

# MESSA Dental Plans



**MESSA Account:** Delta Schoolcraft ISD

**Employee Group:** Office Personnel

**Group/Subgroup:** 6488-0005, 0006 (x-rays are paid under Class I)

## 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](http://www.messa.org) and using the provider directory search provided by Delta Dental.

Class I	Class II	Class III	Class IV
100 %	100 %	80 %	100 %
<p><b>Diagnostic &amp; Preventive</b></p> <ul style="list-style-type: none"> <li>Oral Examination</li> <li>Prophylaxes</li> <li>Topical Fluoride</li> <li>Brush Biopsy</li> <li>Emergency Palliative</li> <li>2 Cleanings in 12 Months</li> </ul> <p><b>Rider</b> (If neither box below is checked, you do not have this coverage.)</p> <p><input type="checkbox"/> 3 Cleanings in 12 Months</p> <p><input type="checkbox"/> 4 Cleanings in 12 Months</p>	<p><b>Basic Services</b></p> <ul style="list-style-type: none"> <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> <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> <p><i>**Payable once in any five-year period on the same tooth.</i></p> <p><b>Rider</b> (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> 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>	<p><b>Major Services</b></p> <ul style="list-style-type: none"> <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>	<p><b>Orthodontics</b></p> <ul style="list-style-type: none"> <li>Necessary treatment and procedures required for the correction of abnormal bite.</li> <li>Orthodontic exam, radiographs and extractions are covered under Class I and Class II.</li> </ul> <p><b>Rider</b> (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Adult orthodontics: removes the age 19 restriction on Class IV coverage.</p>
\$ 1500		Class I, II, and III Annual Maximum Per Person	
		\$ 1500	
		Class IV Lifetime Maximum Per Person	

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