

Mission Support Alliance – Core
Group #09385

Delta Dental PPOSM Plan Benefit Summary

Effective Date	January 1, 2017
Benefit Period	January 1, 2017 – December 31, 2017
Benefit Period Maximum (Per Person)	\$1,000
TMJ	50%
Annual Maximum (Per Person)	\$1,000
Lifetime Maximum (Per Person)	\$5,000

Dental Network			
	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist
Benefit Period Deductible			
Does Not Apply to Class I (Per Person/Per Family)	\$0/\$0	\$50/\$150	\$50/\$150
Class I – Diagnostic & Preventive			
Exams	80%	80%	80%
Cleaning			
Fluoride			
X-Rays			
Sealants			
Class II – Restorative			
Fillings	80%	80%	80%
Endodontics (Root Canal)			
Periodontics			
Oral Surgery			
Class III – Major			
Dentures	50%	50%	50%
Partial Dentures			
Implants			
Bridges			
Crowns			

Please Note: This is a brief summary of available benefits for comparison purposes only and does not constitute a contract. Once enrolled in a plan, you will have access to your benefits booklet which provides more details of your Delta Dental PPO plan. Please feel free to call our customer service department or visit our website at DeltaDentalWA.com if you have any questions.

You will likely experience the greatest out-of-pocket savings when you see a Delta Dental PPO dentist.