

Basic Plan Dental Schedule of Benefits

The Plan's contracted Network Sponsor to-date is Delta Dental of Missouri for covered dental services. Covered Persons have access to the Delta Dental PPO Network and the Delta Dental Premier Network. Covered Persons are free to choose to obtain covered services and supplies from Providers in the PPO or Premier Networks or from Non-Network Providers. The Plan allows for higher benefits for Providers in the PPO Network than for Providers in the Premier Network.

In-Network dental Providers are named and updated on the Delta Dental website at www.deltadentalmo.com/members/login.

Deductibles, Coinsurance and Maximum Benefit Limits

LIMITATION	PPO NETWORK	PREMIER NETWORK
Annual Deductible Preventive Services	Participant Pays \$0	Participant Pays \$50
Preventive Services	Participant Pays 0% Plan Pays 100%	Participant Pays Deductible and 25% Plan Pays 75%
Basic Services	Not covered	Not covered
Major Services	Not covered	Not covered
Orthodontic Services	Not covered	Not covered
Annual Maximum Benefit, excluding Orthodontia	Not covered	Not covered
Lifetime Maximum Benefit, Orthodontia Only	Not covered	Not covered

CLASSIFICATION AND LIMITATION OF COVERED DENTAL SERVICES	
PREVENTIVE SERVICES	
Diagnostic and Preventive Services	<p>Services and procedures used to evaluate existing conditions and/or to prevent the occurrence of dental abnormalities or disease. Includes oral examination, prophylaxes (cleanings) and topical applications of fluoride.</p> <ul style="list-style-type: none"> • Oral examinations and prophylaxes (cleanings) performed twice in a calendar year; if Medically Necessary, prophylaxes can be covered for up to four times per calendar year. • Fluoride treatments performed twice in a calendar year for patients up to age 19. • Brush biopsy to detect oral cancer.
Emergency Palliative Treatment	Nonspecific treatment used on an emergency basis to temporarily relieve pain.

CLASSIFICATION AND LIMITATION OF COVERED SERVICES

Radiographs	X-rays as required or in conjunction with the diagnosis of a specific condition. <ul style="list-style-type: none">• Bi-wing radiographs performed twice in a calendar year.• Full-mouth radiographs (which includes bitewing X-rays) performed once every three years.
Healthy Smiles, Healthy Lives Program	Two additional cleanings per calendar year for individuals with documented periodontal disease, diabetics with periodontal disease, pregnant women with periodontal disease, individuals with certain high-risk medical conditions such as kidney failure, organ or bone marrow transplant recipients, individuals receiving dialysis, chemotherapy, radiation treatment, individuals who are HIV positive or are at risk for infective endocarditis. For individuals aged 19 and older undergoing head and neck radiation, fluoride applications are covered twice per calendar year.

Please refer to the Health Plan Document for detailed information.