



# PPO (Standard) Plan

## Dental Coverage

*at a glance*



**M**ICHIGAN **P**UBLIC **S**CHOOL **E**MPLLOYEES **R**ETIREMENT **S**YSTEM



Benefits Effective January 1, 2016

# **CUSTOMER SERVICE DEPARTMENT ADDRESS AND PHONE NUMBER**

The Dental Plan outlined in this Certificate is administered by Delta Dental Plan of Michigan, Inc., under an agreement with the Office of Retirement Services for Michigan Public School Employees Retirement System, Client Number 3250.

Questions may be submitted in writing to:

**Customer Service Department  
Delta Dental of Michigan  
P.O. Box 9089  
Farmington Hills, Michigan 48333-9089**

All correspondence to Delta Dental should include your client name (Michigan Public School Employees Retirement System Dental Plan) and client number (3250), your Subscriber ID number, and your daytime telephone number.

The Customer Service Department can be reached, toll-free, at:

**(800) 345-8756**

DASI (Delta Dental's Automated Service Inquiry) can give you information on coverage levels, claim status, and participating dentists 24 hours a day, seven days a week. If you wish to speak to a representative, simply follow the telephone prompts. Representatives are available Monday through Friday from 8:30 a.m. to 8:00 p.m. Eastern Time.

Access Delta Dental's online dentist directory at:

**[www.deltadentalmi.com](http://www.deltadentalmi.com)**

Other information about Delta Dental is available on the website as well.

Every effort has been made to ensure the accuracy of this Certificate. However, if statements in this Certificate differ from applicable Delta Dental coverage documents, then the terms and conditions of those coverage documents will prevail.

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## COVERED DENTAL EXPENSES

### Michigan Public School Employees Retirement System Dental Plan

Benefits Effective January 1, 2016	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier <sup>®</sup> Dentist*	Non- participating Dentist*
	Plan Pays	Plan Pays	Plan Pays
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings, and fluoride).	95%	90%	90%
<b>Emergency Palliative Treatment</b> – Used to temporarily relieve pain.	95%	90%	90%
<b>Radiographs – Bitewing X-rays, panoramic X-rays, and full mouth X-rays.</b>	95%	75%	75%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> – Used to repair teeth damaged by disease or injury (for example, fillings).	80%	75%	75%
<b>Major Restorative Services</b> – Used when teeth can't be restored with another filling material (for example, crowns).	75%	75%	75%
<b>Periodontic Services</b> – Used to treat diseases of the gums and supporting structures of the teeth.	75%	75%	75%
<b>Endodontic Services</b> – Used to treat teeth with diseased or damaged nerves (for example, root canals and pulpotomies).	75%	75%	75%
<b>Oral Surgery Services</b> – Extractions and dental surgery, including preoperative and postoperative care.	75%	75%	75%
<b>Relines and Repairs</b> – Repair of existing dentures and implants, relines, rebase of dentures.	75%	75%	75%
<b>Major Services</b>			
<b>Prosthodontics</b> – Services and appliances that replace missing natural teeth such as bridges, implants, partial dentures, and complete dentures.	50%	50%	50%
<b>Orthodontics</b>			
<b>Orthodontic Services (to age 19)</b> – Used to correct malposed teeth and/or facial bones (for example, braces).	50%	50%	50%
<b>Maximum Payment</b> – \$1,100 per person total per calendar year for Diagnostic & Preventive, Basic Services, and Major Services. Delta Dental's payment for Orthodontics will not exceed a lifetime maximum of \$1,200 per Eligible Person.			

**\*In the event that you seek treatment from a Delta Dental Premier or Nonparticipating dentist, you may be responsible for more than the percentage indicated above. Please see the "How Payment is Made" section of this Certificate for more details.**

You may choose any Dentist. Your out-of-pocket costs are likely to be less if you go to a Delta Dental PPO Dentist. Delta Dental PPO Dentists agree to accept payment according to the Delta Dental PPO Dentist Schedule and, in most cases, this results in a reduction of their fees. For some services, your benefit level is higher for Covered Services from a Delta Dental PPO Dentist. If the Dentist you select is not a Delta Dental PPO Dentist, you will still be covered, but you may have to pay more out-of-pocket.

