

**SOUTHFIELD PUBLIC SCHOOLS  
TEACHERS & PARAPROFESSIONALS  
0652-0004, 0652-0006  
MESSA DENTAL PLANS**  
*Underwritten by Delta Dental Plan of Michigan*

| <b>Class I<br/>50%</b>  | <b>Class II<br/>50%</b>  | <b>Class III<br/>50%</b>  | <b>Class IV<br/>50%</b>   |
|---|--|---|---|
| <p style="text-align: center;"><b><u>Diagnostic</u></b></p> <ul style="list-style-type: none"> <li>• Oral Examination</li> <li>• Prophylaxes</li> <li>• Topical Fluoride</li> <li>• Emergency Palliative</li> </ul> <p style="text-align: center;"><b><u>Riders</u></b></p> <p><input checked="" type="checkbox"/> None<br/> <input type="checkbox"/> 3 Cleanings<br/> <input type="checkbox"/> 4 Cleanings</p> | <p style="text-align: center;"><b><u>Basic Services</u></b></p> <ul style="list-style-type: none"> <li>• Radiographs</li> <li>• Restoratives</li> <li>• Crowns Jackets</li> <li>• Oral Surgery</li> <li>• Endodontic Services</li> <li>• Periodontal Services</li> </ul> <p style="text-align: center;"><b><u>Riders</u></b></p> <p><input checked="" type="checkbox"/> Sealants</p> | <p style="text-align: center;"><b><u>Prosthodontics</u></b></p> <ul style="list-style-type: none"> <li>• Procedures for the construction of fixed bridgework partial and complete dentures</li> </ul> | <p style="text-align: center;"><b><u>Orthodontics</u></b></p> <p>Necessary treatment and procedures required for the correction of malposed teeth to age 19<br/> <input checked="" type="checkbox"/> Initial exam, radiographs and extractions are covered under Class I</p> <p style="text-align: center;"><b><u>Riders</u></b></p> <p><input checked="" type="checkbox"/> None<br/> <input type="checkbox"/> Adult Ortho - removes age limitation</p> |
| <b>\$1,000 Class I, II, and III Annual Maximum Per Person</b>   |  |   | <b>\$1,000 Class IV Lifetime Maximum Per Person</b>   |