

## Effective Date: 01/01/2023

**MESSA Account: Mancelona Public Schools** 

**Employee Group: 687D Teacher** 

## Group/Subgroup: 06004-0003 without medical

MESSA dental plans are underwritten and administered by Delta Dental of Michigan, a non-profit dental care corporation known for its high quality dental programs. Delta Dental contracts with dentists throughout the U.S. to provide high quality care and 90% of Michigan dentists are in the Delta Dental provider network. MESSA members can easily locate Delta Dental contracting providers by visiting **www.messa.org** and using the provider directory search provided by Delta Dental.

<ul> <li>Oral Examination</li> <li>Prophylaxes</li> <li>Topical Fluoride*</li> <li>Brush Biopsy</li> <li>Emergency Pallative</li> <li>2 Cleanings in 12 Months</li> <li>* Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</li> <li>Radiographs (x-rays)*</li> <li>Restorative</li> <li>Crowns**</li> <li>Oral Surgery</li> <li>Endodontic Services — treatment for diseased or damaged nerves.</li> <li>Periodontic Services — treatment for diseases of the gum and teeth-supporting structures.</li> </ul>	<ul> <li>Procedures for the construction of fixed bridgework, enosteal implants, partial and complete dentures.</li> <li>Payable once in any 5-year period for the same appliances.</li> </ul>	<ul> <li>Necessary treatment and procedures required for the correction of abnormal bite.</li> <li>Orthodontic exam, radiographs and extractions are covered under Diagnostic &amp; Preventive Services and Basic Services.</li> <li>Rider         <ul> <li>(If the box below is not checked, you do not have this coverage.)</li> </ul> </li> </ul>
<ul> <li>Rider (If neither box below is checked, you do not have this coverage.) 3 Cleanings in 12 Months 4 Cleanings in 12 Months Kider With the same tooth. Rider With the same tooth. Rider Sealants: payable on the same tooth. Rider Clift the box below is not checked, you do not have this coverage.) Sealants: payable on contract of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.</li></ul>		Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.

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



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Plan Features Diagnostic & Preventive Services	Basic Services	Major Services	Orthodontics
80%	80%	80%	80%
<ul> <li>Oral Examination</li> <li>Prophylaxes</li> <li>Topical Fluoride*</li> <li>Brush Biopsy</li> <li>Emergency Pallative</li> <li>2 Cleanings in 12 Months</li> <li>* Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</li> <li>Rider (If neither box below is checked, you do not have this coverage.) 3 Cleanings in 12 Months 4 Cleanings in 12 Months </li> </ul>	<ul> <li>Radiographs (x-rays)*</li> <li>Restorative</li> <li>Crowns**</li> <li>Oral Surgery</li> <li>Endodontic Services — treatment for diseased or damaged nerves.</li> <li>Periodontic Services — treatment for diseases of the gum and teeth-supporting structures.</li> <li>* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</li> <li>** Payable once in any 5-year period on the same tooth.</li> <li>Rider (If the box below is not checked, you do not have this coverage.)</li> <li>Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.</li> </ul>	<ul> <li>Procedures for the construction of fixed bridgework, enosteal implants, partial and complete dentures.</li> <li>Payable once in any 5-year period for the same appliances.</li> </ul>	<ul> <li>Necessary treatment and procedures required for the correction of abnormal bite.</li> <li>Orthodontic exam, radiographs and extractions are covered under Diagnostic &amp; Preventive Services and Basic Services.</li> <li>Rider (If the box below is not checked, you do not have this coverage.)</li> <li>Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.</li> </ul>
\$1,000 annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services			\$1,500 lifetime maximum per person Orthodontics

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