MESSA Dental plan highlights

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 ● 800-292-4910

Effective Date: 01/01/2026

MESSA Account: Atlanta Community Schools

Employee Group: Teacher

Group/Subgroup: 06146-0005

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 **messa.org** and using the provider directory search provided by Delta Dental.

Plan Features

Diagnostic & Preventive Services 100%	Basic Services 80%	Major Services 80%	Orthodontics 80%
• Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Palliative • 2 Cleanings in 12 Months * Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19. **Rider** (If neither box below is checked, you do not have this coverage.) ☐ 3 Cleanings in 12 Months ☐ 4 Cleanings in 12 Months	• Radiographs (x-rays)* • Restorative • Crowns** • Oral Surgery • Endodontic Services — treatment for diseased or damaged nerves. • Periodontic Services — treatment for diseases of the gum and teeth-supporting structures. * Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years. ** Payable once in any 5-year period on the same tooth. **Rider** (If the box below is not checked, you do not have this coverage.) ☐ Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.	• Procedures for the construction of fixed bridgework, endosteal implants, partial and complete dentures. • Payable once in any 5-year period for the same appliances.	• Necessary treatment and procedures required for the correction of abnormal bite. • Orthodontic exam, radiographs and extractions are covered under Diagnostic & Preventive Services and Basic Services. **Rider** (If the box below is not checked, you do not have this coverage.) ☐ Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.
$1,000 annual maximum per person **Diagnostic & Preventive Services, Basic Services, and Major Services**			**$3,000** lifetime maximum per person **Orthodontics**

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