

# MESSA Dental plan highlights



**MESSA**

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**Effective Date: 01/01/2026**

**MESSA Account: Ann Arbor Public Schools**

**Employee Group: Paraprofessionals**

**Group/Subgroup: 06356-0007**

MESSA dental plans are underwritten and administered by Delta Dental of Michigan, a non-profit dental care corporation known for its high quality dental programs. Delta Dental contracts with dentists throughout the U.S. to provide high quality care and 90% of Michigan dentists are in the Delta Dental provider network. MESSA members can easily locate Delta Dental contracting providers by visiting [messa.org](http://messa.org) and using the provider directory search provided by Delta Dental.

## Plan Features

| Diagnostic & Preventive Services<br>100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Basic Services<br>80%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Major Services<br>80%                                                                                                                                                                                                             | Orthodontics<br>50%                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <ul style="list-style-type: none"> <li>• Radiographs (x-rays)*</li> <li>• Oral Examination</li> <li>• Prophylaxes</li> <li>• Topical Fluoride**</li> <li>• Brush Biopsy</li> <li>• Emergency Pallative</li> <li>• 2 Cleanings in 12 Months</li> </ul> <p>* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</p> <p>** Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</p> <p><b>Rider</b><br/>(If neither box below is checked, you do not have this coverage.)</p> <p><input type="checkbox"/> 3 Cleanings in 12 Months</p> <p><input type="checkbox"/> 4 Cleanings in 12 Months</p> | <ul style="list-style-type: none"> <li>• Restorative</li> <li>• Crowns*</li> <li>• Oral Surgery</li> <li>• Endodontic Services — treatment for diseased or damaged nerves.</li> <li>• Periodontic Services — treatment for diseases of the gum and teeth-supporting structures.</li> </ul> <p>* Payable once in any 5-year period on the same tooth.</p> <p><b>Rider</b><br/>(If the box below is not checked, you do not have this coverage.)</p> <p><input checked="" type="checkbox"/> Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.</p> | <ul style="list-style-type: none"> <li>• Procedures for the construction of fixed bridgework, endosteal implants, partial and complete dentures.</li> <li>• Payable once in any 5-year period for the same appliances.</li> </ul> | <ul style="list-style-type: none"> <li>• Necessary treatment and procedures required for the correction of abnormal bite.</li> <li>• Orthodontic exam, radiographs and extractions are covered under Diagnostic &amp; Preventive Services and Basic Services.</li> </ul> <p><b>Rider</b><br/>(If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.</p> |
| <b>\$2,000</b> annual maximum per person<br><b>Diagnostic &amp; Preventive Services, Basic Services, and Major Services</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                   | <b>\$2,000</b> lifetime maximum per person<br><b>Orthodontics</b>                                                                                                                                                                                                                                                                                                                                                                                                               |

For a complete listing of exclusions and limitations that apply to the plan, refer to the Delta Dental of Michigan certificate booklet.