DELTA DENTAL

# Dental Benefits Summary

| TRUMAN STATE UNIVERSITY PLAN A (7620-1000)<br><br>Benefit Summary[1] | Delta Dental PPO℠ Network | Delta Dental Premier® Network | Out-of-Network |
|---|---|---|---|
| | 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 Out-of-Network dentist - Balance billing is possible |
| **Preventive Services**<br>• Oral examinations, twice in any benefit period<br>• Prophylaxis (cleanings), twice in any benefit period<br>• Periodontal maintenance, twice in any benefit period (subject to the prophylaxis frequency limitations)<br>• Bitewing x-rays, one set per benefit period<br>• Sealants for dependent children under age 16, once in any 5 year period<br>• Space maintainers for dependent children under age 16, once in 5 years<br>• Topical fluoride treatments for dependent children under age 14, once in any benefit period<br>• Emergency palliative treatment | **100%** | **100%** | **100%** |
| **Basic Services**<br>• Periapical x-rays as required<br>• Full-mouth x-rays, once in any 36 month period<br>• Fillings: amalgam (silver) on posterior teeth and composite (white) on anterior teeth<br>• Simple extractions | **Not covered** | | |
| **Major Services**<br>• Periodontics: treatment for diseases of the gums and bones supporting the teeth. Periodontal surgery is covered only once in a 3 year period for the same site. Coverage for root planing and scaling are limited to once per 24 months<br>• Endodontics: root canal filing and pulpal therapy<br>• Surgical extractions<br>• Oral surgery<br>• General anesthesia in conjunction with a covered surgical procedure<br>• Crowns, bridges, dentures, inlays, onlays, once in 5 years | **Not covered** | | |
| **Orthodontic Services** | **Not covered** | | |
| **Subscriber Year Deductible** (Applied to Basic and Major services) | **N/A** | | |
| **Subscriber Year Maximum[2]** (Applied to Preventive, Basic and Major | **$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] Dental benefits are provided according to a subscriber year benefit period, which begins on the date of your DDMO membership is effective and continues for 12 consecutive months. A new benefit period renews on the first day of your anniversary month.