

**Delta Dental of Michigan**  
**Dental Benefit Highlights for**  
**Hale Area Schools #1210**



Delta Dental PPO (Point-of-Service)

Coverage effective October 1, 2017

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Non- participating Dentist Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	90%	90%
Emergency Palliative Treatment - to temporarily relieve pain	100%	90%	90%
Sealants - to prevent decay of permanent teeth	100%	90%	90%
Brush Biopsy - to detect oral cancer	100%	90%	90%
Radiographs - X-rays	100%	90%	90%
<b>Basic Services</b>			
Minor Restorative Services - fillings and crown repair	80%	70%	70%
Endodontic Services - root canals	80%	70%	70%
Periodontic Services - to treat gum disease	80%	70%	70%
Oral Surgery Services - extractions and dental surgery	80%	70%	70%
Other Basic Services - misc. services	80%	70%	70%
Relines and Repairs - to bridges, implants, and dentures	80%	70%	70%
<b>Major Services</b>			
Major Restorative Services - crowns	60%	60%	60%
Prosthodontic Services - bridges, implants, and dentures	60%	60%	60%
<b>Orthodontic Services</b>			
Orthodontic Services - braces	60%	60%	60%
Orthodontic Age Limit -	Up to age 19	Up to age 19	Up to age 19

\* 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.

**Maximum Payment** – \$1,000 per person total per Benefit Year on all services except orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

**Deductible** – None.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

Welcome to Michigan's largest dental benefits family!

As a member of Delta Dental of Michigan, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

**Quality Dental Program**

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our Certified Center of Excellence call center, as awarded by Benchmark Portal.

**Online Access**

Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

**A Healthy Smile**

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

**Questions?**

If you have questions, please call our Customer Service team at 800-524-0149 (TTY users call 711) or look online at [www.DeltaDentalMI.com](http://www.DeltaDentalMI.com).

# Delta Dental of Michigan Dental Benefits Highlights High Pediatric Dental Plan



**2017 ESSENTIAL HEALTH BENEFITS (EHB)  
for individuals under the age of 19  
Delta Dental PPO (Point-of-Service)**

	In-Network		Out-of-Network
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
<b>Basic Services</b>			
Minor Restorative Services – fillings and crown repair	80%	60%	60%
Oral Surgery Services – extractions and dental surgery	80%	60%	60%
Endodontic Services – root canals	80%	60%	60%
Periodontic Services – to treat gum disease	80%	60%	60%
Relines and Repairs – to bridges and dentures	80%	60%	60%
Other Basic Services – misc. services	80%	60%	60%
<b>Major Services</b>			
Prosthodontic Services – bridges and dentures	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%

\*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.

**Note:** Composite resin restorations are optional on posterior teeth. An allowance will be made for an amalgam (silver) filling.

**In-Network Annual Out-of-Pocket Maximum** – An Out-of-Pocket Maximum is the maximum amount that an Eligible Person will pay for EHB Covered Services throughout a Benefit Year. The In-Network Annual Out-of-Pocket Maximum for EHB Covered Services shall be \$350 per Benefit Year if this Certificate covers one Eligible Person under the age of 19, or \$700 per Benefit Year if this Certificate covers two or more Eligible Persons under the age of 19. Any Copayments, Deductibles, or other out-of-pocket expenses paid by an Eligible Person for In-Network EHB Covered Services provided shall count toward that In-Network Annual Out-of-Pocket Maximum. The In-Network Annual Out-of-Pocket Maximum will not include any amounts paid for the following: (i) premiums; (ii) non-covered services; (iii) Out-of-Network Dentists; (iv) Copayments, Deductibles, or other out-of-pocket expenses for services other than EHB Covered Services; or (v) Copayments, Deductibles, or other out-of-pocket expenses paid for EHB Covered Services provided to individuals 19 years of age and older. Once the applicable In-Network Annual Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services provided to an Eligible Person will be covered at 100% of the Maximum Approved Fee.

**Out-of-Network Annual Out-of-Pocket Maximum** – There is no annual Out-of-Pocket Maximum for Out-of-Network EHB Covered Services. Eligible Persons will be responsible for all Copayments, Deductibles, and other out-of-pocket expenses associated with all Out-of-Network EHB Covered Services provided to Eligible Persons throughout the Benefit Year.

**Annual and Lifetime Maximum Payments** There are no annual or lifetime Maximum Payments for EHB Covered Services under this Certificate.

**Deductibles for EHB Covered Services** – None.

**Waiting Period for EHB Covered Services** – There are no waiting periods for Eligible Persons under the age of 19 seeking EHB Covered Services

**Note** - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

**Delta Dental of Michigan**  
**Renewal Rates for Hale Area Schools #1210**  
*Effective October 1, 2017*

<b>Rates - Non-Retention</b>		
Rates per subscriber per month	Current Rate(s)	Renewal Rate(s)
	10/01/2016 - 09/30/2017	10/01/2017 - 09/30/2018
Subscriber only	\$35.09	\$32.63
Subscriber with one dependent	\$70.17	\$65.48
Subscriber with two or more dependents	\$136.67	\$129.44
Overall Percent Change	-5.91%	

<b>Rating Requirements</b>
Minimum client contributions: 50 percent for employee and 50 percent for dependent(s).
Tied to medical: No
Subscribers and eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, they may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. Plan changes are only allowed during open enrollment periods, except that 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.

<b>Rating Assumptions</b>
Rates do not include any applicable claims taxes. The rates are valid only for the effective date noted above and are guaranteed for a one year non-retention contract.
Self-billing is not allowed and you agree to pay as invoiced each month.
Standard subscriber materials will be provided to you to distribute to your members. These include the Summary of Dental Plan Benefits, Certificate, and reference cards.
Printed dentist directories are not included. You can find participating dentists on our website at <a href="http://www.DeltaDentalMI.com">www.DeltaDentalMI.com</a> .
When an EHB-compliant pediatric dental plan is added to your existing dental benefits, any services included in your current plan that are not covered in the pediatric plan (like orthodontia) will continue to be covered for people under age 19, subject to your current limitations and maximum payment provisions.
<p>The plan specifications are subject to Delta Dental's standard exclusions and limitations, including:</p> <ul style="list-style-type: none"> <li>➤ Oral exams (including evaluations by a specialist) are payable twice per calendar year.</li> <li>➤ Prophylaxes (cleanings) are payable twice per calendar year.</li> <li>➤ 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.</li> <li>➤ Fluoride treatments are payable twice per calendar year for people up to age 19.</li> <li>➤ 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.</li> <li>➤ Sealants are payable once per tooth per three-year period for the occlusal surface of first and second permanent molars up to age 14. The surface must be free from decay and restorations.</li> <li>➤ Composite resin (white) restorations are Covered Services on posterior teeth.</li> <li>➤ Porcelain and resin facings on crowns are optional treatment on posterior teeth.</li> <li>➤ Implants and implant related services are payable once per tooth in any five-year period.</li> </ul>