

Lee's Summit R-7 School District BUY-UP PLAN	Delta Dental PPO™ Network	Delta Dental Premier® Network	Out-of-Network
<p>Preventive services</p> <ul style="list-style-type: none"> Oral exams, all types, twice per calendar year Prophylaxis (cleanings) all types, twice per calendar year* Bitewing x-rays, two sets per calendar year Full mouth x-rays, once every 36 months Periapical x-rays, as needed Sealants for dependents under age 14, limited to once every 3 years per tooth Space maintainers under age 16 Topical fluoride treatments for dependents under age 19, once per calendar year <p><i>*Healthy Smiles Healthy Lives - members who are pregnant, diabetic, have suppressed immune, or have a history of periodontal therapy are eligible to receive two additional cleanings each calendar year.</i></p>	100%	80%	80%
<p>Basic services</p> <ul style="list-style-type: none"> Emergency palliative treatment Endodontics Fillings Non-surgical and surgical periodontics Oral surgery Simple and surgical extractions, including impacted teeth Stainless steel crowns General anesthesia in conjunction with a covered surgical procedure Bridge repairs & recement Crown repairs & recement Denture repairs & adjustments 	80%	50%	50%
<p>Major services</p> <ul style="list-style-type: none"> Crowns, inlays, onlays, once in 5 years per tooth Bridges, once in 5 years Dentures, once in 5 years 	50%	50%	50%
<p>Orthodontia</p> <ul style="list-style-type: none"> Orthodontia for all eligible participants 	50%	50%	50%
<p>Calendar year deductible (Applied to Basic and Major services)</p>	None		
<p>Calendar year maximum (Applied to Preventive, Basic & Major services)</p>	\$1,750 per person		
<p>Orthodontic lifetime maximum</p>	\$1,000 per person		
<p>MAXAdvantage</p>	Claims paid for cleanings, exams, x-rays, and fluoride treatments do not apply towards the calendar year maximum		
<p>Dependent age limit: 26, end of month</p>			

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.

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.

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You have access to important plan information

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- Verify your eligibility
- Request or download a claim form
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- View your Explanation of Benefits (EOB)
- Get answers to frequently asked questions



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Visit www.DeltaDentalMO.com, and click on one of the **Member** or **Sign In** links. To register, follow the steps under **Member Sign In**.



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Call or email customer service

We are here to help every Monday through Friday from 7 am to 5 pm CT.

☎ **800-335-8266**

✉ **Service@DeltaDentalMO.com**

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- **Dental Care Cost Estimator:** Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area.
- **Save your preferred dentist for quick access:** Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.

