## **MESSA Dental Plans**



MESSA Account: Marysville Public Schools

Employee Group: Office Personnel

Group/Subgroup: 0376-0002

**Plan Guidelines** 

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.

Diagnostic & Preventive Services 80 %	Basic Services 80 %	Major Services 80 %	Orthodontics _60%
<ul> <li>Oral Examination</li> <li>Prophylaxes</li> <li>Topical Fluoride</li> <li>Brush Biopsy</li> <li>Emergency Palliative</li> <li>Two Cleanings in 12 Months</li> <li>RIDER (If neither box below is checked, you do not have this coverage.)</li> <li>3 Cleanings in 12 Months</li> <li>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 five-year period         on the same tooth.</li> <li>RIDER         (If the box below is not checked,         you do not have this coverage.)         <ul> <li>Sealants — payable on</li></ul></li></ul>	<ul> <li>Procedures for the construction of fixed bridgework, endosteal 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></ul>
\$ 1,000 annual maximum per person  Diagnostic & Preventive Services, Basic Services, and Major Services			\$ 600 lifetime maximum per perso Orthodontics

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