

COVERED DENTAL EXPENSES

Michigan Public School Employees Retirement System Dental Plan

Delta Dental PPO (Point-of-Service)	Delta Dental PPO Dentist	Delta Dental Premier Dentist
	Plan Pays	Plan Pays
CLASS I		
Diagnostic and Preventive Services – Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings, and fluoride (to age 21) twice in any 12-month period).	95%	90%
Emergency Palliative Treatment – Used to temporarily relieve pain.	95%	90%
CLASS II		
Radiographs – Includes bitewing X-rays once in any 12-month period and full mouth X-rays once in any five-year period.	95%	75%
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, fillings). Composite resin fillings (white) are not covered on posterior teeth.	80%	75%
Major Restorative Services – Used when teeth can't be restored with another filling material (for example, crowns).	75%	75%
Periodontic Services – Used to treat diseases of the gums and supporting structures of the teeth.	75%	75%
Endodontic Services – Used to treat teeth with diseased or damaged nerves (for example, root canals and pulpotomy).	75%	75%
Oral Surgery Services – Extractions and dental surgery, including preoperative and postoperative care.	75%	75%
Relines and Repairs – Repair of existing dentures, relines, and rebase of dentures.	75%	75%
CLASS III		
Prostodontics – Services and appliances that replace missing natural teeth such as bridges, partial dentures and complete dentures.	50%	50%
CLASS IV		
Orthodontic Services (to age 19) – Used to correct malposed teeth and/or facial bones (for example, braces).	50%	50%
Maximum Payment – \$1,000 per person total per calendar year for Class I, Class II and Class III Coverage. Delta Dental's payment for Class IV Coverage (Orthodontics) will not exceed a lifetime maximum of \$1,200 per eligible person.		

In the event that you seek treatment from a nonparticipating dentist, you may be responsible for more out-of-pocket costs. Please see the "Nonparticipating Dentist" paragraph listed on this page.

WHAT IS DELTA DENTAL PPO (POINT-OF-SERVICE)?

Delta Dental PPO (Point-of-Service) is a national point-of-service preferred provider organization. You can go to any dentist, but you will lower your out-of-pocket costs by going to a PPO dentist or a dentist who participates in Delta Dental Premier. If you visit a nonparticipating dentist, you will be responsible for the difference between Delta Dental's payment and the nonparticipating dentist's fee, which could increase your out-of-pocket costs. You may also need to file your own claims.

Delta Dental PPO Dentist

More than 69,000 dentists nationwide participate in Delta Dental PPO. A PPO dentist has signed an agreement with Delta Dental in his or her state to participate in Delta Dental PPO, our national preferred provider organization program. You will receive the highest level of coverage if you go to a PPO dentist. Delta Dental will pay PPO dentists directly based on their submitted fee or the amount in the PPO dentist schedule, whichever is less. If the PPO dentist schedule amount for a covered service is lower than the dentist's submitted fee, the dentist cannot charge you the difference.

Delta Dental Premier Dentist

People who go to non-PPO dentists have additional access to the more than 129,000 dentists nationwide who participate in Delta Dental Premier, our managed fee-for-service program. However, your coverage levels may be lower.

Nonparticipating Dentist

If you go to a nonparticipating dentist who is not a PPO or Premier dentist, you will probably have to pay more. Our payment for covered services will be based on the dentist's submitted fee or the local nonparticipating dentist fee schedule, whichever is less.

COVERAGE FEATURES

- Your Dental Plan encourages preventive dental care.
- Your coverage helps to pay for dental care for you and each of your eligible dependents.
- A predetermination of benefits provision advises you and the dentist in advance how much the Plan will pay.
- You should continue to discuss your dentist's charges with the dentist in advance of any treatment to determine your share of the cost.
- You may receive treatment from any licensed dentist; however, your out-of-pocket costs are likely to be lower with a Delta Dental PPO dentist.
- The Plan does not cover certain dental services and procedures. These exclusions are listed in the booklet.
- For most commonly-performed noncovered services completed by a participating dentist, you will only be responsible for the Delta Dental Maximum Approved Fee.

ELIGIBILITY INFORMATION

Who is eligible?

You are eligible for the Dental Plan if you receive a pension from MPSERS or are an eligible dependent.

Survivor Coverage

A beneficiary may continue coverage in the MPSERS Dental Plan after a retiree's death only if the retiree chose a survivor option that provides monthly coverage to the beneficiary. If the retiree chose not to provide monthly coverage to a beneficiary, the subsidized group coverage cannot be continued.

Plan Administration

Delta Dental of Michigan administers the program for the Michigan Public School Employees Retirement System. Coverage and future modifications in coverage and copayment and deductible requirements are possible and jointly vested by law in the Michigan Department of Management and Budget and the Michigan Public School Employees Retirement System Board. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.

 **DELTA DENTAL®**

Dental Coverage at a glance



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