



**MICHIGAN
CATHOLIC**
C O N F E R E N C E

Dental Plan Frequently Asked Questions

- Q. What dental plan does the Michigan Catholic Conference (MCC) offer?**
A. MCC offers Delta Dental of Michigan PPO (Point-of-Service) plan.
- Q. Who is eligible to participate in the dental plan?**
A. Employees at participating units (parish, school, or other Catholic organization) who are scheduled to work 20 hours or more per week are eligible to participate in MCC's dental plan. Part-time (those who work less than 20 hours a week), seasonal and temporary employees are not eligible.
- Q. I am a new hire. When may I begin participating in the plan?**
A. As a new hire, you may begin participating in the plan the first of the month following your date of hire. If your date of hire is the first of the month, you may begin participating on that day.
- Q. How do I enroll in the dental plan?**
A. Newly eligible employees will have 30-days from date of hire (or date MCC is notified of your eligibility) to enroll in benefits. You may also enroll during the annual open enrollment period. Enrollment may be completed through Employee Self-Serve (ESS) or by calling the MCC Benefit Team at 800-395-5565.
- Q. Who can I cover under the plan?**
A. You can cover yourself, a Legally Domiciled Adult, and your dependent children, up to the age of 26.
- Q. What is my payroll deduction amount for dental coverage, and when does this amount change?**
A. Check with your employer to find out how much you may be asked to contribute to the cost of dental coverage.
- Q. Is my premium payroll deduction taken before taxes?**
A. Yes, dental benefit premium costs are eligible for pre-tax payroll deduction.
- Q. How will my bookkeeper know what benefits I enroll in?**
A. For newly eligible, your bookkeeper can retrieve a change report on Bookkeeper Self-Serve informing them of your benefit enrollment. Open enrollment changes are reported to your bookkeeper through BSS as well. You are also encouraged to notify your bookkeeper of your benefit plan elections and any changes you make.
- Q. Do I have to go to a specific dentist to be covered?**
A. With your Delta Dental PPOTM (Point-of-Service) plan, you have access to two of the nation's largest networks of participating dentists—our Delta Dental PPO network and our Delta Dental

Premier® network—to help you save money on the dental care you need to stay healthy.

Q. Do I have to pay a deductible?

A. No.

Q. Will I receive a Delta Dental ID card?

A. Delta Dental does not issue ID cards. When you go to the dentist, let your provider know that you participate in the Michigan Catholic Conference plan (Group Number is 9253) Delta Dental plan and give your provider your Social Security Number.

Q. Does the dental plan cover routine oral exams and routine cleanings?

A. Yes, oral exams and cleanings are payable at 100 percent, two times in a 12-month period.

Q. Are fluoride treatments covered?

A. Yes, fluoride treatments are covered at 100 percent for people up to the age of 19, and are payable two times in a 12-month period.

Q. Does the Plan pay for X-rays?

A. Bitewing X-rays are payable two times in a 12-month period, and full-mouth X-rays are payable once in any three-year period.

Q. I need a crown repaired, is this covered?

A. Yes, a crown is considered a Minor Restorative Service and is payable at 75 percent.

Q. Does the Plan cover bridges, implants or dentures?

A. Yes, these types of services are considered Prosthodontic Services and are payable at 50 percent.

Q. Does the Plan cover adult orthodontia?

A. No. Orthodontia is only covered for dependent children, up to age 19.

Q. What is the maximum benefit payment?

A. \$1,500 per person, per benefit year, on all services except orthodontics. The maximum for orthodontic treatment is \$1,000 per person, per lifetime.

Q. When may I make changes to my dental plan?

A. You may make enroll or cancel your dental plan, and/or add remove dependents during the Open Enrollment period, which is in October each year. No changes are permitted outside of Open Enrollment, unless you have a Qualifying Life Event (QLE), such as the birth or adoption of a child.

Q. Where can I find more information about MCC's Dental Plan?

A. You can find specific plan information online by visiting [here](#). You may also call MCC Benefits Team at 800-395-5565 or email your request to Benefits@MICatholic.org. You may also call Delta Dental for additional information at 800-524-0149. MCC's Group Number is 9253.