



**Delta Dental PPO™ (Point-of-Service)
Benefit Features for
State of Michigan – State Retiree Dental Plan
Group #8600 & #8601**

Delta Dental PPO (Point-of-Service) is administered by Delta Dental of Michigan. You can go to any licensed dentist, but you could increase your benefits and lower your out-of-pocket costs by going to a Delta Dental PPO dentist. If you do not go to a Delta Dental PPO dentist, you can choose dentists who participate in Delta Dental Premier®, our carefully managed fee-for-service program and still see savings. However, you might have to pay more. If you visit a dentist who does not participate in any of Delta Dental’s programs, you will be responsible for the difference between Delta Dental’s payment and the nonparticipating dentist’s fee, and you may need to file your own claims.

Customer Service toll-free number (800) 524-0150
www.deltadentalmi.com

Coverage Effective: January 1, 2021

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays
Diagnostic & Preventive			
Diagnostic – Includes routine and emergency oral exams. Oral Exams are limited to two times in a Plan Year.	100%	100%	100%
Preventive – Includes prophylaxes, space maintainers, and fluoride treatments. Prophylaxes (teeth cleanings) are limited to three times in a Plan Year.	100%	100%	100%
Radiographs – X-rays as required for routine care or as necessary for the diagnosis of a specific condition.	100%	90%	90%
Emergency Palliative Treatment – Emergency treatment to temporarily relieve pain.	90%	90%	90%
Basic Services			
Sealants – Dental sealants to prevent decay of first and second permanent molars for dependents up to age 14.	70%	50%	50%
Minor Restorative – Includes amalgam (silver) fillings, and resin (white) fillings on anterior teeth.	100%	90%	90%
Extractions – Simple and complex tooth extractions.	100%	90%	90%
Endodontics – Treatment of teeth with diseased or damaged nerves (for example, root canals).	100%	90%	90%
Periodontics – Treatment of diseases of the gums and supporting structures of the teeth.	100%	90%	90%
Oral Surgery – Surgical dental procedures, including preoperative and postoperative care, but not including extractions	90%	90%	90%
Major Restorative – Includes cast restorations (crowns), but only when teeth cannot be restored with another filling material.	90%	90%	90%
Veneers (cosmetic bonding) – For dependents age 8 through 19 for the eight anterior teeth if damaged by specific conditions.	100%	90%	90%
Major Services			
Repairs – Repairs to bridges, implants, partial dentures, and complete dentures.	100%	50%	50%
Relines – Relines and rebase to partial dentures and complete dentures.	70%	50%	50%
Prosthodontics – Includes bridges, implants, partial dentures, and complete dentures.	70%	50%	50%
Orthodontic Services			
Orthodontic Services (no age limit) – Services, treatment, and procedures to correct malposed teeth.	75%	60%	60%
Maximum Payment – The maximum dollar amount that the Plan pays during each Plan Year (January – December) for each covered person is \$1,500 .			
For orthodontic care, the Plan pays a lifetime maximum of \$1,500 for each eligible person.			

This document is intended as a supplement to your Summary of Dental Plan Benefits booklet. Please refer to your booklet for policy exclusions and limitations.