

2024/2025 Active Employee Dental Care Comparison Chart

Covered Services	State Dental Plan (Delta)*		Preventive Dental Plan
	PPO	Premier	(Delta)
Diagnostic Exams and Consultations (2 per year)	100%	100%	100%
Preventive Services			
• Teeth cleaning (3 per year)	100%	100%	100%
• Topical fluoride (under age 19)	100%	100%	100%
• Space maintainers (under age 14)	100%	100%	100%
• Sealants (under age 14)	100%	100%	Not Covered
Radiographs	100%	90%	100%
Brush Biopsy	100%	100%	100%
Oral Surgery	90%	90%	Not Covered
Extractions	100%	90%	Not Covered
Minor Restoratives	100%	90%	Not Covered
Major Restoratives	90%	90%	Not Covered
Endodontics	100%	90%	Not Covered
Periodontics	100%	90%	Not Covered
Prosthodontics	70%	50%	Not Covered
Prosthodontics Repair	100%	50%	Not Covered
Occlusal Guard			
• Every 5 years	100%	90%	Not Covered
Orthodontics	75%	60%	Not Covered
Benefit Maximums			
• Jan. 1 – Dec. 31	\$2,000	\$2,000	None
• Lifetime Orthodontics	\$1,750	\$1,500	N/A

If you have the State Dental Plan as your dental coverage, the level of coverage is determined by the provider you choose. To verify a Dentist is a Participating Dentist, you can use Delta Dental's online Dentist Directory at www.deltadentalmi.com or call (800) 524-0150.



This benefit summary is a brief explanation only. All plan provisions (including exclusions and limitations) are subject to the specific terms of the State and Preventive Dental Plans.