

The following benefits include <i>Certified EHB Dental Benefits</i> covered by Delta Dental of Michigan. Please mark the plan of your choice. Effective 1/1/2019 - 12/31/2019	Delta Dental PPO <sup>SM</sup> (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
<b>Diagnostic and Preventive</b>								
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%
<b>Basic Services</b>								
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%
<b>Major Services</b>								
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%
<b>Orthodontic Services</b>								
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	
<b>RATE PER SUBSCRIBER PER MONTH -</b>								
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.

<sup>1</sup> Above plan designs assume Delta Dental's standard limitations unless otherwise noted.

<sup>2</sup> These rates are valid through December 31, 2019 for a one year contract.

<sup>3</sup> 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.**