## PLAN B (HIGH OPTION)

<table>
<thead>
<tr>
<th>Delta Dental PPO High Option Group #7616-2000 &amp; 2001</th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Non-Participating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on PPO – reduced maximum plan allowance</td>
<td>Based on Premier-</td>
<td>Based on Delta Dental</td>
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<tr>
<td>No balance billing</td>
<td>maximum plan allowance</td>
<td>maximum plan allowance;</td>
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<td>Balance billing is possible</td>
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### Diagnostic and Preventive Services
- Oral exams (all types), twice per benefit period
- Bitewing x-rays, one set per benefit period
- Dental prophylaxis, twice in any benefit period
- Topical fluoride for patients under age 14, once in any benefit period
- Emergency palliative treatment
- Sealants for dependent children under 16, limited to caries free occlusal surfaces of the first and second permanent molars once per tooth every 5 years
- Space maintainers to replace prematurely lost teeth of eligible dependent children under age 16, once in 5 years

### Basic Services
- Periodal x-rays as required
- Full mouth x-rays, once in 36 consecutive months
- Simple extractions
- Fillings - restorative services using amalgam, synthetic porcelain and plastic material

### Major Services
- Endodontics: root canal filling and pulpal therapy
- Periodontics: treatment for diseases of gums and bone supporting the teeth
- Complex oral surgery, including surgical extractions
- Crowns, bridges and dentures, once in five years
- General anesthesia for covered surgical procedures

### Orthodontic Services for children to age 19
- 0% - 1st & 2nd year
- 50% - 3rd year+

### Annual Deductible
- Per person – Per subscriber year: **$50 – Waived for Coverage A services**

### Annual Maximum
- $1,000 – Per person – Per subscriber year

### Lifetime Orthodontic Maximum
- $0 - 1st year, $0 - 2nd year - $1,500 3rd year +

### Benefit Period
- Your dental benefits are provided based on a calendar year beginning January 1st and ending December 31st each year.

### Dependent Age Limit:
End of the month in which your dependent turns age 26.

Please notify your employer when you have dependent status changes, student status information, or dependents are no longer eligible for coverage. Delta Dental of MO will not update eligibility unless notified by your employer.

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**DELTA DENTAL CUSTOMER SERVICE:** (800)335-8266 / WEBSITE: [www.deltadentalmo.com](http://www.deltadentalmo.com)

*This is intended to be a summary only. If discrepancies arise, the Summary Plan Document will govern. Please refer to your SPD for a more complete listing of services including plan limitations and exclusions.*
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 97,000 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 a reduced fee schedule – reducing your out-of-pocket expenses – with no balance billing for charges that exceed the fee schedule.
- 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.*

2. **Delta Dental Premier Network**

Comprised of over 174,000 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 Delta’s contractual agreement – which means no balance billing for charges that exceed the 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 Delta Dental maximum plan allowance and:

- You will be responsible for filing your own claim forms.
- Delta Dental’s benefit payment will be made directly to you.
- You will be responsible for the difference between the dentist’s charge and the 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 [www.deltadental.com](http://www.deltadental.com), Call Delta Dental Customer Service at 1-800-335-8266

Or

Scan the image below to search for a PPO or Premier participating dentist: