

<b>BLUE SPRINGS SCHOOL DISTRICT</b> <b>BUY-UP PLAN<sup>1</sup></b>	<b>Delta Dental PPO<sup>SM</sup> Network</b>	<b>Delta Dental Premier<sup>®</sup> Network</b>	<b>Out-of-Network</b>
<b>Preventive Services</b> <ul style="list-style-type: none"> <li>• Oral exams (all types), twice per calendar year</li> <li>• Prophylaxis (all types) twice per calendar year</li> <li>• Bitewing and periapical x-rays, as required</li> <li>• Full mouth x-rays once every 36 months</li> <li>• Space maintainers for dependents under age 16, once in 5 years</li> <li>• Sealants for dependent children under age 19, limited to care-free 1<sup>st</sup> and 2<sup>nd</sup> permanent molars</li> <li>• Fluoride, once per calendar year for dependents under age 19</li> <li>• Emergency palliative treatment</li> </ul>	<b>90%</b>	<b>90%</b>	<b>90%</b>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Fillings: composite (white) on anterior teeth and amalgam (silver) on posterior teeth</li> <li>• Non-surgical and surgical extractions</li> <li>• General anesthesia</li> <li>• Non-surgical and surgical Periodontics</li> <li>• Endodontics</li> <li>• Denture repairs &amp; adjustments</li> <li>• Endodontics</li> <li>• Denture relines and repairs</li> <li>• Oral surgery</li> </ul>	<b>90%</b>	<b>90%</b>	<b>90%</b>
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Crowns, inlays, onlays, once in 5 years per tooth</li> <li>• Bridges and dentures, once in 5 years but not during the first 12 months of coverage</li> <li>• Bridge repairs &amp; recement</li> <li>• Crown repairs &amp; recement</li> </ul>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontia</b> <ul style="list-style-type: none"> <li>• Orthodontia for dependent children under age 19</li> </ul>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Calendar Year Deductible</b> (Applied to Basic and Major services)	<b>\$25 individual 3X family</b>		
<b>Annual Maximum</b> (Applied to Preventive, Basic and Major services)	<b>\$2,000 per person</b>		
<b>Orthodontia Lifetime Maximum</b>	<b>\$1,000 per eligible dependent</b>		
<b>Dependent Age Limit:</b> 26, end of month			

### 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.**



<sup>1</sup> 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.