

The following chart indicates the services covered by Delta Dental of Michigan. <b>Please mark the plan of your choice.</b>  <b>Effective 1/1/2013 – 12/31/2013</b>	Delta Dental PPO <sup>SM</sup> (Point-of-Service)						Delta Dental PPO <sup>SM</sup> (Standard)	
	Plan AA <input type="checkbox"/>		Plan BB <input type="checkbox"/>		Plan CC <input type="checkbox"/>		Plan DD <input type="checkbox"/>	
	PPO Dentist	Premier / Nonparticipating	PPO Dentist	Premier / Nonparticipating	PPO Dentist	Premier / Nonparticipating	Plan Pays	You Pay
<b>Diagnostic and Preventive</b>								
<b>Diagnostic and Preventive Services</b> – Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings, and fluoride treatments).	100%	100%	100%	100%	80%	50%	50%	50%
<b>Emergency Palliative Treatment</b> – Used to temporarily relieve pain.	100%	100%	100%	100%	80%	50%	50%	50%
<b>Radiographs</b> – X-rays.	100%	100%	100%	100%	80%	50%	50%	50%
<b>Sealants</b> – Dental sealants to prevent decay of permanent molars (to age 9 on first molars and age 14 on second molars).	100%	100%	100%	100%	80%	50%	50%	50%
<b>Basic Services</b>								
<b>Oral Surgery Services</b> – Extractions and dental surgery, including preoperative and postoperative care.	80%	80%	80%	80%	50%	50%	50%	50%
<b>Minor Restorative Services</b> – Used to repair teeth damaged by disease or injury (includes posterior composite resins).	80%	80%	80%	80%	50%	50%	50%	50%
<b>Periodontics</b> – Used to treat diseases of the gums and supporting structures of the teeth.	80%	80%	80%	80%	50%	50%	50%	50%
<b>Endodontics</b> – Used to treat teeth with diseased or damaged nerves (for example, root canals).	80%	80%	80%	80%	50%	50%	50%	50%
<b>Major Services</b>								
<b>Prosthodontics</b> – Used to replace missing natural teeth (for example, bridges and dentures).	50%	50%	50%	50%	50%	50%	50%	50%
<b>Major Restorative Services</b> – Used when teeth cannot be restored with another filling material (for example, crowns).	50%	50%	50%	50%	50%	50%	50%	50%
<b>Implants</b> – Used to replace missing natural teeth.	50%	50%	50%	50%	50%	50%	50%	50%
<b>Orthodontic Services</b>								
<b>Orthodontic Services (to age 19)</b> – Used to correct malposed teeth and/or facial bones (for example, braces).	50%	50%	0%	0%	0%	0%	0%	100%
<b>Maximum Payment</b> – The maximum payment per person, per calendar year on Diagnostic & Preventive, Basic Services, and Major Services is:	\$1,000		\$1,000		\$1,000		\$1,000	
The per lifetime maximum on Orthodontics is:	\$1,000		\$0		\$0		\$0	
<b>Deductible</b> – The per person/per family deductible on Basic and Major Services is:  The deductible does not apply to Diagnostic & Preventive or Orthodontic Services.	50/150		50/150		\$0		\$0	
<b>RATE PER SUBSCRIBER PER MONTH –</b>								
Employee only	\$40.52		\$40.52		\$25.71		\$19.23	
Employee and one dependent	\$76.60		\$73.42		\$46.64		\$34.90	
Employee and two or more dependents	\$144.57		\$139.00		\$77.09		\$57.69	