



**Delta Dental PPO (Standard)
Summary of Dental Plan Benefits
For Group# 10331-1000, 1099, 2000, 2099, 4000, 4099
Michigan UFCW Unions and Employers Health Welfare Fund**

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, 2020 through December 31, 2020

Covered Services -

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays*	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	80%
Sealants - to prevent decay of permanent teeth	100%	100%	80%
Radiographs - X-rays	100%	100%	80%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	50%
Minor Restorative Services - fillings and crown repair	80%	80%	50%
Endodontic Services - root canals	80%	80%	50%
Periodontic Services - to treat gum disease	80%	80%	50%
Oral Surgery Services - extractions and dental surgery	80%	80%	50%
Major Restorative Services - crowns	80%	80%	50%
Other Basic Services - misc. services	80%	80%	50%
Relines and Repairs - to prosthetic appliances	80%	80%	50%
Major Services			
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	80%	80%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	No Age Limit	No Age Limit	No Age Limit

* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule 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 up to two periodic oral exams per calendar year.
- Prophylaxes (cleanings) are payable up to 4 cleanings per calendar year.
- Fluoride treatments are payable once per calendar year for people age 19 and under. Fluoride varnish is payable once per calendar year for people age 19 and over.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period, whether provided by a general dentist or specialist.
- Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 19 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.

- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are payable.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are payable.
- Occlusal guards are payable once in any 24 month 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 - For Age 19 and under - Unlimited per Participant or Dependent Child per Benefit Year on all services except orthodontic services. \$2,000 per person total per Benefit Year on all services except orthodontic services. \$2,000 per person total per lifetime on orthodontic services.

Payment for Orthodontic Service - 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 allowable charge of 50% 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 - \$100 Deductible per person total per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, and orthodontic services.

Waiting Period - Waiting Period - As defined by the MI UFCW Unions & Employer Health & Welfare Fund. No Benefits payable for prosthetic and major restorative services (including crowns, bridges, partials, dentures, etc.) within the first 6 months of consecutive coverage.

Eligible People - As defined by the MI UFCW Unions & Employers Health & Welfare Fund.

Also eligible for Delta Dental benefits are your enrolled spouse and dependent children. Dependent children are covered to the end of the month in which they turn 26 years of age.

Coordination of Benefits - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own enrollment form and as a Dependent on your Spouse's enrollment form. Your Dependent Children may be enrolled on both your and your Spouse's enrollment form as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.