



## Delta Dental PPO™ (Point-of-Service) Summary of Dental Plan Benefits For Group# 2260-0002 Senior Dental Program

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.\*

**Contact Genesee Health Plan at 844-232-7740 for additional information and to enroll.**

**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*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams and cleanings	100%	100%	0%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	100%	0%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	0%
<b>Radiographs</b> - X-rays	100%	100%	0%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> - fillings and crown repair	100%	100%	0%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	100%	100%	0%
<b>Non-Surgical Periodontic Services</b> - non-surgical services to treat gum disease	85%	85%	0%
<b>Simple Extractions</b> - non-surgical removal of teeth	85%	85%	0%
<b>Other Oral Surgery</b> - dental surgery	80%	80%	0%
<b>Relines and Repairs</b> - to prosthetic appliances	50%	50%	0%
<b>Major Services</b>			
<b>Prosthodontic Services</b> - bridges and 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. This amount may be less than what the Dentist charges or Delta Dental approves 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). The patient should talk with his or her dentist about treatment.
- 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.
- Sealants are not a Covered Service.
- Composite resin (white) restorations are payable on posterior teeth.
- Root planing is a Covered Service. Biologic materials to aid in tissue regeneration are not Covered Services.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Emergency palliative treatment, after hours office visits, and occlusal adjustments are Covered Services. Occlusal guards are payable once per lifetime.

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 -** \$1,500 per person total per Benefit Year on all services.

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

**Deductible -** None.

**Eligible People -** Seniors ages 60 and over, who do not currently have dental coverage. The Contractor pays the full cost of this plan.

Enrollees and dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Coordination of Benefits -** If you and your spouse are both eligible to enroll in This Plan as Subscribers, you must be enrolled separately on individual applications. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Subscribers under This Plan.

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