

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 will be responsible for any expenses.

Delta Dental PPO dentists—Your dental plan is designed to offer benefits when you use 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 will be responsible for all costs when using a dentist outside the Delta Dental PPO network.

Nonparticipating dentists—Dentists that do not participate with Delta Dental are considered nonparticipating dentists and MDP does not cover services provided by this type of provider. When you use a nonparticipating provider, you will be 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	OUT-OF-NETWORK DENTIST
ADULT CLEANING	Submitted fee	\$90	\$90	\$90
	Maximum allowed fee	\$54	\$77	\$63
	Coverage level	100%	No coverage	No coverage
	Amount Delta Dental pays	\$54	\$0	\$0
	AMOUNT YOU PAY	\$0	\$77	\$90
CROWN	Submitted fee	\$950	\$950	\$950
	Maximum allowed fee	\$675	\$898	\$744
	Coverage level	100%	No coverage	No coverage
	Amount Delta Dental pays	\$675	\$0	\$0
	AMOUNT YOU PAY	\$0	\$898	\$950

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 www.deltadentalmi.com.

Michigan Dental Program covered and non-covered services

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 the teeth cleaning appointments
- Prescription toothpaste (three per calendar year along with cleaning)
- Gingivectomy and gingival flap surgery (once in 36 months)
- Sealants are covered for first and second permanent molars
- Brush biopsy
- Filling of cavities
- Crowns and core substructures for teeth numbers 2-15 and 18-31:
 - Limit of two crowns per calendar year
 - One crown on the same tooth is payable (one in five years)
 - No payment for crowns on the third molars; excluded teeth numbers are 1, 16, 17 and 32
- Occlusal guards (one in five years)
- Root canal for teeth numbers 2-15 and 18-31:
 - Limited to two root canals per calendar year
 - No payment for root canals on the third molars; excluded teeth numbers are 1, 16, 17 and 32
- Extractions, simple and surgical
- Limited other oral surgery
- I.V. sedation/anesthesia (when medically necessary)
- Complete denture (one in five years)

- Partial denture (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 per 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 third molars; excluded teeth numbers are 1, 16, 17 and 32
- Root canals for third molars; excluded teeth numbers are 1, 16, 17 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