DELTA DENTAL

Dental Benefits Summary

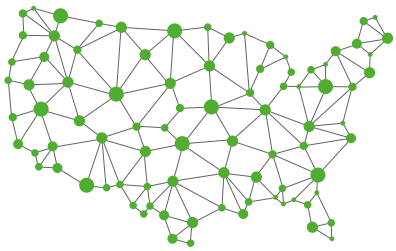
MFA Inc.	Delta Dental PPO℠ Network	Delta Dental Premier® Network	Out-of-Network
	Based on applicable PPO Maximum Plan Allowance - No balance billing	Based on applicable Premier Maximum Plan Allowance - No balance billing	Based on applicable Maximum Plan Allowance for Out-of-Network dentist - Balance billing is possible
Preventive Services • Oral Examinations (all types), twice per calendar year • Prophylaxis (cleanings), twice per calendar year • Bitewing x-rays, one set per calendar year • Periapical x-rays, as required • Full mouth x-rays, once in 60 months • Topical fluoride treatments for dependent children under age 19, once per calendar year • Sealants for dependent children under age 16, once in 3 years	**100%**	**100%**	**100%**
Basic Services • Emergency palliative treatment • Space maintainers, initial appliance only, up to age 17 • Restorative services (Fillings), composite material covered on all teeth • Periodontal maintenance, twice per calendar year, subject to the prophylaxis frequency • Simple Extractions	**80%**	**80%**	**80%**
Major Services • Non-surgical and surgical periodontal services • Endodontics – root canal filling and pulpal therapy • Oral Surgery, including surgical extractions and impacted wisdom teeth • General Anesthesia • Prosthetics: bridges and dentures; a replacement will be covered only once in 7 years • Crowns, inlays, and onlays, once in 7 years • Repairs, relines, adjustments and recementation for crowns, bridges and dentures • Implants, including bone grafts, replacements allowed once in 7 years	**50%**	**50%**	**50%**
Orthodontia • Not covered	**N/A**	**N/A**	**N/A**
Calendar Year Deductible (Applied to Basic and Major services)	**$50 per person / $150 family limit**	**$50 per person / $150 family limit**	**$50 per person / $150 family limit**
Annual Maximum (Applied to Preventive, Basic and Major services)	**$1,500**	**$1,500**	**$1,500**
Dependent Age Limit: 26; End of the month			

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

DELTA DENTAL®

Smile.

Delta Dental's network provides you cost savings and choice.



The advantages of the Delta Dental networks

- Our networks give you choice and help control costs
- Delta Dental is proud to offer both the Delta Dental PPO™ and Delta Dental Premier® networks
- 92% of all practicing dentists in Missouri participate in the Delta Dental networks
- Delta Dental participating dentists accept our allowed amount
- Non-participating dentists don't accept our allowed amount and balance billing is possible
- You will receive the maximum cost savings when you select a dentist in the Delta Dental PPO™ network

Example savings for a common procedure

	Estimated charge	Maximum allowed fees	Percentage paid by your plan	Amount your plan pays	Amount dentist can balance bill	Total amount you pay	Your total cost savings
Delta Dental PPO™	$1,200	$750	50%	$375	$0	$375	$450
Delta Dental Premier®	$1,200	$975	50%	$487.50	$0	$487.50	$225
Out-of-network	$1,200	$750	50%	$375	$450	$825	$0

Know before you go

With Delta Dental, your dentist is likely to be in either our Delta Dental PPO™ or Delta Dental Premier® network. There are four easy ways to be sure:

- Check with your dentist
- Visit our website at www.DeltaDentalMO.com
- Download the Delta Dental mobile app
- Contact Delta Dental Customer Service at 800-335-8266