

# Dental coverage at a glance

## Michigan Public School Employees Retirement System

#### **Questions?**

Call Delta Dental of Michigan's customer service department at 800-345-8756 or log in to our Consumer Toolkit® at www.consumertoolkit.com.

www.deltadentalmi.com/MPSERS

With your retirement system's dental plan, which is administered by Delta Dental, you are welcome to go to the dentist of your choice: a Delta Dental PPO<sup>SM</sup> dentist, a Delta Dental Premier® dentist or a nonparticipating dentist. However, your cost will likely be lowest when you go to a Delta Dental PPO dentist.

**Delta Dental PPO dentists**—Your dental plan is designed to offer the maximum benefit with the lowest out-of-pocket expense when you use Delta Dental PPO dentists. Delta Dental PPO dentists agree to accept Delta Dental's PPO approved amount as payment in full for covered services. You are only responsible for your coinsurance.

**Delta Dental Premier dentists**—Many dentists that are not part of the Delta Dental PPO network may be in the Delta Dental Premier network. You may still save money when you use a Delta Dental Premier dentist, but you will be responsible for your coinsurance plus any additional costs for using a dentist outside the Delta Dental PPO network.

**Nonparticipating dentists**—Dentists that do not participate with Delta Dental do not have an agreement to accept Delta Dental's approved amounts. Nonparticipating dentists will likely cost you the most money. When you use providers that do not participate with Delta Dental, you are responsible for paying your coinsurance plus any additional costs up to the dentist's charge.

#### Diagnostic and preventive payment example:

	CHARGE	APPROVED AMOUNT	MEMBER COST SHARE		AMOUNT
			COINSURANCE (Percent of Delta Dental PPO approved amount)	ADDITIONAL COST	YOU PAY
Delta Dental PPO	\$90	<sup>\$</sup> 55	<b>\$2.75</b> (5% of \$55)	+ <sup>\$</sup> 0	\$2.75
Delta Dental Premier	<sup>\$</sup> 90	<sup>\$</sup> 77	\$5.50 (10% of \$55)	\$22  (Difference between Delta Dental PPO and Delta Dental Premier approved amount)	\$27.50
Nonparticipating	<sup>\$</sup> 90	\$90	\$5.50 (10% of \$55)	\$35  (Difference between Delta Dental PPO approved amount and dentist's charge)	\$40.50

With a Delta Dental PPO dentist, you are only responsible for your coinsurance. With a Delta Dental Premier dentist, you owe your coinsurance plus the difference between the Delta Dental PPO approved amount and the Delta Dental Premier approved amount. With a nonparticipating dentist, you owe your coinsurance plus the difference between the Delta Dental PPO approved amount and the dentist's charge.

The payment example above is for illustration purposes only. Fees and reimbursements can vary by location and dentist.

### **DENTAL BENEFITS SUMMARY**

Michigan Public School Employees	DELTA DENTAL PPO NETWORK	NOT IN DELTA DENTAL PPO NETWORK		
Retirement System	Delta Dental PPO dentist	Delta Dental Premier dentist	Nonparticipating dentist	
Delta Dental PPO (Standard)	Patient pays   Plan pays	Patient pays*   Plan pays	Patient pays*   Plan pays	
DIAGNOSTIC AND PREVE				
Diagnostic and preventive services  To diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride, to age 21, twice per calendar year)	<b>5%</b>   95%	10%   90%	<b>10%</b>   90%	
Emergency palliative treatment To temporarily relieve pain	<b>5%</b>   95%	<b>10%</b>   90%	<b>10%</b>   90%	
BASIC SERVI	CES			
Radiographs Includes bitewing X-rays once per calendar year (twice per calendar year for patients up to age 19) and full mouth X-rays once in any period of 60 consecutive months	<b>5%</b>   95%	<b>25%</b>   75%	<b>25%</b>   75%	
Minor restorative services  To repair teeth damaged by disease or injury (for example, fillings).  Composite resin fillings (white) are not covered on posterior teeth	<b>20%</b>   80%	<b>25%</b>   75%	<b>25%</b>   75%	
Major restorative services Used when teeth can't be restored with another filling material (for example, crowns)	<b>25%</b>   75%	<b>25%</b>   75%	<b>25%</b>   75%	
Periodontic services To treat diseases of the gums and supporting structures of the teeth	<b>25%</b>   75%	<b>25%</b>   75%	<b>25%</b>   75%	
Endodontic services  To treat teeth with diseased or damaged nerves (for example, root canals and pulpotomy)	<b>25%</b>   75%	<b>25%</b>   75%	<b>25%</b>   75%	
Oral surgery services  Extractions and dental surgery, including preoperative and postoperative care	<b>25%</b>   75%	<b>25%</b>   75%	<b>25%</b>   75%	
Relines and repairs Repair of existing dentures and implants, relines, and rebase of dentures	<b>25%</b>   75%	<b>25%</b>   75%	<b>25%</b>   75%	
MAJOR SERVI	ICES			
Prosthodontic services Services and appliances that replace missing natural teeth such as bridges, implants, partial dentures and complete dentures	<b>50%</b>   50%	<b>50%</b>   50%	<b>50%</b>   50%	
ORTHODONT	TICS			
Orthodontic services (to age 19) To correct malposed teeth and/or facial bones (for example, braces)	<b>50%</b>   50%	<b>50%</b>   50%	<b>50%</b>   50%	
MAXIMUM:	S			
Annual maximum (per calendar year) For diagnostic and preventive services, basic services, and major services	\$1,100 per member			
Orthodontic lifetime maximum	\$1,200 per eligible member			

<sup>\*</sup>You also pay any additional costs for using a dentist outside the Delta Dental PPO network.

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