

## DENTAL PLANS

### Plan Description

MESSA Delta Dental plans provide coverage at a wide range of levels depending on the group's needs. Over 90% of Michigan dentists participate with Delta Dental Plan of Michigan. Benefits will be based on the benefit level selected, up to your plan maximum.

If a dentist does not participate with Delta Dental, Delta Dental's payment will be sent to the subscriber. They must make full payment to their dentist. However, the member or their dentist must still submit the completed claim form to Delta Dental.

Your group can have a unique dental plan designed to meet their needs. Below you will find the guidelines to assist you in designing your plan but should you have questions, contact your MESSA Field Representative.

MUST HAVE BOTH CLASSES I AND CLASS II BENEFITS		Class III percentage cannot exceed Class I and II	Class IV percentage cannot exceed Class I and II. Must have Class I, II and III benefits
Class I 50% up to 100% in increments of 5% _____ %	Class II 50% up to 90% in increments of 5% _____ %	Class III 50% up to 90% in increments of 5% _____ %	Class IV 50% up to 90% in increments of 5% _____ %
<b>DIAGNOSTIC</b> <ul style="list-style-type: none"> <li>• Oral Examination</li> <li>• Prophylaxes</li> <li>• Topical Fluoride</li> <li>• Emergency Palliative</li> <li>• Two cleanings in 12 months</li> </ul>	<b>BASIC SERVICES</b> <ul style="list-style-type: none"> <li>• Radiographs</li> <li>• Restorative</li> <li>• Crowns</li> <li>• Oral Surgery</li> <li>• Endodontic Services - treatment for diseases of the gum and teeth supporting structures.</li> </ul>	<ul style="list-style-type: none"> <li>• Procedures for the construction of fixed bridgework, partial and complete dentures. Payable once in any 5 year period for the same appliances.</li> <li>• Endosteal Dental Implants</li> </ul>	<b>ORTHODONTICS</b> <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 II.</li> </ul>
RIDER - Sealants - payable			
RIDER - Three or four cleanings every 12 months 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.		RIDER - Adult orthodontics: removes the age 19 restriction on Class IV coverage.	
Class I, II and III combined annual maximum beginning with \$1,000 with increments of \$100 up to a maximum of \$5,000 _____ % Annual Maximum per person		Class IV maximum beginning with \$500 with increments of \$100 up to \$5,000 or UCR _____ % Lifetime maximum per person	

### Historical Benefit Classes

Effective in 2000, the MESSA/Delta Dental plan designations changed. The same benefit levels, benefit maximums, premiums and rules regarding underwriting, eligibility and rating apply to all benefit class variations.

**Class IA is now Class I:** Oral exams, prophylaxes (cleanings), topical fluoride, emergency palliative

**Class IB is now Class II:** Radiographs (x-rays), restorative, crowns, oral surgery, endodontic and periodontic services and optional sealants for children

**Class II is now Class III:** Procedures for the construction of fixed bridgework, partial and complete dentures

**Class III is now Class IV:** Orthodontics

**Earlier contracts:** In some earlier contracts, MESSA/Delta Dental plans were described using the following terminology:

STANDARD DENTAL PLANS			ORTHODONTIC RIDERS		
Plan	Class I & II Benefit	Class III Benefit	Rider	Benefit	Lifetime Maximum
A	75%	50%	0-2	50%	\$750
A Modified	75%	60%	0-3	50%	\$1,000
B	60%	50%	0-4	60%	\$600
C	50%	50%	0-5	70%	\$700
D	60%	60%	0-6	75%	\$750
E	80%	80%	0-7	80%	\$800
F	50%	-	0-8	90%	\$900
G	75%	-	004	60%	\$1,000
H	85%	50%	005	70%	\$1,200
Auto +	100% I/90% II	90%	006 007 008 OR4	75% 80% 90% 60%	\$1,200 \$1,300 \$1,500 UCR

### REMEMBER

If your contract contains any of the earlier dental benefit class designations, you should use current designations when negotiating a new contract.

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### Dental Coordination of Benefits (COB) and Eligibility

The decisions of internal or external COB are an eligibility issue. Delta Dental will bill a premium for every member eligible for coverage. COB also determines the eligibility and coverage of dependents. There are three COB options: full COB (both internal and external), external COB only, and no COB.

- **Internal COB**

Both spouses can enroll in a Delta Dental plan and cover each other and their dependents. Delta Dental charges a premium for each spouse. Claims are coordinated between both policies with up to 100% of covered charges paid.

- **External COB**

A member who is covered by another dental plan, i.e., through a spouse's coverage, a second job, etc., enrolls to cover himself/herself and all eligible dependents in a Delta Dental plan through the district. Delta Dental will then coordinate benefits with the other plan when a claim is filed. The employer is billed a premium on these members.

- **No COB\***

Delta Dental will not coordinate benefits with any other dental plan under which an employee may be covered, such as a spouse's plan. This also means that only one spouse can enroll in the Delta plan.

*\*Not available in MESSA PAKs which require full COB or contain a specific COB suffix group as outlined in the next section.*

### COB Suffixing

Establishing a COB Suffix plan may save money without reducing member benefits. Those who have dental coverage through another source (e.g., covered by their spouse's plan) are enrolled in a 50% benefit plan that includes internal and external coordination of benefits (COB). Therefore, this plan will coordinate with their other dental plan. This results in these members receiving up to a 100% benefit level through the coordination of benefits from both plans.

Those members who do not have dental coverage through another source are enrolled in a higher benefit plan (e.g., 100/90/90/90). This group's benefit does not include either internal or external coordination of benefits (COB). There is no coordination of benefits with any other dental plan.

Please contact your MESSA Field Representative for details.

### Underwriting and Eligibility Guidelines

- The plan must have 100% participation within a definable group and must be 100% Employer-paid.
- There is no at-work requirement to place the coverage in force.
- Requires a 30-day written notification period prior to the MESSA/Delta Dental effective date of coverage.
- Sponsored dependents, ex-spouse, and surviving spouse/children coverage is not available.
- The employer must sign an Employer Participation Agreement in this program before coverage can be implemented.

### Rates

Rates for MESSA dental plans are based upon the number of employees needing self-only coverage and the number needing two or more person coverage. Send your group's census to MESSA Field Services for processing.

### Continuing Coverage into Retirement

- **As a Group** - 100% of the definable group must be included. Cost must be paid in full by the employer.
- **As an Individual** - not available.

### Predetermination

If treatment is expected to exceed \$200, the dentist should file the treatment plan with Delta Dental before any work is done. Delta Dental reviews the plan and informs the member and their dentist what treatment is covered and at what amount. Predetermination is recommended, not required. No predetermination is required for emergency care.

### Out-of-State Dentist

If the member or their covered family member has dental care in another state, Delta Dental will pay the member or their dentist according to the instructions given by the member.