

Get miles of smiles with Delta Dental



The Montana Automobile Dealers Association endorses Delta Dental¹ benefits as a great choice for its members. A Delta Dental plan provides several advantages, including:

- Prompt, informative customer service with automated voice response and live representatives trained specifically in dental benefits
- User-friendly online services to help benefit administrators and enrollees manage their benefits
- No-hassle claims processing with an average turnaround of 3.5 days²
- Affordable fees and streamlined service for enrollees through our direct contracts with network dentists

Give your employee benefit package a quick and easy boost with a plan from Delta Dental.

To learn more about dental benefits through Montana Automobile Dealers Association, contact:

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¹ Delta Dental PPO™ is underwritten and administered by Delta Dental Insurance Company in Montana.

² Delta Dental 2017 Annual Report for our enterprise, which includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

Delta Dental is a registered mark of Delta Dental Plans Association.



We keep you smiling®
deltadentalins.com

Montana Automobile Dealers Association Plan and Rates

BENEFITS AND COVERED SERVICES ^{1, 2}	PPO PLAN PAYS
Diagnostic and Preventive	100%
Sealants	80%
Basic Restorative	80%
Oral Surgery	80%
Endodontics	80%
Periodontics	80%
Major Restorative	50%
Prosthodontics	50%
Implants	50%
Orthodontics - Child	50%
Orthodontics - Adult	Not a benefit
TMJ Services	Not a benefit

DEDUCTIBLES PER CALENDAR YEAR	
Deductibles are waived for diagnostic and preventive and orthodontic services.	
Per enrollee	\$50
Per family	\$150
MAXIMUMS	
Per enrollee each Calendar Year	\$1,200
Lifetime maximum for orthodontic services per enrollee	\$1,000
WAITING PERIODS ³	
Major Restorative, Prosthodontics	12 months
Orthodontics - Child	12 months

MONTHLY RATES	
Premiums are separate from association dues and/or fees charged to members and employees.	
Enrollee Only	\$34.40
Enrollee & Spouse	\$77.49
Enrollee & Child(ren)	\$83.55
Enrollee & Family	\$114.74

¹ This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Limitations and/or waiting periods may apply for some benefits; some services and procedures may be excluded from the plan. Purchasers should consult the contract for complete information.

² Fees are based on PPO contracted fees for PPO dentists, Delta Dental Premier[®] contracted fees for Premier dentists and the 80th percentile for non-Delta Dental dentists.

³ Waiting periods for Dependent Enrollees are determined by the Primary Enrollee's length of coverage and are calculated for a Primary Enrollee and his/her Dependent Enrollee from the Primary Enrollee's Effective Date of Coverage as reported by the Contractholder.

Limitations & Exclusions

Limitations

1. Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services". Optional Services also include the use of specialized techniques instead of standard procedures. Examples of Optional Services:

- a composite restoration instead of an amalgam restoration on posterior teeth;
- a crown where a filling would restore the tooth;
- an inlay/onlay instead of an amalgam restoration; or
- porcelain, resin or similar materials for crowns placed on a maxillary second or third molar, or on any mandibular molar (an allowance will be made for a porcelain fused to high noble metal crown).

If an Enrollee receives Optional Services, an alternate Benefit will be allowed, which means Delta Dental will base Benefits on the lower cost of the customary service or standard practice instead of on the higher cost of the Optional Service. The Enrollee will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

2. Delta Dental will pay for oral examinations (except after hours exams and exams for observation) and cleanings (including periodontal cleanings in the presence of inflamed gums or any combination thereof) no more than twice in a Calendar Year. A full mouth debridement is allowed once in a lifetime and counts toward the cleaning frequency in the year provided. Note that periodontal cleanings, procedure codes that include periodontal cleanings and full mouth debridement are standardly covered as a Basic Benefit, and routine cleanings are standardly covered as a Diagnostic and Preventive Benefit.

X-ray limitations:

- Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for a complete intraoral series when the fees for any combination of intraoral x-rays in a single treatment series meet or exceed the Accepted Fee for a complete intraoral series.
- When a panoramic film is submitted with supplemental film(s), Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for a complete intraoral series.
- If a panoramic film is taken in conjunction with an intraoral complete series, Delta Dental considers the panoramic film to be included in the complete series.
- A complete intraoral series and panoramic film are each limited to once every 60 months.
- Bitewing x-rays are limited to two times in a Calendar Year when provided to Enrollees under age 18 and one time each Calendar Year for Enrollees age 18 and over. Bitewings of any type are disallowed within 12 months of a full mouth series unless warranted by special circumstances.

3. Topical application of fluoride solutions is limited to Enrollees to age 19 and no more than twice in a Calendar Year.

4. Space maintainer limitations:

- Space maintainers are limited to the initial appliance and are a Benefit for an Enrollee to age 14.
- Recementation of space maintainer is limited to once per lifetime.
- The removal of a fixed space maintainer is considered to be included in the fee for the space maintainer; however, an exception is made if the removal is performed by a different Provider/Provider's office.

Limitations & Exclusions

5. Pulp vitality tests are allowed once per day when definitive treatment is not performed.
6. Cephalometric x-rays, oral/facial photographic images and diagnostic casts are covered once per lifetime only when Orthodontic Services are covered. If Orthodontic Services are covered, see limitations as age limits may apply. However, 3D X-rays are not a covered benefit.
7. Sealants are limited as follows:
 - to permanent first molars through age eight and to permanent second molars through age 15 if they are without caries (decay) or restorations on the occlusal surface.
 - do not include repair or replacement of a Sealant on any tooth within 24 months of its application.
8. Specialist Consultations, screenings of patients, and assessments of patients are limited to once per lifetime per Provider and count toward the oral exam frequency.
9. Delta Dental will not cover replacement of an amalgam or resin-based composite restorations (fillings) or prefabricated resin and stainless steel crowns within 24 months of treatment if the service is provided by the same Provider/Provider office. Replacement restorations within 24 months are included in the fee for the original restoration.
10. Stainless steel crowns are allowed on baby (deciduous) teeth and permanent teeth up to age 16.
11. Therapeutic pulpotomy is limited to once per lifetime for baby (deciduous) teeth only and is considered palliative treatment for permanent teeth.
12. Root canal therapy and pulpal therapy (resorbable filling) are limited to once in a lifetime. Retreatment of root canal therapy by the same Provider/Provider office within 24 months is considered part of the original procedure.
13. Apexification is only benefited on permanent teeth with incomplete root canal development or for the repair of a perforation. Apexification visits have a lifetime limit per tooth of one initial visit, four interim visits and one final visit to age 19.
14. Retreatment of apical surgery by the same Provider/Provider office within 24 months is considered part of the original procedure.
15. Pin retention is covered not more than once in any 24-month period.
16. Palliative treatment is covered per visit, not per tooth, and the fee includes all treatment provided other than required x-rays or select Diagnostic procedures.
17. Periodontal limitations:
 - Benefits for periodontal scaling and root planing in the same quadrant are limited to once in every 24-month period.
 - Periodontal surgery in the same quadrant is limited to once in every 36-month period and includes any surgical re-entry or scaling and root planing.
 - Periodontal services, including bone replacement grafts, guided tissue regeneration, graft procedures and biological materials to aid in soft and osseous tissue regeneration are only covered for the treatment of natural teeth and are not covered when submitted in conjunction with extractions, periradicular surgery, ridge augmentation or implants.

Limitations & Exclusions

- If in the same quadrant, scaling and root planing must be performed at least six weeks prior to the periodontal surgery.
 - Cleanings (regular and periodontal) and full mouth debridement are subject to a 30 day wait following periodontal scaling and root planing if performed by the same Provider office.
18. Oral Surgery services are covered once in a lifetime except removal of cysts and lesions and incision and drainage procedures, which are covered once in the same day.
 19. The following Oral Surgery procedure is limited to age 19: transseptal fiberotomy/supra crestal fiberotomy, by report.
 20. The following Oral Surgery procedures are limited to age 19 (or orthodontic limiting age) provided Orthodontic Services are covered: surgical access of an unerupted tooth, placement of device to facilitate eruption of impacted tooth, and surgical repositioning of teeth.
 21. Crowns and Inlays/Onlays are limited to Enrollees age 12 and older and are covered not more often than once in any 60 month period except when Delta Dental determines the existing Crown or Inlay/Onlay is not satisfactory and cannot be made satisfactory because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues.
 22. When an alternate Benefit of an amalgam is allowed for inlays/ onlays, they are limited to Enrollees age 12 and older and are covered not more than once in any 60 month period.
 23. Core buildup, including any pins, are covered not more than once in any 60 month period.
 24. Post and core services are covered not more than once in any 60 month year period.
 25. Crown repairs are covered not more than twice in any 60 month period.
 26. Denture Repairs are covered not more than once in any six month period except for fixed Denture Repairs which are covered not more than twice in any 60 month period.
 27. Prosthodontic appliances (including implants and/or implant supported prosthetics*) that were provided under any Delta Dental program will be replaced only after 60 months have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Fixed prosthodontic appliances are limited to Enrollees age 16 and older. Replacement of a prosthodontic appliance (and/or implant supported prosthesis*) not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory.

