



Delta Dental Small Group Dental Solutions (2–9 enrolled employees)

MICHIGAN

	Plan A Delta Dental PPO (Point-of-Service)		Plan B Delta Dental PPO (Point-of-Service)		Plan C Delta Dental PPO (Point-of-Service)		Plan D Delta Dental PPO (Point-of-Service)		Plan E Delta Dental PPO (Standard)
	Plan pays		Plan pays		Plan pays		Plan pays		Plan pays
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
Preventive & diagnostics	100%	80%	80%	80%	100%	80%	50%	50%	80%
X-rays	80%	60%	80%	80%	80%	60%	50%	50%	80%
Minor restorative services	80%	60%	60%	60%	80%	60%	50%	50%	60%
Periodontal prophylaxes	80%	60%	60%	60%	80%	60%	50%	50%	60%
Relines and repairs	80%	60%	60%	60%	80%	60%	50%	50%	60%
Simple extractions	80%	60%	40%	40%	80%	60%	50%	50%	40%
Endodontics	50%*	50%*	40%	40%	0%	0%	50%*	50%*	40%
Periodontics	50%*	50%*	40%	40%	0%	0%	50%*	50%*	40%
Other oral surgery	50%*	50%*	40%	40%	0%	0%	50%*	50%*	40%
Other basic services	50%*	50%*	40%	40%	0%	0%	50%*	50%*	40%
Major restorative services	50%*	50%*	40%	40%	0%	0%	50%*	50%*	40%
Prosthodontics (dentures, bridges, implants)	50%*	50%*	40%	40%	0%	0%	50%*	50%*	40%

* Indicates a 12-month waiting period. The waiting periods can be waived for employees previously enrolled in a equivalent plan for the prior 12 months.

Deductible (per person per calendar year)	\$75	\$75 (N/A to P&D)	\$75	\$75 (N/A to P&D)	\$75	\$75 (N/A to P&D)	\$75	\$75	\$75
Maximum payment (per person per calendar year)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Exams/prophylaxes	2 per calendar year		2 per calendar year		2 per calendar year		2 per calendar year		2 per calendar year
Fluoride (to age 19)/bitewing X-rays	1 per calendar year		1 per calendar year		1 per calendar year		1 per calendar year		1 per calendar year
Brush biopsy, implants, posterior composites	Included		Included		Included		Included		Included
Orthodontia	Not available		Not available		Not available		Not available		Not available

