



DELTA DENTAL PPOSM : YOUR SMILE IS COVERED

GO PPO!

You can visit any licensed dentist under this plan, but you'll maximize plan value by selecting a Delta Dental PPO¹ dentist. PPO network dentists have agreed to reduced contracted rates and can't "balance bill" you for additional fees.² Find a dentist at deltadentalins.com.³

CONVENIENT ONLINE SERVICES: DELTADENTALINS.COM

- › Create a free Online Services account from your PC or smartphone to view benefits, eligibility and claims status or check average dental costs in your area.
- › Update your dental benefit statement delivery preference: Go paperless!
- › Find a Delta Dental PPO dentist near you.

SAVE WITH A PPO DENTIST



DELTA DENTAL PPO



NON-DELTA
DENTAL DENTISTS

NO ID CARD NECESSARY

Just provide your dental office with your name, birth date and enrollee ID or social security number. Register for Online Services to print an ID card or pull it up on your smartphone at the dentist's office.

HASSLE-FREE TRANSITION & EASY BENEFITS COORDINATION

New to Delta Dental PPO? This plan covers treatment started and completed after your plan's effective date of coverage.⁴ If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.

LEGAL NOTICES: Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html

¹ In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

² Enrollees are responsible for any coinsurance, deductible, amount over the plan maximum and charges for non-covered services.

³ Verify that your dentist is a contracted Delta Dental PPO network dentist before each appointment.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier will be responsible for any costs. Group- and state-specific exceptions may apply. Enrollees currently undergoing active orthodontic treatment may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

Plan Benefit Highlights for: Mississippi Valley State University

Group No: 06166

Effective Date: 1/1/2018

Eligibility	Primary enrollee, spouse and eligible dependent children to age 26	
Deductibles*	\$50 per person / \$150 per family each plan year	
Deductibles waived for D & P?	Yes	
Maximums*	Low- \$750 per person each plan year High \$1,500 per person each plan year	
D & P counts toward maximum?	No	
Waiting Period(s)	Major Benefits 12 Months	Orthodontics 12 Months

Benefits and Covered Services**	Low Plan		High Plan	
	Delta Dental PPO dentists†	Non-DeltaDental dentists†	Delta Dental PPO dentists†	Non-DeltaDental dentists†
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, space maintainers, sealants	100 %	100 %	100 %	100 %
Basic Services Fillings, simple tooth extractions, denture repairs	50 %	50 %	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	50 %	50 %	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	50 %	50 %	80 %	80 %
Oral Surgery Covered Under Major Services	25 %	25 %	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures	25 %	25 %	50 %	50 %
Orthodontic Benefits dependent children only to age 19	Not a benefit	Not a benefit	50 %	50 %
Orthodontic Maximums Lifetime	Not a benefit	Not a benefit	\$ 1,000	\$ 1,000
Monthly Rates Rates guaranteed for 2 year January 1, 2018 - December 31, 2019	Employee Only: \$14.84 Employee + 1 Dependent: \$28.89 Employee + 2 or more Dep: \$42.53		Employee Only: \$23.52 Employee + 1 Dependent: \$45.81 Employee + 2 or more Dep: \$67.49	

* If you switch plans during the calendar year your Deducible and Annual Maximum may be adjusted accordingly.

** Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

† Fees are based on based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009

Customer Service
800-521-2651

Claims Address
P.O. Box 1809
Alpharetta, GA 30023-1809

www.deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.