

Guidelines for MESSA Dental Plans

The chart below provides guidelines to assist in designing a group's dental benefit program:

MUST HAVE BOTH CLASS I AND CLASS II BENEFITS		Class III percentage cannot exceed Class I and II	Class IV percentage cannot exceed Class I and II. Must have Class I, II and III benefits
Class I 50% up to 100% in increments of 5% 100 %	Class II 50% up to 90% in increments of 5% 90 %	Class III 50% up to 90% in increments of 5% 80 %	Class IV 50% up to 90% in increments of 5% 50 %
<p>DIAGNOSTIC</p> <ul style="list-style-type: none"> • Oral Examination • Prophylaxes • Topical Fluoride • Emergency Palliative • Two Cleanings in 12 Months <p>RIDER Three or four cleanings every 12 months.</p>	<p>BASIC SERVICES</p> <ul style="list-style-type: none"> • Radiographs (x-rays)* • Restorative • Crowns** • Oral Surgery • Endodontic Services- treatment for diseased or damaged nerves. • Periodontic Services- treatment for diseases of the gum and teeth-supporting structures. <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>** Payable once in any five-year period on the same tooth.</p> <p>RIDER Sealants - payable on occlusal surface of first permanent molars for patients up to age nine and for second permanent molars for patients up to age 14 that are free from caries and restorations.</p>	<p>Procedures for the construction of fixed bridgework, partial and complete dentures. Payable once in any 5 year period for the same appliances.</p>	<p>ORTHODONTICS</p> <ul style="list-style-type: none"> • Necessary treatment and procedures required for the correction of abnormal bite. • Orthodontic exam, radiographs and extractions are covered under Class I and II. <p>RIDER Adult orthodontics: removes the age 19 restriction on Class IV coverage.</p>
Class I, II and III have a combined annual maximum, which can be \$1,500 or more in increments of \$100 up to the amount bargained.			Class IV has a lifetime maximum per person, which can be \$500 or more in increments of \$100 up to the amount bargained.

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

EXAMPLES:

Copayment Class I, II & III	MAXIMUM Class I, II & III	Copayment Class IV	ORTHO MAXIMUM
100/90S/90 (includes sealant)	\$1,500	90	\$4,000A (includes Adult Ortho)
OR 80/80/80	\$1,500	80	\$3,000

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