## COVERAGE FEATURES

- ◆ Your Dental Plan encourages preventive dental care.
- ◆ Your dental coverage helps to pay for dental care for you and each of your Eligible Dependents.
- ◆ A Pre-Treatment Estimate provision provides you and the dentist with an advance estimate of the dental benefits available.
- ◆ 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 may be higher with a Non-PPO Dentist.
- ◆ This Plan does not cover certain dental services and procedures. These exclusions are listed in this Certificate.
- ◆ For most commonly performed non-covered services that are completed by a participating dentist, you will only be responsible for the Delta Dental Maximum Approved Fee.

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 Technology, 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.

## HOW TO USE YOUR DENTAL COVERAGE

### Your Identification Card

Show your Delta Dental identification card (see example) when using your Michigan Public School Employees Retirement System Dental Plan (This Plan or the Dental Plan) because it contains the following helpful information:

- ◆ Delta Dental's logo and This Plan name – These indicate to dentists that This Plan has a group-specific dental plan.

	Michigan Public School Employees Retirement System
NAME	MARY SMITH
CLIENT	SUBCLIENT 0001
CLIENT NO.	3250 0001
SUBSCRIBER ID	987654321

- ◆ Subscriber name – Your name (first, last) will appear here. The names of your enrolled dependents (including your spouse) are not shown on the identification card but are listed on Delta Dental's records.
- ◆ Client number (3250) – This four-digit number indicates you are covered by the Michigan Public School Employees Retirement System Dental Plan.
- ◆ Subscriber ID – This randomly generated nine-digit ID number identifies you under This Plan. Please give this number to your dentist at your next appointment.

The reverse side of the card provides Delta Dental's mailing address and toll-free telephone number.

When calling or writing, be sure to communicate the following information:

- ◆ Your name
- ◆ Your client number and Subscriber ID number
- ◆ A daytime telephone number where you can be reached

Remember these important points about your ID card:

- ◆ Your card is designed for easy access to important information regarding your dental coverage. Your card is not a guarantee of coverage.
- ◆ If your card is damaged, lost, or stolen, contact Delta Dental for a replacement.

## Choosing a Dentist

You may make an appointment with any dentist licensed in the state or country in which you reside or are traveling. Be sure to tell the dentist to submit claims to:

Delta Dental of Michigan  
P.O. Box 9085  
Farmington Hills, Michigan 48333-9085

Delta Dental has contracted with four out of every five dentists in the United States to provide services at guaranteed rates. Participating dentists have satisfied the requirements of Delta Dental's credentialing process and accept Delta Dental's reimbursement (less the required copayment under This Plan) as payment in full.

### Option #1

While you may choose any Dentist, your out-of-pocket costs are likely to be less if you go to a Delta Dental PPO Dentist (PPO Dentist). PPO Dentists agree to accept payment according to the Delta Dental PPO Dentist Schedule, and, in most cases, this results in a reduction of their fees. Delta Dental will also pay a higher percentage for some Covered Services if you go to a PPO Dentist.

If the Dentist you select is not a PPO Dentist, you will still be covered. However, you may have to pay more than just your Copayment. Your coverage levels may be lower, and your out-of-pocket expenses will vary depending on whether the Dentist participates in Delta Dental Premier. Please see the following options:

### Option #2

If you go to a non-PPO Dentist who participates in Delta Dental Premier, you will be responsible for any difference between the Delta Dental PPO Dentist Schedule amount and the Delta Dental Premier Dentist Schedule amount, in addition to any Copayment and non-covered services.

### Option #3

If you choose a Dentist who does not participate in either program, you will be responsible for any difference between the Delta Dental PPO Dentist Schedule amount and the Dentist's Submitted Fee, in addition to any Copayment and non-covered services.

To find out if your dentist participates with Delta Dental, call Delta Dental's Customer Service Department at **(800) 345-8756**, access Delta Dental's online dentist directory ([www.deltadentalmi.com](http://www.deltadentalmi.com)), or ask your dentist if he or she participates with Delta Dental.

