

Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits For Group# 2260-0001 Genesee Health Plan

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 – January 1 through December 31

Covered Services –

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams and cleanings	100%	100%	0%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	0%
Brush Biopsy – to detect oral cancer	100%	100%	0%
Radiographs – X-rays	100%	100%	0%
Other Preventive Services – fluoride and space maintainers	0%	0%	0%
Basic Services			
Minor Restorative Services – fillings and crown repair	100%	100%	0%
Oral Surgery Services – extractions and dental surgery	80%	80%	0%
Periodontal Maintenance – cleanings following periodontal therapy	70%	70%	0%
Major Services			
Removable Prosthodontic Services – complete and partial dentures	70%	70%	0%

* 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 per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- 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 not Covered Services.
- Space maintainers are not Covered Services.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Full and partial dentures are payable once in any five-year period.
- Implants and related services are not Covered Services.
- Emergency palliative treatment, general anesthesia and IV sedation are Covered Services.

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 –

Delta Dental PPO Dentist or Delta Dental Premier Dentist - \$1,000 per person total per Benefit Year. The maximum does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, and X-rays.

Nonparticipating Dentist - There are no benefits payable for nonparticipating dentists.

Deductible – None.

Eligible People – All members enrolled in a qualified health plan on the Michigan Health Insurance Marketplace. The Contractor pays the full cost of this plan.

If you and your spouse are both eligible for coverage under this Contract, you may be enrolled together on one application or separately on individual applications, but not both. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Contract.

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