

**MICHIGAN ESSENTIAL HEALTH BENEFITS  
DENTAL AND VISION**

	<i>State of MI</i>	<i>Benefit Limits</i>
	<i>MiChild</i>	
<b>Benefits</b>		
<b>Diagnostic</b>		
Initial exam	Yes	1
Routine checkup	Yes	2 Per Year
Bitewing X-rays	Yes	1 Per Year
Diagnostic tests	Yes	
<b>Preventive</b>		
Cleanings	Yes	3 Per Year
Flouride treatments	Yes	Under Age 19
Space maintainers	Yes	Under Age 14
Dental sealants on first and second permanent molars	Yes	
<b>Restorative</b>		
Fillings of amalgam, plastic composite or similar materials and stainless steel crowns	Yes	
Metallic onlays	Yes	
Porcelain or ceramic crown substrate	Yes	
<b>Endodontics</b>		
Pulpotomy for primary teeth	Yes	
Anterior, bicuspid and molar root canal	Yes	
Anterior, bicuspid and molar root canal therapy	Yes	
<b>Periodontics</b>		
Periodontal scaling and root planing	Yes	
Gingivectomy or gingivoplasty	Yes	
<b>Prosthodontics (removable)</b>		
Maxillary dentures	Yes	
<b>Prosthodontics (fixed)</b>		
Cast metal retainers for resin bonded fixed prosthesis	Yes	
<b>Oral &amp; Maxillofacial Surgery</b>		
Simple extractions	Yes	
<b>Adjunctive General Services</b>		
Consultation by a second dentist not providing treatment	Yes	
Exams and treatment for an emergency condition	Yes	
Emergency treatment for temporary relief of pain	Yes	