

VANTAGELINKS, LLC	Delta Dental PPO SM 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"> • Bitewing x-rays, as required • Emergency palliative treatment • Full mouth x-rays, once in any 36 month period • Oral Examinations, twice in any benefit period • Periapical x-rays, as required • Periodontal maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) • Prophylaxis (cleanings), twice in any benefit period • Space maintainers for dependent children under age 16, once in 5 years • Topical fluoride treatments for dependent children under age 19, once in any benefit period 	100%	80%	80%
Basic Services <ul style="list-style-type: none"> • Fillings • Periodontics • Endodontics • Simple Extractions • Surgical Extractions • Sealants for dependents under age 19, once in 5 years • General Anesthesia 	80%	50%	50%
Major Services <ul style="list-style-type: none"> • Bridge repairs & recement • Bridges, once in 5 years • Crown repairs & recement • Crowns, Inlays, Onlays, once in 5 years • Denture repairs & adjustments • Dentures, once in 5 years • Oral Surgery (except for extractions under Coverage B) 	50%	50%	50%
Orthodontia <ul style="list-style-type: none"> • Not covered 	N/A	N/A	N/A
Calendar Year Deductible (Applied to Basic and Major services)	\$50 individual 3X family	\$50 individual 3X family	\$50 individual 3X family
Annual Maximum (Applied to Preventive, Basic and Major services)	\$1,000	\$1,000	\$1,000
Dependent Age Limit: 19; 23 if full-time student; end of calendar year			
Added Features Included <ul style="list-style-type: none"> • MAXAdvantage 			

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 treatment in progress may be covered. Benefits provided by the prior carrier will be subtracted from the lifetime maximum available from Delta Dental.

Save with a Delta Dental PPOSM dentist

Although the Delta Dental PPOSM plan allows you the freedom to visit any licensed dentist, you'll save more on your out-of-pocket costs when you visit a Delta Dental PPOSM dentist. The Delta Dental Premier[®] network also provides cost-saving features and is the next best option when you can't find a Delta Dental PPOSM dentist. The dentist you choose could affect your cost.

Most potential savings with Delta Dental PPOSM dentists

- › When you visit your dentist, you should ask specifically if he or she is a contracted Delta Dental PPOSM dentist.
- › Delta Dental PPOSM dentists agree to accept Delta Dental PPOSM contracted fees.
- › You'll usually pay less when you visit a Delta Dental PPOSM dentist.

Find a Delta Dental PPOSM dentist

To find a current listing of Delta Dental PPOSM dentist locations:

- › Visit DeltaDentalMO.com, select "Find a Provider" and click "Find a Dentist."
- › Select "Delta Dental PPO" as your plan network.

Some savings with Delta Dental Premier[®] dentists

Premier dentists' contracted fees are usually slightly higher than those of Delta Dental PPOSM dentists.

Premier dentists will not bill you above their contracted fees, so you still receive some cost protections not available with an out-of-network dentist.

No savings with out-of-network dentists

Out-of-network dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a out-of-network dentist.

You are responsible for the difference between what Delta Dental pays and the dentist's fee.

24/7 Online Access to Benefits and Service

Visit www.DeltaDentalMO.com to:

- Review and print your dental plan's coverage levels, deductibles, maximums, age limits and limitations
- Verify your eligibility
- Request or download a claim form
- Find a provider
- Order or print an ID card
- Download our mobile app
- Get answers to frequently asked questions



Log In to View Your Benefits

With Delta Dental, you have convenient, around-the-clock access to your benefits. Just visit www.DeltaDentalMO.com, and click on one of the "Member" or "Sign In" links.

To register or log in to access your benefits, follow the easy steps under "Member Sign In."



Find a Delta Dental Participating Dentist

It's easy to find dentists near you who participate in the Delta Dental PPOSM Network or Delta Dental Premier[®] Network.

Visit our website, www.DeltaDentalMO.com, and click on "Find a Provider" then on "Find a Dentist."



Customer Service Call: 800-335-8266

If you have not yet enrolled with Delta Dental and have questions about coverage or enrollment, **press 5**.

If you are enrolled with Delta Dental, **press 2** for automated assistance. Still have questions? **Press 9** and a member of our customer service team will assist you.

We are here to help you every Monday through Friday from 7 a.m. to 5 p.m. Central Time.



Want easy access to your dental benefits information anytime and anywhere? Get Delta Dental's free mobile app for iOS (Apple) or Android mobile devices. To download, visit your app store, then search for "Delta Dental."

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.

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

- A**
- 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)
\$1,000 annual maximum
100% coverage for routine care

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

**Benefits Remaining:
\$700**

Benefits **with** MAXAdvantageSM

Routine Care Example

(2 exams, x-rays, 2 cleanings)
\$1,000 annual maximum
100% coverage for routine care

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

**Benefits Remaining:
\$1,000**