



**Delta Dental PPO (Point-of-Service)  
 Summary of Dental Plan Benefits  
 For Group# 1718-0000  
 Wayne County Community College**

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 –**

	<b>Delta Dental PPO Dentist Plan Pays</b>	<b>Delta Dental Premier Dentist Plan Pays</b>	<b>Nonparticipating Dentist Plan Pays*</b>
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers</b>	90%	90%	90%
<b>Emergency Palliative Treatment – to temporarily relieve pain</b>	90%	90%	90%
<b>Brush Biopsy – to detect oral cancer</b>	90%	90%	90%
<b>Radiographs – X-rays</b>	90%	90%	90%
<b>Basic Services</b>			
<b>Minor Restorative Services – fillings and crown repair</b>	90%	90%	90%
<b>Endodontic Services – root canals</b>	90%	90%	90%
<b>Periodontic Services – to treat gum disease</b>	90%	90%	90%
<b>Oral Surgery Services – extractions and dental surgery</b>	90%	90%	90%
<b>Major Restorative Services – crowns</b>	90%	90%	90%
<b>Other Basic Services – misc. services</b>	90%	90%	90%
<b>Relines and Repairs – to bridges, implants, and dentures</b>	90%	90%	90%
<b>Major Services</b>			
<b>Prosthodontic Services – bridges, implants, and dentures</b>	90%	90%	90%
<b>Orthodontic Services</b>			
<b>Orthodontic Services – braces</b>	50%	50%	50%
<b>Orthodontic Age Limit –</b>	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 the dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- 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 payable twice in any period of 12 consecutive months for people up to age 19.
- Bitewing X-rays are payable once in any period of 12 consecutive months 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.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and Implant related services are payable once per tooth in any five-year period.

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** – \$1,000 per person total per Benefit Year on all services except orthodontic services. \$500 per person total per lifetime on orthodontic services.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

**Deductible** – None.

**Waiting Period** – Subscribers who are eligible for Benefits are covered on the first day of the month following the date of hire.

**Eligible People** – All full-time employees of the Contractor and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable.

Also eligible at your option are your legal spouse, your dependent children to the end of the calendar year in which they turn 19, and your dependent unmarried children to the end of the calendar year in which they turn 25 if eligible to be claimed by you as a dependent under the U.S. Internal Revenue Code during the current calendar year.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Subscribers, you may be enrolled as both a Subscriber on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

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