

Burns & McDonnell <b>PPO MAC – Low Plan</b>	Delta Dental PPO™ Network	Delta Dental Premier® Network	Out-of-Network
<b>Preventive services</b> <ul style="list-style-type: none"> <li>Oral exams, twice per calendar year</li> <li>Prophylaxis (cleanings), up to four per calendar year<sup>2</sup></li> <li>Bitewing x-rays, one set per calendar year</li> <li>Sealants for all participants, limited to caries-free 1<sup>st</sup> and 2<sup>nd</sup> permanent molars, once in 3 years per tooth</li> <li>Topical fluoride treatments for all participants, twice per calendar year</li> <li>Brush biopsy</li> </ul>	<b>100%</b>	<b>100%*</b>	<b>100%*</b>
<b>Basic services</b> <ul style="list-style-type: none"> <li>Periapical x-rays, as required</li> <li>Full mouth x-rays, once every 5 years</li> <li>Composite fillings covered on all teeth</li> <li>Simple extractions</li> <li>Space maintainers for dependents to age 14, once in 5 years</li> </ul>	<b>50%</b>	<b>50%*</b>	<b>50%*</b>
<b>Major services</b> <ul style="list-style-type: none"> <li>Periodontal maintenance, limited to the prophylaxis frequency limitation</li> <li>Emergency palliative treatment</li> <li>Surgical extractions</li> <li>Oral surgery</li> <li>Non-surgical and surgical periodontics</li> <li>Endodontics</li> <li>Crowns, inlays, onlays, once in 10 years per tooth</li> <li>Bridges and dentures once in 10 years</li> <li>Crown and bridge repairs &amp; recement</li> <li>Denture repairs &amp; adjustments</li> <li>General Anesthesia in conjunction with a covered surgical procedure</li> <li>Implants, as well as bone grafts, once in 10 year per tooth</li> </ul>	<b>50%</b>	<b>50%*</b>	<b>50%*</b>
<b>Orthodontia</b> Orthodontia coverage is only covered on the high plan	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Calendar year deductible</b> (Applied to Basic and Major services)	\$100 per person		
<b>Annual maximum</b> (Applied to Preventive, Basic and Major services)	\$1,000 per person + MAXAdvantage		
<b>MAXAdvantage</b>	Claims paid for cleanings, exams, fluoride, x-rays do not apply towards the calendar year benefit maximum		
<b>Dependent age limit:</b> 26, end of calendar year			

### About Delta Dental networks

**All benefit payments under this plan are based on the lesser of the dentist's usual fees or the PPO Fee Schedule.**

**Delta Dental PPO™ Providers:** agree to accept contractual reimbursement as payment in full and will not balance bill.

**\*Delta Dental Premier® Providers:** may collect the difference between the Delta Dental contracted amount and the PPO Fee Schedule.

**\*Out-of-Network Providers:** are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.

### Reminder your benefits include

- Sealants for all participants
- Fluoride for all participants twice per year
- Composite fillings on all teeth
- Healthy Smiles, Healthy Lives – two additional cleanings for participants with certain health conditions

<sup>1</sup> This is intended to be a summary only. Please refer to the Summary Plan Description (SPD) for a more detailed listing of plan limitations and exclusions. If a discrepancy occurs, the SPD will govern.

<sup>2</sup> Healthy Smiles, Healthy Lives - two additional cleanings are covered for patients who are pregnant, diabetic, have a suppressed immune system, or have a history of periodontal disease. A self-report form is available on the microsite and BenefitSolver portal.

# LOW PLAN (PPO-MAC)

To save the most money, see a Delta Dental PPO™ network dentist

Delta Dental Premier™ can be used as well but **all claims are paid according to the PPO fee schedule** (maximum allowable charge), meaning you will pay more when you select a non-PPO provider.

## Cost Savings Example

(Assumes your deductible has been paid and shows applicable coinsurance percent for a **Basic Service**.)

### Delta Dental PPO™

**Save the most money** when you see a Delta Dental PPO<sup>SM</sup> network dentist

- Before you visit your dentist, ask if he or she is in the Delta Dental PPO<sup>SM</sup> Network.
- Your coinsurance costs are calculated on a lesser amount (the PPO fee schedule).
- You will pay less out of your pocket at a Delta Dental PPO<sup>SM</sup> dentist.
- Your benefits dollars stretch farther.
- **You will not be balance billed above the PPO allowance**

Dentist charge:	\$500
Delta Dental allows:	\$300
PPO dentist accepts:	\$300

Your plan pays 50% of \$300: \$150

YOU PAY 50% of \$300: \$150

**TOTAL YOU PAY: \$150**

### Delta Dental Premier®

**Save some money** with a Delta Dental Premier® network dentist

- When you visit a dentist in the Delta Dental Premier® Network, you still enjoy valuable savings but claims are paid according to the PPO fee schedule. This means you will pay more.
- **You will not be balance billed above the Premier allowance.**

Dentist charge:	\$500
Delta Dental allows:	\$300
Premier dentist accepts:	\$420

Your plan pays 50% of \$300: \$150

YOU PAY 50% of \$300: \$150

Plus, you pay the difference: \$120

**TOTAL YOU PAY: \$270**

### Out-Of-Network

**Pay More** with an out-of-network dentist

- When your dentist is not in a Delta Dental network, you will pay more.
- You may have to pay your dentist up front, file your own claim, and receive payment from Delta Dental.
- **You may be balance billed.**

Dentist charge:	\$500
Delta Dental allows:	\$300
O-O-N dentist accepts:	\$500

Your plan pays 50% of \$300: \$150

YOU PAY 50% of \$300: \$150

Plus, you pay the difference: \$200

**TOTAL YOU PAY: \$350**

To find a dentist in the Delta Dental PPO™ network or Delta Dental Premier® network, go to: [www.DeltaDentalMO.com](http://www.DeltaDentalMO.com)

