

MESSA Dental Plans



MESSA Account:

Employee Group:

Group/Subgroup:

Plan Guidelines

MESSA dental plans are underwritten and administered by Delta Dental Plan 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 _____ %	Basic Services _____ %	Major Services _____ %	Orthodontics _____ %
<ul style="list-style-type: none"> Radiographs (x-rays*) Oral Examination Prophylaxes Topical Fluoride Brush Biopsy Emergency Palliative 2 Cleanings in 12 Months <p>Rider (If neither box below is checked, you do not have this coverage.)</p> <p>3 Cleanings in 12 Months</p> <p>4 Cleanings in 12 Months</p> <p><i>*Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</i></p>	<ul style="list-style-type: none"> Restorative Crowns** Oral Surgery Endodontic Services — treatment for diseased or damaged nerves. Periodontic Services — treatment for diseases of the gum and teeth-supporting structures. <p><i>**Payable once in any five-year period on the same tooth.</i></p> <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p>Sealants: payable on occlusal surface of first permanent molars for patients up to age nine and for second permanent molars for patients up to age 14 that are free from caries and restorations.</p>	<ul style="list-style-type: none"> Procedures for the construction of fixed bridgework, endosteal implants, partial and complete dentures. Payable once in any 5 year period for the same appliances. 	<ul style="list-style-type: none"> Necessary treatment and procedures required for the correction of abnormal bite. Orthodontic exam, radiographs and extractions are covered under Diagnostic and preventive services and Basic services. <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p>Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.</p>
<p>\$ _____ annual maximum per person Diagnostic & Preventive Services, Basic Services, and Major Services</p>		<p>\$ _____ lifetime maximum per person Orthodontics</p>	

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