



**Delta Dental PPO (Point-of-Service)  
 Summary of Dental Plan Benefits  
 For Group# 6361-0008  
 Algonac Community Schools**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.\*

**Control Plan** – Delta Dental of Michigan

**Benefit Year** – July 1 through June 30

**Covered Services** –

|   | <b>Delta Dental<br/>PPO Dentist<br/>Plan Pays</b> | <b>Delta Dental<br/>Premier Dentist<br/>Plan Pays</b> | <b>Nonparticipating<br/>Dentist<br/>Plan Pays*</b> |
|---|---|---|--|
| <b>Diagnostic &amp; Preventive</b>  |   |   |  |
| <b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers | 100%  | 100%  | 100%   |
| <b>Emergency Palliative Treatment</b> – to temporarily relieve pain                           | 100%  | 100%  | 100%   |
| <b>Brush Biopsy</b> – to detect oral cancer   | 100%  | 100%  | 100%   |
| <b>Basic Services</b>   |   |   |  |
| <b>Radiographs</b> – X-rays   | 90%   | 90%   | 90%  |
| <b>Minor Restorative Services</b> – fillings and crown repair                                 | 90%   | 90%   | 90%  |
| <b>Endodontic Services</b> – root canals  | 90%   | 90%   | 90%  |
| <b>Periodontic Services</b> – to treat gum disease  | 90%   | 90%   | 90%  |
| <b>Oral Surgery Services</b> – extractions and dental surgery                                 | 90%   | 90%   | 90%  |
| <b>Major Restorative Services</b> – crowns  | 90%   | 90%   | 90%  |
| <b>Other Basic Services</b> – misc. services  | 90%   | 90%   | 90%  |
| <b>Relines and Repairs</b> – to bridges, implants, and dentures                               | 90%   | 90%   | 90%  |
| <b>Major Services</b>   |   |   |  |
| <b>Prosthodontic Services</b> – bridges, implants, and dentures                               | 90%   | 90%   | 90%  |
| <b>Orthodontic Services</b>   |   |   |  |
| <b>Orthodontic Services</b> – braces  | 90%   | 90%   | 90%  |
| <b>Orthodontic Age Limit</b> –  | Up to age 19                                      | Up to age 19  | Up to age 19                                       |

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Benefits for cephalometric X-rays and photographs are not limited to Orthodontics.
- Benefits for diagnostic casts are not limited to Orthodontics.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Vestibuloplasty and excision of odontogenic tumors are Covered Services.