

## Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits for Group# 9253-0002 Michigan Catholic Conference

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** – July 1 through June 30

**Covered Services** –

	PPO Dentist	Premier Dentist	Non-participating 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%	100%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	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 and crown repair	75%	75%	75%
<b>Endodontic Services</b> – root canals	75%	75%	75%
<b>Periodontic Services</b> – to treat gum disease	75%	75%	75%
<b>Oral Surgery Services</b> – extractions and dental surgery	75%	75%	75%
<b>Major Restorative Services</b> – crowns	75%	75%	75%
<b>Other Basic Services</b> – misc. services	75%	75%	75%
<b>Relines and Repairs</b> – to bridges, dentures, and implants	75%	75%	75%
<b>Major Services</b>			
<b>Prosthetic Services</b> – bridges, implants, and dentures	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	Up to age 19	Up to age 19	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 your dentist charges and you are responsible for that difference.

- » Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- » Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- » 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 in any period of 12 consecutive months for people up to age 19.
- » Bitewing X-rays are payable twice in any period of 12 consecutive months. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.

- » Composite resin (white) restorations are Covered Services on posterior teeth.
- » Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- » Implants and implant related services are payable once per tooth 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** – \$1,500 per person total per Benefit Year on all services except orthodontics. \$1,000 per person total per lifetime on orthodontic services.

**Deductible** – None.

**Waiting Period** – Full-time regular employees may enroll within 30 days of becoming eligible, i.e., the first 30 days of employment. Full-time regular employees may also enroll during the annual open enrollment period. The effective date of coverage will be established by Michigan Catholic Conference.

**Eligible People** – All regular full-time employees as defined by Michigan Catholic Conference located in Michigan. When a subscriber is eligible as both an employee and a dependent, the subscriber may only enroll in the dental plan as one or the other. The benefits shall not be duplicated nor will they coordinate to the group.

Also eligible are one Legally Domiciled Adult and your children to the end of the month in which they turn 26, including your children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled.

Unless this is a Section 125 plan, subscribers and their dependents who enroll in the dental plan are required to remain enrolled for a minimum of 12 months. Any subscriber or dependent who drops the dental plan may not re-enroll at a later date. If this is a Section 125 plan, an election may be revoked or changed at any time if the change is the result of a change in family status as defined under Internal Revenue Code Section 125.

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