## Submitting Claims

Delta Dental does not require special claim forms. Participating Dentists will fill out and submit your dental claims for you. Claims can be submitted on a standard American Dental Association claim form (which is obtainable at most dental offices or through the website). You or someone in the dental office must fill out the following member information on the claim form:

- ◆ The subscriber's (pension recipient's) full name and address
- ◆ The Subscriber ID number
- ◆ The name and date of birth of the covered person receiving dental care
- ◆ The client name (Michigan Public School Employees Retirement System Dental Plan) and the client number (3250)

If your dentist is not familiar with your Plan coverage or has any other questions regarding This Plan, have the dentist call Delta Dental at (800) 524-0149 or write to:

Delta Dental of Michigan  
P.O. Box 9089  
Farmington Hills, Michigan, 48333-9089

## Claims Deadline and Time of Payment

Because the amount of your Benefits is not conditioned on a Pre-Treatment Estimate decision by Delta Dental, all claims under This Plan are Post-Service Claims. All claims for Benefits must be filed with Delta Dental within one year of the date the services were completed. Once a claim is filed, Delta Dental will decide it within 30 days of receiving it. If there is not enough information to decide your claim, Delta Dental will notify you or your Dentist within 30 days. The notice will (a) describe the information needed, (b) explain why it is needed, (c) request an extension of time in which to decide the claim, and (d) inform you or your Dentist that the information must be

received within 45 days or your claim will be denied. You will receive a copy of any notice sent to your Dentist. Once Delta Dental receives the requested information, it has 15 days to decide your claim. If you or your Dentist does not supply the requested information, Delta Dental will have no choice but to deny your claim. Once Delta Dental decides your claim, it will notify you within five days.

### **Authorized Representative**

You may also appoint an authorized representative to deal with Delta Dental on your behalf with respect to any benefit claim you file or any review of a denied claim you wish to pursue (see the Claims Appeal Procedure section). You should call Delta Dental's Customer Service department, toll-free, at (800) 345-8756, or write them at P.O. Box 9089, Farmington Hills, Michigan, 48333-9089, to request a form to designate the person you wish to appoint as your representative. While in some circumstances your Dentist is treated as your authorized representative, generally Delta Dental only recognizes the person whom you have authorized on the last dated form filed with Delta Dental. Once you have appointed an authorized representative, Delta Dental will communicate directly with your representative and will not inform you of the status of your claim. You will have to get that information from your representative. If you have not designated a representative, Delta Dental will communicate directly with you.

### **HOW PAYMENT IS MADE**

Whether your Dentist is a PPO Dentist or not, Delta Dental will base its payment on the lesser of the Submitted Amount or the Delta Dental PPO Dentist Schedule.

Delta Dental will send payment directly to Participating Dentists and you will be responsible for any applicable Copayments or non-covered services.

If your Dentist is not a PPO Dentist, but is a Premier Dentist, you will also be responsible for any difference between the Delta Dental PPO Dentist Schedule amount and the Delta Dental Premier Dentist Schedule amount for Covered

Services, in addition to Copayments and non-covered services. Unless prohibited by state law, you will be responsible for the Maximum Approved Fee for most commonly performed non-covered services. For other non-covered services, you will be responsible for the Dentist's Submitted Amount.

For Covered Services rendered by a Nonparticipating Dentist or Out-of-Country Dentist, Delta Dental will usually send payment to you, and you will be responsible for making full payment to the Dentist. You will be responsible for any difference between Delta Dental's payment and the Dentist's Submitted Amount.

### **PRE-TREATMENT ESTIMATE**

Pre-treatment estimates are a voluntary and optional process where Delta Dental issues a written estimate of dental benefits that may be available under your coverage for your proposed dental treatment. Your Dentist submits the proposed dental treatment to Delta Dental in advance of providing the treatment.

A Pre-Treatment Estimate is for informational purposes only and is not required before you receive any dental care. It is not a prerequisite or condition for approval of future dental benefits payment. You will receive the same Benefits under This Plan whether or not a Pre-Treatment Estimate is requested. The benefits estimate provided on a Pre-Treatment Estimate notice is based on benefits available on the date the notice is issued. It is not a guarantee of future dental benefits or payment.

Availability of dental benefits at the time your treatment is completed depends on several factors. These factors include, but are not limited to, your continued eligibility for benefits, your available annual or lifetime Maximum Payments, any coordination of benefits, the status of your Dentist, This Plan's limitations and any other provisions, together with any additional information or changes to your dental treatment. A request for a Pre-Treatment Estimate is not a claim for Benefits or a preauthorization, precertification or other reservation of future Benefits.

A Pre-Treatment Estimate is not required to receive payment, but it allows claims to be processed more efficiently and allows you to know

what services may be covered before your Dentist provides them. You and your Dentist should review your Pre-Treatment Estimate Notice before treatment. Once treatment is complete, the dental office will submit a claim to Delta Dental for payment.

