# **CARL JUNCTION R-1 SCHOOL DISTRICT**

# △ DELTA DENTAL

#### About Delta Dental...

Delta Dental is a not-for-profit corporation and the Largest and most experienced provider of dental benefits in the nation. Delta Dental covers one out of every four Americans who have dental insurance.

## Participating Dentists...

Over 174,000 dentists nationwide participate in the DeltaPremier program. Although you may visit the dentist of your choice to receive services, there are advantages to using a Delta Dental participating dentist.

- Delta Dental dentists file claims for you.
- Your dental benefits are paid directly to Delta Dental dentists.
- Delta Dental dentists will only charge you for your program deductible, co-payments and any non-covered charges.

#### Nonparticipating Dentists...

If you receive services from a nonparticipating dentist:

- 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 the fee charged by the majority of dentists.
- You will be responsible for the difference between the dentist's charge and Delta Dental's benefit payment.

## 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 Premier program, or
- Call Delta Dental Customer Service at:

800-335-8266, or

Visit Delta Dental's website:
<a href="https://www.deltadentalmo.com">www.deltadentalmo.com</a> and select a

DeltaPremier network dentist.

## **DentacareM – Premier** Program Provisions:

Individual deductible per person per calendar year: \$50

Family deductible per calendar year: \$150

Deductible applies to: Basic & Major Services

Individual benefit maximum per calendar year: \$1000

• Lifetime Orthodontic maximum per person: \$1000

• Effective Date: July 1, 2011

#### **Preventive Dental Services: Program Pays 100%**

- Oral examinations, twice in any benefit period (all types)
- Bitewing x-rays, 1 set per benefit year and periapical x-rays as required
- Full-mouth x-rays , once in any 60 consecutive months
- Prophylaxis (cleaning and scaling), once every 6 months. Periodontal maintenance visits once in any three month period, limited to total of four prophylaxis and periodontal maintenance cleanings in a 12 month period.
- Topical fluoride application to age 19, twice in any 12 month period
- Palliative emergency treatment as required
- Space maintainers for prematurely lost teeth in children under age 16, once in five years
- Sealants for dependent children under age 16, limited to caries-free first and second permanent molars, once in 3 years

## **Basic Dental Services: Program Pays 80%**

- Fillings: Amalgam, synthetic porcelain and plastic restorations
- Periodontics: Treatments for the diseases of the gums and bone supporting the teeth
- Endodontics: Includes pulpal therapy and root canal filling
- Simple extractions

## Major Dental Services: Program Pays 50%

- Surgical extractions
- General Anesthesia when administered by a dentist properly licensed to administer general anesthesia for certain covered procedures
- Oral surgery (except for extractions under basic services)
- Prosthetics: Bridges and dentures
- Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes

## Orthodontic Dental Services: Program Pays 50%

 Orthodontic Care: Treatment for correction of malposed teeth to establish proper occlusion through the movement of teeth or their maintenance in position. Applies to dependent children to age 19.

Dependents are covered to age 25; 26 if full-time student.

This flier is an outline of benefits only. Your Summary Plan Description (SPD) will supersede any inadvertent discrepancies stated in the document. A more complete list of covered services and supplies is contained in the Delta Dental of Missouri Membership Certificate issued to your employer.