



## Delta Dental PPO™ (Point-of-Service)

### Summary of Gold Dental Plan Benefits

**For Group #3300-1001, 1002, 1006, 1007, 1008, 1009, 1010, 1012, 1014, 1015, 1017, 1018, 1021, 1022, 1099, 1100, 1199, 1666, 1777**

**University of Michigan Health - Sparrow and University of Michigan Health - West**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the Dentist's network participation.\*

**Control Plan** – Delta Dental of Michigan

**Benefit Year** – January 1 through December 31

**Covered Services** –

|                                                                                               | Delta Dental PPO™<br>Dentist | Delta Dental<br>Premier® Dentist | Nonparticipating<br>Dentist |
|-----------------------------------------------------------------------------------------------|------------------------------|----------------------------------|-----------------------------|
|                                                                                               | Plan Pays                    | Plan Pays                        | Plan Pays*                  |
| <b>Diagnostic &amp; Preventive</b>                                                            |                              |                                  |                             |
| <b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers | 100%                         | 100%                             | 70%                         |
| <b>Palliative Treatment</b> – to temporarily relieve pain                                     | 100%                         | 100%                             | 70%                         |
| <b>Brush Biopsy</b> – to detect oral cancer                                                   | 100%                         | 100%                             | 70%                         |
| <b>Radiographs</b> – X-rays                                                                   | 100%                         | 100%                             | 70%                         |
| <b>Basic Services</b>                                                                         |                              |                                  |                             |
| <b>Minor Restorative Services</b> – fillings and crown repair                                 | 80%                          | 80%                              | 50%                         |
| <b>Endodontic Services</b> – root canals                                                      | 80%                          | 80%                              | 50%                         |
| <b>Periodontic Services</b> – to treat gum disease                                            | 80%                          | 80%                              | 50%                         |
| <b>Oral Surgery Services</b> – extractions and dental surgery                                 | 80%                          | 80%                              | 50%                         |
| <b>Major Restorative Services</b> – crowns                                                    | 80%                          | 80%                              | 50%                         |
| <b>Other Basic Services</b> – misc. services                                                  | 80%                          | 80%                              | 50%                         |
| <b>Relines and Repairs</b> – to prosthetic appliances                                         | 80%                          | 80%                              | 50%                         |
| <b>Major Services</b>                                                                         |                              |                                  |                             |
| <b>Prosthodontic Services</b> – bridges, implants, dentures, and crowns over implants         | 80%                          | 80%                              | 50%                         |
| <b>Orthodontic Services</b>                                                                   |                              |                                  |                             |
| <b>Orthodontic Services</b> – braces                                                          | 50%                          | 50%                              | 0%                          |
| <b>Orthodontic Age Limit</b> –                                                                | No Age Limit                 | No Age Limit                     |                             |

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.

- Sealants are not a Covered Service.
- Composite resin (white) restorations are payable on all teeth, including posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment – Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist** - \$1,500 per Member total per Benefit Year. The maximum does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, and orthodontic services. \$1,500 per Member total per lifetime on orthodontic services.

**Nonparticipating Dentist** - \$750 per Member total per Benefit Year on all services.

These are not separate maximums by type of dentist.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental PPO™ Dentist - Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist. Delta Dental Premier® Dentist - Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist. Nonparticipating Dentist - Orthodontic services are not a covered benefit.

**Deductible** – None.

**Waiting Period** – Enrollees who are eligible for Benefits are covered as defined by the Contractor.

**Eligible People** – As defined by the Contractor.

Also eligible are your legal spouse and your children to the end of the month in which they turn 26. Your dependent children may be enrolled if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

Benefits will cease on the last day of the month.

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)

<https://www.DeltaDentalMI.com>

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