DELTA DENTAL PPO℠

BENEFIT HIGHLIGHTS

Plan Benefit Highlights for: Mississippi Valley State University

Group No: 06166 **Effective Date:** 1/1/2020

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	$50 per person / $150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics, if applicable?	Yes			
Maximums	**Low Plan:** $750 per person each calendar year **High Plan:** $1,500 per person each calendar year			
D & P counts toward maximum?	No			
Waiting Period(s)	Basic Benefits None	Major Benefits 12 Months	Prosthodontics 12 Months	Orthodontics 12 Months

	Low Plan		High Plan	
Benefits and Covered Services*	**Delta Dental PPO dentists†**	**Non-Delta Dental PPO dentists†**	**Delta Dental PPO dentists†**	**Non-Delta Dental PPO dentists†**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
Basic Services Fillings	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 Basic Services	50 %	50 %	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	25 %	25 %	50 %	50 %
Prosthodontics Bridges, dentures and implants	25 %	25 %	50 %	50 %
Orthodontic Benefits Dependent children	0 %	0 %	50 %	50 %
Orthodontic Maximums	N/A	N/A	$1,000 Lifetime	$1,000 Lifetime

* 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.

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

Monthly Rates	Low Plan	High Plan
Enrollee only	$15.48	$24.53
Enrollee + 1 Dependent	$30.13	$47.77
Family	$44.35	$70.38

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

deltadentalins.com