



**Delta Dental PPO™ (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 9253-0002  
Michigan Catholic Conference**

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** - July 1 through June 30

**Covered Services** -

|   | Delta Dental<br>PPO™ Dentist<br>Plan Pays | Delta Dental<br>Premier® Dentist<br>Plan Pays | Nonparticipating<br>Dentist<br>Plan Pays* |
|---|---|---|---|
| <b>Diagnostic &amp; Preventive</b>  |   |   |   |
| <b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers | 100%                                      | 100%  | 100%                                      |
| <b>Emergency Palliative Treatment</b> - to temporarily relieve pain                           | 100%                                      | 100%  | 100%                                      |
| <b>Sealants</b> - to prevent decay of permanent teeth   | 100%                                      | 100%  | 100%                                      |
| <b>Brush Biopsy</b> - to detect oral cancer   | 100%                                      | 100%  | 100%                                      |
| <b>Radiographs</b> - X-rays   | 100%                                      | 100%  | 100%                                      |
| <b>Basic Services</b>   |   |   |   |
| <b>Minor Restorative Services</b> - fillings and crown repair                                 | 80%                                       | 75%   | 75%                                       |
| <b>Endodontic Services</b> - root canals  | 80%                                       | 75%   | 75%                                       |
| <b>Periodontic Services</b> - to treat gum disease  | 80%                                       | 75%   | 75%                                       |
| <b>Oral Surgery Services</b> - extractions and dental surgery                                 | 80%                                       | 75%   | 75%                                       |
| <b>Major Restorative Services</b> - crowns  | 80%                                       | 75%   | 75%                                       |
| <b>Other Basic Services</b> - misc. services  | 80%                                       | 75%   | 75%                                       |
| <b>Relines and Repairs</b> - to prosthetic appliances   | 80%                                       | 75%   | 75%                                       |
| <b>Major Services</b>   |   |   |   |
| <b>Prosthodontic Services</b> - bridges, implants, dentures, and crowns over implants         | 50%                                       | 50%   | 50%                                       |
| <b>Orthodontic Services</b>   |   |   |   |
| <b>Orthodontic Services</b> - braces  | 50%                                       | 50%   | 50%                                       |
| <b>Orthodontic Age Limit</b> -  | through age 18<br>and under               | through age 18<br>and under                   | through age 18<br>and under               |

\* 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. 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 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 age 18 and under.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 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 Covered Services on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.

- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Occlusal guards, athletic mouthguards and repair and relining of occlusal guards are payable once in any five-year period.
- Orthodontic retention is payable once 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 website or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** - \$1,500 per Member total per Benefit Year on all services except orthodontic services. \$1,500 per Member 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 Delta Dental to your Dentist.

**Deductible** - None.

**Waiting Period** - Full-time regular employees may enroll within 30 days of becoming eligible, i.e., the first 30 days of employment. Full-time regular employees may also enroll during the annual open enrollment period. The effective date of coverage will be established by Michigan Catholic Conference.

**Eligible People** - All regular full-time employees as defined by Michigan Catholic Conference. When a subscriber is eligible as both an employee and a dependent, the subscriber may only enroll in the dental plan as one or the other. The benefits shall not be duplicated nor will they coordinate to the group.

Also eligible are your Legally Domiciled Adult (LDA) and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled.

Unless this is a Section 125 plan, subscribers and their dependents who enroll in the dental plan are required to remain enrolled for a minimum of 12 months. Any subscriber or dependent who drops the dental plan may not re-enroll at a later date. If this is a Section 125 plan, an election may be revoked or changed at any time if the change is the result of a change in family status as defined under Internal Revenue Code Section 125.

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

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)  
<https://www.DeltaDentalMI.com>  
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