*Applicable if implants are indicated as covered on the proposed plan design: Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment. Delta Dental's payment for implant removal is limited to one for each implant during the Enrollee's lifetime whether provided under Delta Dental or any other dental care plan.

Limitations & Exclusions

28. When a posterior fixed bridge and a removable partial denture are placed in the same arch in the same treatment episode, only the partial denture will be a Benefit.
29. Recementation of Crowns, Inlays/Onlays or bridges is included in the fee for the Crown, Inlay/Onlay or bridge when performed by the same Provider/Provider office within six months of the initial placement. After six months, payment will be limited to one recementation in a lifetime by the same Provider/Provider office.
30. Delta Dental limits payment for dentures to a standard partial or complete denture (Enrollee Coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means and includes routine post delivery care including any adjustments and relines for the first six months after placement.
 - Denture rebase is limited to one per arch in a 24-month period and includes any relining and adjustments for six months following placement.
 - Dentures, removable partial dentures and relines include adjustments for six months following installation. After the initial six months of an adjustment or reline, adjustments are limited to two per arch in a Calendar Year and relining is limited to one per arch in a six month period.
 - Tissue conditioning is limited to two per arch in a 12-month period. However, tissue conditioning is not allowed as a separate Benefit when performed on the same day as a denture, reline or rebase service.
 - Recementation of fixed partial dentures is limited to once in a lifetime.

Exclusions

Delta Dental does not pay Benefits for:

1. treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.
2. cosmetic surgery or procedures for purely cosmetic reasons.
3. maxillofacial prosthetics, except for newborn children eligible from and at the moment of birth, children placed for adoption and adopted children born with cleft lip or palate so long as such eligible children continue to be enrolled
4. provisional and/or temporary restorations (except an interim removable partial denture to replace extracted anterior permanent teeth during the healing period for children 16 years of age or under).
5. services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn children for medically diagnosed congenital defects or birth abnormalities.
6. treatment to stabilize teeth, treatment to restore tooth structure lost from wear, erosion, or abrasion or treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion. Examples include but are not limited to: equilibration, periodontal splinting, complete occlusal adjustments or Night Guards/Occlusal guards and abfraction.

Limitations & Exclusions

7. any Single Procedure provided prior to the date the Enrollee became eligible for services under this plan.
8. prescribed drugs, medication, pain killers, antimicrobial agents, or experimental/investigational procedures.
9. charges for anesthesia, other than General Anesthesia and IV Sedation administered by a Provider in connection with covered Oral Surgery or selected Endodontic and Periodontal surgical procedures.
10. extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
11. laboratory processed crowns for Enrollees under age 12.
12. fixed bridges and removable partials for Enrollees under age 16.
13. interim implants.
14. indirectly fabricated resin-based Inlays/ Onlays.
15. charges by any hospital or other surgical or treatment facility and any additional fees charged by the Provider for treatment in any such facility.
16. treatment by someone other than a Provider or a person who by law may work under a Provider's direct supervision.
17. charges incurred for oral hygiene instruction, a plaque control program, preventive control programs including home care times, dietary instruction, x-ray duplications, cancer screening, tobacco counseling or broken appointments.
18. dental practice administrative services including, but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks or relaxation techniques such as music.
19. procedures having a questionable prognosis based on a dental consultant's professional review of the submitted documentation.
20. any tax imposed (or incurred) by a government, state or other entity, in connection with any fees charged for Benefits provided under the Contract, will be the responsibility of the Enrollee and not a covered Benefit.
21. deductibles, amounts over plan maximums and/or any service not covered under the dental plan.
22. services covered under the dental plan but exceed Benefit limitations or are not in accordance with processing policies in effect at the time the claim is processed.
23. services for Orthodontic treatment (treatment of malocclusion of teeth and/or jaws), unless otherwise indicated as covered on the proposed plan design.
24. services for any disturbance of the Temporomandibular (jaw) Joints (TMJ) or associated musculature, nerves and other tissues), unless otherwise indicated as covered on the proposed plan design.
25. endodontic endosseous implant.
26. missed and/or canceled appointments.