies arise, the SPD will govern.