TRUMAN STATE UNIVERSITY PLAN A (7620-1000)	Delta Dental PPO SM Network	Delta Dental Premier [®] Network	Out-of-Network
Benefit Summary ¹	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, twice in any benefit period Prophylaxis (cleanings), twice in any benefit period Periodontal maintenance, twice in any benefit period (subject to the prophylaxis frequency limitations) Bitewing x-rays, one set per benefit period Sealants for dependent children under age 16, once in any 5 year period Space maintainers for dependent children under age 16, once in 5 years Topical fluoride treatments for dependent children under age 14, twice in any benefit period Emergency palliative treatment	100%	100%	100%
Periapical x-rays as required Full-mouth x-rays, once in any 36 month period Fillings: amalgam (silver) on posterior teeth and composite (white) on anterior teeth Simple extractions	Not covered		
Major Services Periodontics: treatment for diseases of the gums and bones supporting the teeth. Periodontal surgery is covered only once in a 3 year period for the same site. Coverage for root planing and scaling are limited to once per 24 months Endodontics: root canal filing and pulpal therapy Surgical extractions Oral surgery General anesthesia in conjunction with a covered surgical procedure Crowns, bridges, dentures, inlays, onlays, once in 5 years	Not covered		
Orthodontic Services	Not covered		
Subscriber Year Deductible (Applied to Basic and Major services)	N/A		
Subscriber Year Maximum ² (Applied to Preventive, Basic and Major	\$1,000 per person		

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.

² Dental benefits are provided according to a subscriber year benefit period, which begins on the date of your DDMO membership is effective and continues for 12 consecutive months. A new benefit period renews on the first day of your anniversary month.