Burns & McDonnell PPO – High Plan	Delta Dental PPO™ Network	Delta Dental Premier® Network	Out-of-Network
<b>Preventive services</b> <ul style="list-style-type: none"> <li>Oral exams, twice per calendar year</li> <li>Prophylaxis (cleanings), up to four per calendar year<sup>2</sup></li> <li>Periapical x-rays, as required</li> <li>Bitewing x-rays, two sets per calendar year</li> <li>Full mouth x-rays, once every 3 years</li> <li>Sealants for all participants, limited to caries-free 1<sup>st</sup> and 2<sup>nd</sup> permanent molars, once in 3 years</li> <li>Space maintainers for children under age 14</li> <li>Topical fluoride treatments for all participants, twice per calendar year</li> </ul>	<b>100%</b>	<b>100%</b>	<b>100%*</b>
<b>Basic services</b> <ul style="list-style-type: none"> <li>Emergency palliative treatment</li> <li>Periodontal maintenance, limited to the prophylaxis frequency limitation</li> <li>Composite fillings on all teeth</li> <li>Simple and surgical extractions</li> <li>Oral surgery</li> <li>Non-surgical and surgical periodontics</li> <li>Endodontics</li> <li>Crown and bridge repairs &amp; recement</li> <li>Denture repairs &amp; adjustments</li> <li>General Anesthesia in conjunction of a covered surgical procedure</li> <li>Stainless steel crowns once in 5 years per tooth</li> </ul>	<b>80%</b>	<b>80%</b>	<b>80%*</b>
<b>Major services</b> <ul style="list-style-type: none"> <li>Bridges</li> <li>Crowns, inlays, onlays, once in 5 years per tooth</li> <li>Bridges and dentures, once in 5 years</li> <li>Implants</li> </ul>	<b>50%</b>	<b>50%</b>	<b>50%*</b>
<b>Orthodontia</b> For children and adults	<b>50%</b>	<b>50%</b>	<b>50%*</b>
<b>Calendar year deductible</b> (Applied to Basic and Major services)	\$50 individual / \$150 family limit		
<b>Calendar year maximum</b> (Applied to Preventive, Basic and Major)	\$1,500 per person + MAXAdvantage		
<b>MAXAdvantage</b>	Claims paid for cleanings, exams, fluoride, and x-rays do not apply towards the calendar year benefit maximum		
<b>Orthodontic lifetime maximum</b>	\$2,000 per eligible dependent		
<b>Dependent age limit:</b> 26, end of calendar year			

### About Delta Dental networks

**Delta Dental PPO™ Providers:** agree to accept contractual reimbursement as payment in full and will not balance bill.

**Delta Dental Premier® Providers:** agree to accept contractual reimbursement as payment in full and will not balance bill.

\***Out-of-Network Providers:** are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.

**Delta Dental PPO™ Providers typically offer the greatest discounts.**

### Reminder your benefits include

- Sealants for all participants
- Fluoride for all participants twice per year
- Composite fillings on all teeth
- Increased orthodontic lifetime maximum to \$2,000
- Healthy Smiles, Healthy Lives - two additional cleanings for participants with certain health conditions

<sup>1</sup> This is intended to be a summary only. Please refer to your Summary Plan Description (SPD) for a more detailed list of plan limitations and exclusions. If a discrepancy occurs, the SPD will govern.

<sup>2</sup> Healthy Smiles, Healthy Lives - two additional cleanings are covered for patients who are pregnant, diabetic, have a suppressed immune system, or have a history of periodontal disease. A self-report form is available on the microsite and BenefitSolver portal.

# HIGH PLAN (PPO)

To save the most money, see a Delta Dental PPO™ network dentist

Both Delta Dental PPO™ and Delta Dental Premier® providers agree to accept our allowed amount. You will receive maximum cost savings when you select a dentist in the Delta Dental PPO™ network.

## Cost Savings Example

(Assumes your deductible has been paid and shows applicable coinsurance percent for a **Basic Service**.)

### Delta Dental PPO™

**Save the most money** when you see a Delta Dental PPO™ network dentist

- Agree to accept Delta Dental PPO™ contractual reimbursement as payment in full **and you will not be balance billed above the PPO allowance**

Dentist charge:	\$500
PPO dentist accepts:	\$300
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Your plan pays 80% of \$300:	\$240
YOU PAY 20% of \$300:	\$60
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<b>TOTAL YOU PAY:</b>	<b>\$60</b>

### Delta Dental Premier®

**Save some money** with a Delta Dental Premier® network dentist

- Agree to accept Delta Dental Premier® contractual reimbursement as payment in full **and you will not be balance billed above the Premier allowance.**

Dentist charge:	\$500
Premier dentist accepts:	\$420
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Your plan pays 80% of \$420:	\$336
YOU PAY 20% of \$420:	\$84
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<b>TOTAL YOU PAY:</b>	<b>\$84</b>

### Out-Of-Network

**Pay More** with an out-of-network dentist

- When your dentist is not in the Delta Dental network, you will pay more.
- You may have to pay your dentist up front, file your own claim, and receive payment from Delta Dental.
- **You may be balance billed.**

Dentist charge:	\$500
Delta Dental allows:	\$300
O-O-N dentist accepts:	\$500
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Your plan pays 80% of \$300:	\$240
YOU PAY 20% of \$300:	\$60
Plus, you pay the difference:	\$200
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<b>TOTAL YOU PAY:</b>	<b>\$260</b>

To find a dentist in the Delta Dental PPO™ network or Delta Dental Premier® network, go to: [www.DeltaDentalMO.com](http://www.DeltaDentalMO.com)