

DRURY UNIVERSITY	Delta Dental PPOSM 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 <ul style="list-style-type: none"> Oral Examinations, twice per calendar year Bitewing x-rays, as required Periapical x-rays, as required Full mouth x-rays, once in any 36 month period Emergency palliative treatment Prophylaxis (cleanings), twice per calendar year Topical fluoride treatments for dependent children under age 19, once per calendar year Space maintainers for dependent children under age 16, once in 5 years Sealants for dependent children under age 19, once in 5 years, limited to non-decayed 1st and 2nd permanent molars 	<p style="text-align: center;">100%</p>	<p style="text-align: center;">100%</p>	<p style="text-align: center;">100%</p>
Basic Services <ul style="list-style-type: none"> Fillings Endodontics: root canal and pupal therapy Simple extractions Oral Surgery General Anesthesia 	<p style="text-align: center;">80%</p>	<p style="text-align: center;">80%</p>	<p style="text-align: center;">80%</p>
Major Services <ul style="list-style-type: none"> Periodontics – treatment for diseases of gums and bone supporting the teeth Surgical extractions Prosthetics: bridges and dentures; a replacement will be covered only once in 5 years Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 5 years 	<p style="text-align: center;">50%</p>	<p style="text-align: center;">50%</p>	<p style="text-align: center;">50%</p>
Orthodontia <ul style="list-style-type: none"> Not covered 	<p style="text-align: center;">N/A</p>	<p style="text-align: center;">N/A</p>	<p style="text-align: center;">N/A</p>
Calendar Year Deductible (Applied to Basic and Major services)	<p style="text-align: center;">\$50 individual 3X family</p>	<p style="text-align: center;">\$50 individual 3X family</p>	<p style="text-align: center;">\$50 individual 3X family</p>
Annual Maximum (Applied to Preventive, Basic and Major services)	<p style="text-align: center;">\$1,500</p>	<p style="text-align: center;">\$1,500</p>	<p style="text-align: center;">\$1,500</p>
Dependent Age Limit: 26	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p><small>Dentists Nationwide</small></p> </div> <div style="text-align: center;"> <p><small>Dentists in Missouri</small></p> </div> </div>		
Added Features Included <ul style="list-style-type: none"> MAXAdvantage - Charges for exams, cleanings, x-rays, and fluoride treatments do not apply to your annual maximum. 			

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

Delta Dental PPO™ plan network options

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 an out-of-network dentist.

Delta Dental PPO network

Comprised of a select panel of dentists, more than 300,000 dental offices participate in the Delta Dental PPO program. Delta Dental will provide the highest level of benefits 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 Dental'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.

Delta Dental Premier® Network

Comprised of more than 363,000 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 applicable Delta Dental contractual agreement – which means **no balance billing** for charges that exceed the contracted amount.
- Submit dental claims for members and abide by Delta Dental'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.

Out of Network

If you receive services from an out-of-network dentist (does not participate in either Delta Dental network) benefits for covered services are based on the Delta Dental maximum plan allowance and:

- You may 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 an out-of-network dentist.

Locating a Participating Dentist

To determine if your dentist participates with Delta Dental or to select a participating dentist in your area:

- Search on-line at DeltaDentalMO.com
- Call Delta Dental Customer Service at 1-800-335-8266 or,
- Scan the image to search for a Delta Dental PPO or Delta Dental Premier participating dentist.

