

The following benefits include <i>Certified EHB Dental Benefits</i> covered by Delta Dental of Michigan. Please mark the plan of your choice. Effective 1/1/2018 – 12/31/2018	Delta Dental PPO SM (Point-of-Service)							
	<input type="checkbox"/> Plan AA including High Pediatric Dental Plan				<input type="checkbox"/> Plan BB including High Pediatric Dental Plan			
	Non-EHB		EHB (under age 19)		Non-EHB		EHB (under age 19)	
	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating
Diagnostic and Preventive								
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%	100%	100%	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%	100%	100%	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%	100%	100%	100%	100%	100%
Radiographs – X-rays	100%	100%	100%	100%	100%	100%	100%	100%
Sealants – to prevent decay of permanent teeth	0%	0%	100%	100%	0%	0%	100%	100%
Basic Services								
Oral Surgery Services – extractions and dental surgery	80%	80%	80%	60%	80%	80%	80%	60%
Minor Restorative Services – fillings and crown repair	80%	80%	80%	60%	80%	80%	80%	60%
Periodontics – to treat gum disease	80%	80%	80%	60%	80%	80%	80%	60%
Endodontics – root canals	80%	80%	80%	60%	80%	80%	80%	60%
Relines and Repairs – to bridges and dentures	80%	80%	80%	60%	80%	80%	80%	60%
Other Basic Services – misc. services	80%	80%	80%	60%	80%	80%	80%	60%
Major Services								
Major Restorative Services – crowns	50%	50%	50%	50%	50%	50%	50%	50%
Prosthodontics – bridges and dentures	50%	50%	50%	50%	50%	50%	50%	50%
Implants – to replace missing teeth	50%	50%	0%	0%	50%	50%	0%	0%
Orthodontic Services								
Orthodontic Services – braces	50%	50%	0%	0%	0%	0%	0%	0%
Orthodontic Age Limit –	19	19	N/A	N/A	N/A	N/A	N/A	N/A
Maximum Payment – per person per calendar year on Diagnostic & Preventive, Basic Services and Major Services	\$1,000		None		\$1,000		None	
Per person lifetime maximum payment for Orthodontic Services	\$1,000		N/A		N/A		N/A	
Deductible – per person/per family per calendar year on Basic Services and Major Services.	50/150		None		50/150		None	
RATE PER SUBSCRIBER PER MONTH –								
Employee only	\$37.69				\$37.69			
Employee and one dependent	\$70.28				\$70.17			
Employee and two or more dependents	\$130.21				\$129.01			

Please note: Any Non-EHB covered services that are not covered in the pediatric plan (like orthodontia) will be covered for people under age 19, subject to the Non-EHB limitations and maximum payment provisions. For all EHB Covered Services provided by a PPO or Premier Dentist, the maximum out-of-pocket payments are \$350 per calendar year for one person under the age of 19, or \$700 per calendar year per family with two or more people under the age of 19.

¹ Above plan designs assume Delta Dental's standard limitations unless otherwise noted.

² These rates are valid through December 31, 2018 for a one year contract.

³ Rates do not include any applicable claims taxes.

An individual will be considered under the age of 19 until the end of the calendar year in which the individual attains the age of 19.