



**Delta Dental PPO™ (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group #5970-3001, 3099  
The University of Michigan**

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™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Palliative Treatment</b> – to temporarily relieve pain	100%	100%	100%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> – to detect oral cancer	100%	100%	100%
<b>Radiographs</b> – X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> – fillings	100%	100%	100%
<b>Endodontic Services</b> – root canals	100%	100%	100%
<b>Periodontic Services</b> – to treat gum disease	100%	100%	100%
<b>Oral Surgery Services</b> – extractions and dental surgery	100%	100%	100%
<b>Other Basic Services</b> – misc. services	100%	100%	100%
<b>Major Services</b>			
<b>Crown Repair</b> – to individual crowns	50%	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%	50%
<b>Relines and Repairs</b> – to prosthetic appliances	50%	50%	50%
<b>TMD Treatment</b> – treatment of the disorder of the temporomandibular joint, including related films	50%	50%	50%
<b>Prosthodontic Services</b> – bridges, implants, dentures, and crowns over implants	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	Dependent Children through age 18 and under		

\* 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.

- Routine oral exams are payable twice per calendar year. Evaluations by specialists are also payable twice in the same calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease.

- 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.
- Space maintainers are payable once per area per lifetime 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. Additional bitewing X-rays by a specialist are also payable once in the same calendar year. Additional full mouth X-rays or a panorex by a specialist are also payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for permanent bicuspid and molars for people age 15 and under. The surface must be free from decay and restorations.
- Crowns, onlays and substructures are payable once per tooth in any seven-year period.
- Composite resin (white) restorations are payable on all teeth, including posterior teeth.
- Bone replacement graft for ridge preservation is a Covered Service. An occlusal orthotic device for TMD treatment is payable once per lifetime.
- Full and partial dentures are payable once in any seven-year period.
- Bridges are payable once in any seven-year period.
- Implants are payable once per tooth in any seven-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are Covered Services.
- Occlusal guards are payable once in any five-year period.
- 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** – \$1,500 per Member total per Benefit Year on all services, except diagnostic and preventive services, emergency palliative treatment, X-rays, brush biopsy, sealants, periodontal maintenance, scaling and root planing, occlusal guards, TMD treatment, and orthodontic services. \$1,500 per Member total per lifetime on orthodontic services. \$1,000 per Member total per lifetime on TMD treatment.

**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 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.

**Deductible** – \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative, brush biopsy, X-rays, sealants, periodontal maintenance, full mouth debridement, scaling and root planing, occlusal guards, and orthodontic services.

**Waiting Period** – All employees who meet the eligibility requirements of the Contractor.

**Eligible People** – All full-time employees of the Contractor who choose Option 3 dental plan: Active, Long term disability and COBRA (3001) and Retiree and Surviving Spouses (3099).

University of Michigan allows eligible children, step-children, and children of their partners to remain covered until the end of the month the child turns age 26. There are no additional dependent child requirements for residence, financial dependence, or marital status.

No Subscriber may be covered as both a Subscriber and an Eligible Dependent. Where two Subscribers are both eligible for coverage under this Contract, they may be enrolled together on one application card or separately on individual application cards, but not both. Except any Eligible Dependent who is also eligible as a Subscriber must enroll as a Subscriber. All eligible dependent children may only be enrolled on one Subscriber application card.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the last day of the month in which your employment is terminated.

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)  
<https://www.DeltaDentalMI.com>  
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