

ANDREWS MCMEEL UNIVERSAL Benefit Summary¹	Delta Dental PPOSM Network	Delta Dental Premier[®] Network	Out-of-Network
Preventive Services <ul style="list-style-type: none"> • Oral exams, twice per calendar year • Prophylaxis (cleanings), twice per calendar year* • Periapical x-rays, as required • Bitewing x-rays, two sets per calendar year • Full mouth or panoramic x-rays, once every 36 months • Emergency palliative treatment • Fluoride for dependents to age 18, once per calendar year • Sealants, to age 14, once per tooth every 36 months, limited to caries-free 1st and 2nd permanent molars • Space maintainers, to age 14, once in 5 years • Brush biopsy <p>*Two additional cleanings for members who are diabetic, pregnant, are immune compromised, or have periodontal history. Self-report form can be obtained by logging in at www.deltadentalmo.com²</p>	100%	100%	100%
Basic Services <ul style="list-style-type: none"> • Periodontal maintenance, limited to the prophylaxis frequency limitations • Composite fillings covered on all teeth • Crown repairs & recement • Denture repairs & adjustments • Endodontics • Non-surgical and surgical periodontics • Simple and surgical extractions • Other oral surgery • General anesthesia • Bridge repairs and recement 	80%	80%	80%
Major Services <ul style="list-style-type: none"> • Crowns, inlays, onlays, once in 5 years • Bridges and dentures, once in 5 years, replacement will not be covered in the first 12 months of coverage 	50%	50%	50%
Orthodontic Services for all eligible participants	50%	50%	50%
Calendar Year Deductible (Applied to Basic and Major services)	\$50 individual / \$150 family limit		
Annual Maximum (Applied to Preventive, Basic and Major services)	\$2,000 per person		
Orthodontia Lifetime Maximum	\$2,000 per person		
Dependent Age Limit: 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.

¹ This is intended to be a summary only. Please refer to your Summary Plan Description (SPD) for a more complete listing of services, including plan limitations and exclusions. If a discrepancy occurs, the SPD will govern.