## LIMITATIONS

**The Benefits for the following services or supplies are limited as follows. All charges for services or supplies that exceed these limitations will be your responsibility. All time limitations are measured from the applicable prior dates of services in our records with any Delta Dental Plan.**

1. Bitewing X-rays are payable once per calendar year for adults or twice per calendar year for Children under the age of 19. Panoramic or full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period unless necessary for the diagnosis and treatment of a specific disease or injury.
2. Any combination of teeth cleanings (prophylaxes, full mouth debridement and periodontal maintenance procedures) are payable twice per calendar year. When medically necessary following specific periodontal procedures cleanings may be provided up to four times in the 12 consecutive months immediately following the completion date of the periodontal treatment plan. Full mouth debridement is payable only once in a lifetime. In addition, implant maintenance procedures are payable twice per calendar year.  
  
To determine payment eligibility for the two additional cleanings, Delta Dental researches the previous 12 months of each patient's periodontal history. If the patient has received qualifying periodontal treatment within that 12 month period, that patient will then be eligible for the payment of the two additional cleanings.
3. Oral examinations and evaluations are only payable twice per calendar year, regardless of the Dentist's specialty.
4. Patient screening is payable once per calendar year.
5. Preventive fluoride treatments are payable twice per calendar year for people under age 21.
6. Space maintainers are payable once per area per lifetime for people under age 19.
7. Cast restorations (including jackets, crowns and onlays) and associated procedures (such as core buildups and post substructures) are payable once in any five-year period per tooth.
8. Crowns or onlays are payable only for extensive loss of tooth structure due to caries (decay) or fracture.
9. Individual crowns over implants are payable at the prosthodontic benefit level.
10. Substructures, porcelain, porcelain substrate, and cast restorations are not payable for people under age 12.
11. Veneers are payable on incisors, cuspids, and first bicuspids once per tooth per three-year period for children ages 8 through 19, if required because of severe tetracycline staining, severe fluorosis, hereditary opalescent dentin or amelogenesis imperfecta.
12. An occlusal guard is payable once in a lifetime.
13. An interim partial denture is payable only for the replacement of permanent anterior teeth for people under age 17 or during the healing period for people age 17 and over.
14. Prosthodontic Services limitations:
  - a. One complete upper and one complete lower denture are payable once in any five-year period.
  - b. A removable partial denture, implant, crown over an implant, or fixed bridge is payable once in any five-year period unless the loss of additional teeth requires the construction of a new appliance.
  - c. Fixed bridges and removable cast partial dentures are not payable for people under age 16.
  - d. A relined or the complete replacement of denture base material is payable once in any three-year period per appliance.



- e. Implant removal is payable once per lifetime per tooth or area.
  - f. Implant maintenance is payable twice per calendar year.
15. Orthodontic Services limitations:
- a. Orthodontic Services are payable for Eligible Persons under age 19.
  - b. If the treatment plan terminates before completion for any reason, Delta Dental's obligation for payment ends on the last day of the month in which the patient was last treated.
  - c. Upon written notification to Delta Dental and to the patient, a Dentist may terminate treatment for lack of patient interest and cooperation. In those cases, Delta Dental's obligation for payment ends on the last day of the month in which the patient was last treated.
  - d. An observation and adjustment is payable twice per calendar year.
16. Delta Dental's obligation for payment of Benefits ends on the last day of coverage. However, Delta Dental will make payment for Covered Services provided on or before the last day of coverage, as long as Delta Dental receives a claim for those services within one year of the date of service.
17. When services in progress are interrupted and completed later by another Dentist, Delta Dental will review the claim to determine the amount of payment, if any, to each Dentist.
18. Care terminated due to the death of an Eligible Person will be paid to the limit of Delta Dental's liability for the services completed or in progress.
19. Optional treatment: If you select a more expensive service than is customarily provided, Delta Dental may make an allowance for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost. In all cases, Delta Dental will make the final determination regarding optional treatment and any available allowance.

Listed below are services for which Delta Dental will provide an allowance for optional treatment. Remember, you are responsible for the difference in cost for any optional treatment.

