

# Summary of Dental Plan Benefits

Delta Dental PPO (Point-of-Service) Program									
University of Michigan Group No. 5970	Option 1			Option 2			Option 3		
Sub Group Numbers: Active Employees	1001			2001			3001		
Sub Group Numbers: LTD, COBRA, Retirees & Survivors	1099			2099			3099		
<b>Delta Dental Network Participation Level</b>	PPO	Premier	NonPar	PPO	Premier	NonPar	PPO	Premier	NonPar

## Class I

<b>Diagnostic and Preventive Services</b> —used to diagnose and/or prevent dental abnormalities or disease. Includes prophylaxes, including periodontal prophylaxes, and routine oral examinations/evaluations payable twice in a calendar year. (People with certain high-risk medical conditions or with a documented history of periodontal disease may be eligible for two additional prophylaxes.)	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Radiographs</b> —including one set of bitewing x-rays in a calendar year and either a panoramic film or one set of full mouth x-rays once in any five-year period.	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Sealants</b> —Sealants are payable on permanent bicuspid and molars once per tooth per lifetime to age 16.	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Fluoride Treatment</b> —Preventive fluoride treatments are payable once in a calendar year for people up to age 19. (People over age 19 with certain high-risk medical conditions may be eligible for additional prophylaxes or fluoride treatment.)	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Space Maintainers</b> —Space maintainers are payable for people up to age 19.	100%	100%	100%	100%	100%	100%	100%	100%	100%

## Class II

<b>*Emergency Palliative Treatment</b> —Used to temporarily relieve pain.	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>*Occlusal Guards</b> —Payable once in a five year period.	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>*Periodontal Scaling &amp; Root Planing</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>*Periodontal Maintenance</b> —Two additional prophylaxes or periodontal maintenance procedures will be covered for individuals with a documented history of periodontal disease. (No more than four prophylaxes [cleanings] and/or periodontal prophylaxes or maintenance procedures will be payable in a calendar year.)	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>All Other Periodontics</b> —used to treat diseases of the gums and supporting structures of the teeth	0%	0%	0%	100%	60%	60%	100%	100%	100%
<b>Oral Surgery</b> —Extractions and dental surgery, including preoperative and post-operative care.	0%	0%	0%	100%	60%	60%	100%	100%	100%
<b>Minor Restorative Services</b> —Used to repair teeth damaged by disease or injury (for example, fillings).	0%	0%	0%	100%	60%	60%	100%	100%	100%
<b>Endodontics</b> —Used to treat teeth with diseased or damaged nerves (for example, root canals).	0%	0%	0%	100%	60%	60%	100%	100%	100%

\*Emergency Palliative, Periodontal Maintenance, Scaling & Root Planing and Occlusal Guard benefits are exempt from the Class II and III calendar year deductible and \$1,250 calendar year maximum.

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### Class III

<b>Major Restorative Services</b> —Used when teeth can't be restored with another filling material (for example, crowns).	0%	0%	0%	50%	40%	40%	50%	50%	50%
<b>Prosthodontics Services</b> —Used to replace missing natural teeth (for example, bridges, endosteal implants, and dentures).	0%	0%	0%	50%	40%	40%	50%	50%	50%
<b>Relines</b> —Relines and rebase to dentures.	0%	0%	0%	50%	40%	40%	50%	50%	50%
<b>Prosthodontic Repairs</b> —Repairs to bridges and dentures.	0%	0%	0%	50%	40%	40%	50%	50%	50%
<b>TMD Treatment</b> —Used by dentists to relieve oral symptoms associated with mal-functioning of the temporomandibular joint (for example, an occlusal orthotic TMD device)	0%	0%	0%	50%	40%	40%	50%	50%	50%

### Class IV

<b>Orthodontic Services</b> (to age 19)	50%	50%	50%	50%	50%	50%	50%	50%	50%
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### Deductibles and Plan

<b>Calendar Year and Lifetime Maximum Payable Benefits</b>	<ul style="list-style-type: none"> <li>There is no calendar year maximum dollar amount applied to covered Class I and II services under Option 1.</li> <li>A \$1,500 per person total lifetime maximum applies to covered orthodontic Class IV Benefits. This is a combined maximum under all plan options, even if you change dental plan options from year to year.</li> </ul>	<ul style="list-style-type: none"> <li>\$1,250 per person total per calendar year for covered Class II and Class III Benefits, except as noted below.* The calendar year maximum does not apply to Class I or Class IV Benefits.</li> <li>A \$1,500 per person total lifetime maximum applies to covered orthodontic Class IV Benefits. This is a combined maximum under all plan options, even if you change dental plan options from year to year.</li> <li>A \$1,000 per person total lifetime maximum applies to covered TMD Benefits. This is a combined maximum under Option 2 and 3, even if you change dental plan options from year to year.</li> </ul>
<b>Calendar Year Deductible</b>	None	\$50 per person per calendar year limited to a maximum deductible of \$150 per family. Applies to Class II and Class III Benefits, except as noted below.* The deductible does not apply to Class I or Class IV Benefits.

#### IMPORTANT

This chart is intended to provide basic information about services covered by the University of Michigan Dental Plan. It is not intended to be a full description of the plans offered by the University of Michigan. Other limitations and exclusions apply. For additional details, request a Dental Plan booklet by visiting any Benefits Office or by calling the HR/Payroll Service Center. You can also review or print a Dental Plan booklet from the Benefits Office website with more detailed plan information about benefits, how claims are paid, exclusions and limitations for the dental program.