

Dental Plan Highlights

Delta Dental

Hourly Traditional Plan

General Provisions	
Web Site Address	www.deltadentalmi.com
Phone Number	844-223-8520
Find a Plan Dental Provider	www.deltadentalmi.com
Plan Information	844-223-8520
Annual Plan Maximum	\$1,850 per eligible person per plan year
Diagnostic/Preventive	
Oral Exam	Delta Dental PPO Network: 100% Covered Delta Dental Premier Network: 100% Maximum Approved Fee Non-Participating Provider: 100% Nonparticipating Dentist Fee Payable twice per plan year
Cleaning	Delta Dental PPO Network: 100% Covered Delta Dental Premier Network: 100% Maximum Approved Fee Non-Participating Provider: 100% Nonparticipating Dentist Fee Covered twice per year and four times per plan year with periodontal history
Fluoride Treatment	Delta Dental PPO Network: 100% Covered Delta Dental Premier Network: 100% Maximum Approved Fee Non-Participating Provider: 100% Nonparticipating Dentist Fee covered for dependents under age 15 - once per plan year. Fluoride trays and fluoride treatment will be covered for cancer patients (of any age) undergoing radiation therapy of the head and neck.
Space Maintainers	Delta Dental PPO Network: 100% Covered Delta Dental Premier Network: 100% Maximum Approved Fee Nonparticipating Provider: 100% Nonparticipating Dentist Fee Covered for eligible dependents up to age 19.
X-Rays (Radiographs)	Delta Dental PPO Network: Covered 100% Delta Dental Premier Network: 90% Maximum Approved Fee Nonparticipating Provider: 90% Nonparticipating Dentist Fee Bitewing X-rays: Once per plan year for members up to and including age 14; once every two plan years for members 15 and older. Full Mouth X-rays: Once in any five-year period.
Palliative Treatment	Delta Dental PPO Network: Covered 100% - certain conditions apply Delta Dental Premier Network: 100% Maximum Approved Fee - certain conditions apply Nonparticipating Provider: 100% Nonparticipating Dentist Fee - certain conditions apply
Restorative	
Fillings	Delta Dental PPO Network: Covered 100% Delta Dental Premier Network: 90% Maximum Approved Fee Nonparticipating Provider: 90% Nonparticipating Dentist Fee
Single Crowns	Delta Dental PPO Network: 90% Delta Dental PPO Dentist Schedule Delta Dental Network: 90% Maximum Approved Fee Nonparticipating Provider: 90% Nonparticipating Dentist Fee Once per 36 months per tooth for members age 12 and older
Root Canal	Delta Dental PPO Network: Covered 100% Delta Dental Premier Network: 90% Maximum Approved Fee Nonparticipating Provider: 90% Nonparticipating Dentist Fee

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Periodontics (Gum Treatments)	Delta Dental PPO Network: Covered 100% Delta Dental Premier Network: 90% Maximum Approved Fee Nonparticipating Provider: 90% Nonparticipating Dentist Fee
Oral Surgery	
Extractions	Delta Dental PPO Network: Covered 100% Delta Dental Premier Network: 90% Maximum Approved Fee Nonparticipating Provider: 90% Nonparticipating Dentist Fee
Major Oral Surgery	Delta Dental PPO Network: Covered 90% Delta Dental PPO Dentist Schedule Delta Dental Premier Network: 90% Maximum Approved Fee Nonparticipating Provider: 90% Nonparticipating Dentist Fee
Prosthetics	
Bridgework	Delta Dental PPO Network: Covered 70% Delta Dental Premier Network: 50% Maximum Approved Fee Nonparticipating Provider: 50% Nonparticipating Dentist Fee Certain conditions apply
Dentures	Delta Dental PPO Network: Covered 70% Delta Dental Premier Network: 50% Maximum Approved Fee Nonparticipating Provider: 50% Nonparticipating Dentist Fee Certain conditions apply
Prosthodontics	
Single Tooth Implant	Delta Dental PPO Network: Covered 70% Delta Dental Premier Network: 50% Maximum Approved Fee Nonparticipating Provider: 50% Nonparticipating Dentist Fee Certain conditions apply
Orthodontics	
Full Course Treatment	Delta Dental PPO Network: Covered 60% Delta Dental PPO Dentist Fee Schedule Delta Dental Premier Network: 50% Maximum Approved Fee Nonparticipating Provider: 50% Nonparticipating Dentist Fee for eligible dependents up to age 19 For eligible dependents up to age 19
Lifetime Maximum	Delta Dental PPO Network: \$2,200 Delta Dental Premier Network: \$2,200 Nonparticipating Provider: \$2,200 Per eligible dependent
Emergency	
Out of Area	Delta Dental PPO Network: Coverage as shown above Delta Dental Premier Network: Coverage as shown above Nonparticipating Provider: Coverage as shown above
Disclaimer	
<p>This dental care benefits summary is a summary of basic benefit coverage options which may be available to you. Benefit policies, limitations and exclusions vary from plan to plan. If you or your eligible dependent(s) have specific dental needs, it is important that you check the plan to clarify how the dental benefit options will be covered.</p> <p>The company reserves the right to end, suspend or amend Plans, subject to the applicable Collective Bargaining Agreement. Agreements also will be made to comply with applicable statues and regulations. If changes are made, you will be notified.</p>	