- a. Plastic, resin, porcelain fused to metal, and porcelain crowns on posterior teeth – Delta Dental will pay only the amount that it would pay for a full metal crown.
  - b. Composite resin (white) restorations on posterior teeth – Delta Dental will pay only the applicable amount that it would pay for an amalgam (silver) restoration.
  - c. Overdentures – Delta Dental will pay only the amount that it would pay for a conventional denture.
  - d. Plastic, resin, or porcelain/ceramic onlays on posterior teeth – Delta Dental will pay only the amount that it would pay for a metallic onlay.
  - e. Inlays, regardless of the material used – Delta Dental will pay only the amount that it would pay for an amalgam or composite resin restoration.
  - f. All-porcelain/ceramic bridges – Delta Dental will pay only the amount that it would pay for a conventional fixed bridge.
  - g. Implant/abutment supported complete or partial dentures – Delta Dental will pay only the amount that it would pay for a conventional denture.
  - h. Gold foil restorations – Delta Dental will pay only the amount that it would pay for an amalgam or composite restoration.
  - i. Stainless steel crowns with esthetic facings, veneers or coatings – Delta Dental will pay only the amount that it would pay for a conventional stainless steel crown.
20. Maximum Payment:
- a. The maximum Benefits payable in any one Benefit Year will be limited to the Maximum Payment stated in the Summary of Dental Plan Benefits.

- b. Delta Dental's payment for Orthodontic Services will be limited to the annual or lifetime Maximum Payment stated in the Summary of Dental Plan Benefits.
21. Processing Policies may limit Delta Dental's payment for services or supplies.

**Delta Dental will make no payment for services or supplies that exceed the following limitations. All charges are your responsibility. However, Participating Dentists may not charge Eligible Persons for these services or supplies when performed by the same Dentist or dental office. All time limitations are measured from the applicable prior dates of services in our records with any Delta Dental Plan.**

1. Amalgam and composite resin restorations are payable once in any two-year period, regardless of the number or combination of restorations placed on a surface.
2. Core buildups and other substructures are payable only when needed to retain a crown on a tooth with excessive breakdown due to caries (decay) and/or fractures.
3. Recementation of a crown, onlay, inlay, space maintainer, or bridge within six months of the seating date.
4. Retention pins are payable once in any two-year period. Only one substructure per tooth is a Covered Service.
5. Root planing is payable once in any two-year period.
6. Periodontal surgery is payable once in any three-year period.
7. A complete occlusal adjustment is payable once in any five-year period. The fee for a complete occlusal adjustment includes all adjustments that are necessary for a five-year period. A limited occlusal adjustment is not payable more than three times in any five-year period. The fee for a limited occlusal adjustment includes all adjustments that are necessary for a six-month period.
8. Tissue conditioning is payable twice per arch in any three-year period.

9. The allowance for a denture repair (including reline or rebase) will not exceed half the fee for a new denture.
10. Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
11. Processing Policies may limit Delta Dental's payment for services or supplies.

## **EXCLUSIONS**

**Delta Dental will make no payment for the following services or supplies. All charges for the same will be your responsibility (though your payment obligation may be satisfied by insurance or some other arrangement for which you are eligible).**

1. **Coverage for services compensable elsewhere.** Services for injuries or conditions payable under Workers' Compensation or Employer's Liability laws. Services received from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX of the Social Security Act; that is, Medicaid.
2. Services or supplies, as determined by Delta Dental, for **correction of congenital or developmental malformations.**
3. **Cosmetic surgery** or dentistry for aesthetic reasons, as determined by Delta Dental.
4. **Services provided prior to the effective date or following the termination date of coverage.** Services started or appliances started before a person became eligible under This Plan. This exclusion does not apply to orthodontic treatment in progress (if a Covered Service).

Likewise, services started or appliances started after termination of coverage. Certain services begun before the loss of eligibility may be covered if they are completed within 60 days from the date of termination. In those cases, Delta Dental evaluates those services in progress to determine what portion may be paid

