

# Your dental coverage at a glance

## Michigan Dental Program

With the Michigan Dental Program (MDP) administered by Delta Dental, you must seek services from a Delta Dental PPO™ dentist for your services to be covered. If services are completed by a Delta Dental Premier® or nonparticipating dentist, there will be **no** payment for services and **you** are responsible for any expenses.

**Delta Dental PPO dentists**—Your dental plan covers services from Delta Dental PPO dentists. These dentists agree to accept Delta Dental’s PPO approved amount as payment in full for covered services.

**Delta Dental Premier dentists**—Although Delta Dental Premier dentists are participating providers for Delta Dental, MDP does not cover services provided by dentists in this network. You are responsible for all costs when using a dentist outside the Delta Dental PPO network.

**Nonparticipating dentists**—Nonparticipating dentists do not participate with Delta Dental insurance. MDP cannot pay a nonparticipating dentist. If you see this type of dentist, you are responsible for all costs.

### Example of how it works

As shown below, your lowest out-of-pocket costs result from going to a Delta Dental PPO dentist.

		Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
ADULT CLEANING	Submitted fee	\$114	\$114	\$114
	Maximum allowed fee	\$73	\$87	\$114
	Coverage level	100%	No coverage	No coverage
	Amount Delta Dental pays	\$73	\$0	\$0
	<b>AMOUNT YOU PAY</b>	<b>\$0</b>	<b>\$87</b>	<b>\$114</b>
CROWN	Submitted fee	\$1,400	\$1,400	\$1,400
	Maximum allowed fee	\$896	\$1,070	\$1,400
	Coverage level	100%	No coverage	No coverage
	Amount Delta Dental pays	\$896	\$0	\$0
	<b>AMOUNT YOU PAY</b>	<b>\$0</b>	<b>\$1,070</b>	<b>\$1,400</b>

NOTE: Payment examples above are illustrative only. Fees and reimbursements can vary by location and dentist. They do however represent how payment is determined.

### Questions?

Call Delta Dental of Michigan customer service at **800-524-0149** or visit **deltadentalmi.com**.



# Michigan Dental Program covered and non-covered services

**Effective Jan. 1, 2026:** This dental plan will have a \$2,000 annual maximum. Diagnostic and preventive services, including periodontal maintenance cleanings, will be paid at 100% but waived from the annual maximum. All other covered services will be paid at 100% but subject to the annual maximum. Once the annual maximum has been met, no additional payment will be made and the member will be responsible for remaining fees.

## Covered services

- Oral exams (two per calendar year)
- Problem-focused exams
- X-rays
  - Bitewing X-rays (one per calendar year)
  - Full mouth or panoramic X-rays (one in five years)
  - Limited periapical X-rays as needed
- Teeth cleaning (three per calendar year)
- Full mouth debridement (one per calendar year)
- Scaling and root planing (once in a 24-month period); this is sometimes called a deep cleaning
- Periodontal maintenance, after scaling and root planing (three per calendar year)
- Fluoride treatment in office (three per calendar year) at cleaning appointments
- Prescription toothpaste (three per calendar year along with cleaning)
- Gingivectomy and gingival flap surgery (once in 36 months)
- Brush biopsy
- Filling of cavities
- Crowns and core substructures for teeth numbers 3 to 14 and 19 to 30:
  - Crown on the same tooth (one in five years)
  - No payment for crowns on the second and third molars; excluded teeth numbers are 1, 2, 15, 16, 17, 18, 31 and 32
- Occlusal guards (one in five years)
- Root canal for teeth numbers 3 to 14 and 19 to 30:
  - No payment for root canals on the second and third molars; excluded teeth numbers are 1, 2, 15, 16, 17, 18, 31 and 32
- Extractions, simple and surgical
- Limited other oral surgery
- IV sedation/anesthesia (when medically necessary)
- Complete dentures (one in five years)
- Partial dentures (one in five years)
- Denture adjustments and repairs
- Denture rebase and reline (one time in three years)
- Tissue conditioning (two times in three years)
- Re-cement crowns and bridges
- Bridges for the top arch only—the dental plan will only pay for a porcelain fused to metal three-unit fixed bridge to replace a single missing tooth (one in five years)
- Emergency treatment

## Non-covered services

**If you have a service that is not covered, you must pay for it. Some of the services that are not covered are:**

- Any dental services performed by a dentist outside of the Delta Dental PPO network (non-PPO dentists)
- Crowns for second or third molars; excluded teeth numbers are 1, 2, 15, 16, 17, 18, 31 and 32
- Root canals for second or third molars; excluded teeth numbers are 1, 2, 15, 16, 17, 18, 31 and 32
- Bridges for lower arch
- Bridges with four or more teeth involved
- Bridges made of all porcelain/ceramic structure
- Periodontal surgery, other than gingivectomy and gingival flap surgery
- Braces
- Implants and implant services
- Implant crowns or dentures attaching to an implant
- Cosmetic dentistry including bleaching
- Temporary dentures
- 2D or 3D X-ray imaging
- Services covered under a hospital, surgical/medical or prescription drug program
- Treatment of TMJ (temporomandibular joint) disorder
- Inlays and onlays
- Nitrous oxide