

Medical Transportation Management, Inc.

Delta Dental PPO	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
	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 non- participating dentist - Balance billing is possible
Diagnostic and Preventive Services ➤ Bitewing x-rays, one set per benefit period; dependent children under age 19, two sets per benefit period ➤ Full-mouth x-rays, once in 5 years ➤ Periapical x-rays, as required ➤ Emergency palliative treatment ➤ Oral exams, twice per benefit period ➤ Prophylaxis (cleanings), twice per benefit period ➤ Space maintainers, dependent children under age 16, once in 5 years ➤ Fluoride, dependent children under age 19, once per benefit period ➤ Sealants, dependent children under age 19, once in 5 years	100%	100%	100%
Basic Services ➤ Fillings ➤ Perio maintenance: limited to four in any benefit period; subject to cleanings frequency limitation ➤ Endodontics: root canal filling and pulpal therapy ➤ Surgical and Non-Surgical Periodontics: treatment for diseases of gums and bone supporting the teeth ➤ Simple extractions ➤ Surgical extractions ➤ General anesthesia ➤ Oral surgery	90%	80%	80%
Major Services ➤ Prosthetics: bridges and dentures, once in 5 years ➤ Crowns, inlays and onlays, once in 5 years ➤ Implants, as well as bone grafts, are a covered benefit. Limited to once in 5 years per tooth.	60%	50%	50%
Orthodontic Services (for dependent children under age 19)	50%	50%	50%
Calendar Year Deductible (applies to Basic and Major Services)	\$50 individual \$150 family limit	\$50 individual \$150 family limit	\$50 individual \$ 150 family limit
Calendar Year Benefit Maximum (per person)	\$1,500	\$1,500	\$1,000
Orthodontic Lifetime Maximum (per eligible dependent)	\$1,500	\$1,500	\$1,500
MaxAdvantage	Charges for exams, cleanings, x-rays, and fluoride treatments do not apply towards your annual maximum.		
Dependent Age Limit: 26, end of the month			

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. Orthodontic treatments covered by the prior carrier and in progress on the original effective date of the employer's group contract with Delta Dental will be covered. Benefits provided by the prior carrier will be subtracted from the lifetime maximum available from Delta Dental

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 a non-participating dentist.

In PPO Network

1. Delta Dental PPO Network

Comprised of a select panel of dentists, over 287,389 dental offices participate in the Delta Dental PPO program. Delta Dental will provide the highest level of benefits (see benefit highlights) for covered services when care is received from a Delta Dental PPO dentist. These dentists agree to:

- **Accept payment based on the applicable PPO Maximum Plan Allowance** – reducing your out-of-pocket expenses.
- Submit dental claims for members and abide by Delta'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.

In Premier Network

2. Delta Dental Premier Network

Comprised of over 363,417 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 the applicable Premier Maximum Plan Allowance** – which means no balance billing on any charges that exceed Delta's contracted amount.
- Submit dental claims for members and abide by Delta'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.

Non-Participating Dentist

3. Non-participating Dentist

If you receive services from a non-participating dentist (does not participate in either Delta Dental network) benefits for covered services are based on the applicable Maximum Plan Allowance for non-participating dentists :

- You will be responsible for filing your own claim forms.
- Delta Dental's benefit payment will be made directly to you.
- Benefit payments will be based on Delta's maximum plan allowance.
- You will be responsible for the difference between the dentist's charge and Delta's maximum plan allowance.

Your out-of-pocket expenses may be more when you use a non-participating dentist.

Locating a Participating Dentist...

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

- Ask your dentist if he or she participates in the **Delta Dental PPO** or **Delta Dental Premier** program
- Search on-line at www.deltadentalmo.com, or
- Call Delta Dental Customer Service at **1-800-335-8266**

Delta Dental MAXAdvantageSM Benefit Option

Delta Dental's MAXAdvantageSM dental benefit option allows groups and their participants to receive most preventive and diagnostic services without reducing their plan year maximum benefit amount. This means they can maintain their preventive dental care routine while saving their annual maximum for other dental services they may need throughout the year.

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What services are included and do not count toward the plan year maximum benefit amount?

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- Routine and comprehensive dental exams, as well as periodontal exams
- X-rays, including complete series, periapical, intraoral, extraoral, bitewings and panoramic films
- Cleanings including perio-maintenance cleanings
- Fluoride and fluoride varnishes

Benefits **without** MAXAdvantageSM

Routine Care Example

(2 exams, x-rays, 2 cleanings)
\$1,500 annual maximum
100% coverage for routine care

Delta Dental Pays: \$300
Member Pays: \$0

**Benefits Remaining:
\$1,200**

Benefits **with** MAXAdvantageSM

Routine Care Example

(2 exams, x-rays, 2 cleanings)
\$1,500 annual maximum
100% coverage for routine care

Delta Dental Pays: \$300
Member Pays: \$0

**Benefits Remaining:
\$1,500**