

# MESSA Dental Plans



**MESSA Account:** East Jackson Community Schools

**Employee Group:** JCC FT CMF JCC FT Cust.Maint.Fac (with med)

**Group/Subgroup:**

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

<b>Diagnostic &amp; Preventive Services</b> <u>80 %</u>	<b>Basic Services</b> <u>80 %</u>	<b>Major Services</b> <u>80 %</u>	<b>Orthodontics</b> <u>80 %</u>
<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>• Two 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>	<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>* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</p> <p>** Payable once in any five-year period on the same tooth.</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>	<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>	<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 Diagnostic &amp; Preventive Services and Basic Services.</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 Orthodontics coverage.</p>
<p><b>\$ 1,000</b> annual maximum per person  <b>Diagnostic &amp; Preventive Services, Basic Services, and Major Services</b></p>			<p><b>\$ 1,000</b> lifetime maximum per person  <b>Orthodontics</b></p>

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