

DENTAL CARE BENEFITS

To find a provider in the network that your school has chosen, either Delta Dental Premier or Delta Dental PPO, please check Delta's web site at <u>www.DeltaDentalMl.com</u>. Select "Find a Dentist".

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. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.

Benefit Design	PPO POS *
	\$50/\$150
Annual deductible (Plan Year 9/1 – 8/31)	(Waived for Preventive)
Diagnostic and Preventive	100%
 Oral exams (limit two per plan year) 	
 Prophylaxis (other than periodontal) 	
 Topical application of fluoride 	
 Dental X-rays (limit one per plan year) 	
 Space maintainers 	
 Sealants (under 14 years of age) 	
Brush biopsy	
Basic Services	80%
 Oral surgery 	
 Non-gold fillings and extractions 	
 Periodontics 	
Endodontics	
Major Services	50%
 Restorations 	
 Bridges and dentures 	
Emergency palliative treatment	80%
Orthodontia (to age 19)	50%
Lifetime maximum for orthodontia	\$1,500
Annual maximum	\$1,500

Note: It is recommended that you get a pretreatment estimate for charges of \$200 or more.

*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.