



**Delta Dental PPO (Point-of-Service)  
Summary of Option 2 Dental Plan Benefits  
For Group# 5970-2001, 2099  
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>Emergency 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>Non-Surgical Periodontic Services</b> – non-surgical services to treat gum disease	100%	100%	100%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> – fillings	100%	60%	60%
<b>Endodontic Services</b> – root canals	100%	60%	60%
<b>Surgical Periodontic Services</b> – surgical services to treat gum disease	100%	60%	60%
<b>Oral Surgery Services</b> – extractions and dental surgery	100%	60%	60%
<b>Other Basic Services</b> – misc. services	100%	60%	60%
<b>Major Services</b>			
<b>Crown Repair</b> – to individual crowns	50%	40%	40%
<b>Major Restorative Services</b> – crowns	50%	40%	40%
<b>Relines and Repairs</b> – to bridges, implants, and dentures	50%	40%	40%
<b>TMD Treatment</b> – treatment of the disorder of the temporomandibular joint, including related films	50%	40%	40%
<b>Prosthodontic Services</b> – bridges, implants, and dentures	50%	40%	40%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	Dependent children up to age 19	Dependent children up to age 19	Dependent children up to age 19

\* 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. The Nonparticipating Dentist Fee 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 up to age 19.
- Space maintainers are payable once per area per lifetime for people up to age 19.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) 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 by a specialist are also payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for the occlusal surface of permanent bicuspid and molars up to age 16. 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 Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- TMD treatment is a Covered Service. Bone replacement graft for ridge preservation is a Covered Service.
- Benefits for Temporomandibular Disorders (TMD) are limited to those services normally provided by a dentist to relieve oral symptoms associated with malfunctioning of the temporomandibular joint. This does not include services that would normally be provided under medical care.
- Full and partial dentures are payable once in any seven-year period.
- Bridges are payable once in any seven-year period.
- Implants and implant related services are payable once per tooth in any seven-year period.
- Occlusal guards are payable once in any five-year period.

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 Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** – \$1,250 per person 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. \$1,000 per person total per lifetime on TMD treatment. \$1,500 per person total per lifetime on orthodontic services.

**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 30% of Delta Dental's stated Copayment of the Maximum Allowed Amount for Orthodontic Services as set forth in the Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

**Deductible** – \$50 Deductible per person 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, 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 2 dental plan: Active, Long term disability and COBRA (2001) and Retiree and Surviving Spouses (2099).

Also eligible are your legal spouse, your dependent children to the end of the calendar year in which they attain the age of 19, and your dependent unmarried children who are eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year.

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.

**Coordination of Benefits** – 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 be enrolled as a Subscriber. All eligible dependent children may only be enrolled on one Subscriber application card.

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

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

[www.DeltaDentalMI.com](http://www.DeltaDentalMI.com)

February 16, 2018