



**Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 2355-2001, 2099  
Detroit Public Schools**

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</b> – exams, cleanings, fluoride, and space maintainers	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Brush Biopsy</b> – to detect oral cancer	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Radiographs</b> – X-rays	<b>85%</b>	<b>85%</b>	<b>85%</b>
<b>Basic Services</b>			
<b>Minor Restorative Services</b> – fillings and crown repair	<b>85%</b>	<b>75%</b>	<b>75%</b>
<b>Endodontic Services</b> – root canals	<b>85%</b>	<b>75%</b>	<b>75%</b>
<b>Periodontic Services</b> – to treat gum disease	<b>85%</b>	<b>75%</b>	<b>75%</b>
<b>Oral Surgery Services</b> – extractions and dental surgery	<b>85%</b>	<b>75%</b>	<b>75%</b>
<b>Major Restorative Services</b> – crowns	<b>85%</b>	<b>75%</b>	<b>75%</b>
<b>Other Basic Services</b> – misc. services	<b>85%</b>	<b>75%</b>	<b>75%</b>
<b>Relines and Repairs</b> – to bridges, implants, and dentures	<b>85%</b>	<b>75%</b>	<b>75%</b>
<b>Major Services</b>			
<b>Prosthetic Services</b> – bridges, implants, and dentures	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Age Limit</b> –	<b>Up to age 19</b>	<b>Up to age 19</b>	<b>Up to age 19</b>

\* 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.

- 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 twice in any period of 12 consecutive months for people under age 19 and once in any period of 12 consecutive months for people age 19 and older. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Composite resin (white) restorations are optional treatment 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.

**DELTA DENTAL**  
**PPO**

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

**Deductible** – None.