- by Delta Dental. The difference between Delta Dental's payment and the total fee for those services is your responsibility.
5. Prescription **drugs** (except intramuscular injectable antibiotics), premedication, medicaments/ solutions, and relative analgesia.
  6. General **anesthesia** and intravenous sedation for (a) surgical procedures, unless medically necessary, or (b) restorative dentistry.
  7. Charges for **hospitalization, laboratory tests, and histopathological examinations**.
  8. Charges for **failure to keep a scheduled visit** with the Dentist.
  9. **Unnecessary services or supplies**. Services or supplies, as determined by Delta Dental, for which no valid dental need can be demonstrated.
  10. Services or supplies, as determined by Delta Dental that are **investigational** in nature, including services or supplies required to treat complications from investigational procedures.
  11. Services or supplies, as determined by Delta Dental, which are **specialized techniques**.
  12. Services or supplies, as determined by Delta Dental, which are **not provided in accordance with generally accepted standards** of dental practice.
  13. **Treatment by other than a Dentist**, except for services performed by a licensed dental hygienist or other dental professional, as determined by Delta Dental, under the scope of his or her license as permitted by applicable state law.
  14. Services or supplies excluded by the policies and procedures of Delta Dental, including the **Processing Policies**.
  15. **Services or supplies for which no charge is made**. Services or supplies for which no charge is made, for which the patient is not legally obligated to pay, or for which no charge would be made in the absence of Delta Dental coverage.
  16. Services or supplies received due to an **act of war**, declared or undeclared.
  17. **Coverage provided under basic health insurance or major medical programs**. Services or supplies covered under a hospital, surgical/medical, or prescription drug program.
  18. **Coverage excluded by This Plan**. Services or supplies that are not defined in This Plan, nor covered under the terms of this Certificate.
  19. **Fluoride** rinses, self-applied fluorides, or desensitizing medicaments.
  20. **Oral hygiene instruction and programs**. Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, home care medicaments, etc.).
  21. **Sealants**.
  22. Space maintainers for **maintaining space due to premature loss of anterior primary teeth**.
  23. **Lost, missing, or stolen appliances** of any type and **replacement or repair** of orthodontic appliances or space maintainers.
  24. **Cosmetic dentistry**, including repairs to facings posterior to the second bicuspid position.
  25. **Prefabricated crowns** used as final restorations on permanent teeth.
  26. **Increasing vertical dimension, replacing tooth structure loss, and periodontal splinting**. Appliances, surgical procedures, and restorations for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting. If Orthodontic Services are Covered Services, this exclusion will not apply to Orthodontic Services as limited by the terms and conditions of the contract between Delta Dental and your employer or organization.
  27. **Paste-type root canal fillings** on permanent teeth.
  28. **Replacement, repair, relines, or adjustments** of occlusal guards.
  29. **Chemical curettage**.

30. Services associated with **overdentures**.
  31. **Metal bases** on removable prostheses.
  32. The replacement of teeth **beyond the normal complement of teeth**.
  33. **Personalization or characterization** of any service or appliance.
  34. **Temporary crowns** used for temporization during crown or bridge fabrication.
  35. **Posterior bridges in conjunction with partial dentures** in the same arch.
  36. **Precision attachments and stress breakers**.
  37. **Bone replacement grafts, and specialized implant surgical techniques**, including radiographic/surgical implant index.
  38. Appliances, restorations, or services for the diagnosis or **treatment of disturbances of the temporomandibular joint (TMJ)**.
  39. **Diagnostic photographs, diagnostic casts (study models), and cephalometric films**, unless done for orthodontics and orthodontics are a Covered Service.
  40. **Myofunctional therapy**.
  41. **Mounted case analyses**.
- Delta Dental will make no payment for the following services or supplies. Participating Dentists may not charge Eligible Persons for these services or supplies. All charges from Nonparticipating Dentists for the following are your responsibility.**
1. The completion of forms or submission of claims.
  2. Consultations, patient screening, or patient assessment when performed in conjunction with examinations or evaluations.
  3. Local anesthesia.
  4. Acid etching, cement bases, cavity liners, and bases or temporary fillings.
  5. Infection control.
  6. Temporary, interim, or provisional crowns.
  7. Gingivectomy as an aid to the placement of a restoration.
  8. The correction of occlusion, when performed with prosthetics and restorations involving occlusal surfaces.
  9. Diagnostic casts, when performed in conjunction with restorative or prosthodontic procedures.
  10. Palliative treatment, when any other service is provided on the same date except X-rays and tests necessary to diagnose the emergency condition.
  11. Post-operative X-rays, when done following any completed service or procedure.
  12. Periodontal charting.
  13. Pins and preformed posts, when done with core buildups for crowns, onlays, or inlays.
  14. A pulp cap, when done with a sedative filling or any other restoration. A sedative or temporary filling, when done with pulpal debridement for the relief of acute pain prior to conventional root canal therapy or another endodontic procedure. The opening and drainage of a tooth or palliative treatment, when done by the same Dentist or dental office on the same day as completed root canal treatment.
  15. A pulpotomy on a permanent tooth, except on a tooth with an open apex.
  16. A therapeutic apical closure on a permanent tooth, except on a tooth where the root is not fully formed.
  17. Retreatment of a root canal by the same Dentist or dental office within two years of the original root canal treatment.
  18. A prophylaxis or full mouth debridement, when done on the same day as periodontal maintenance or scaling and root planing.
  19. An occlusal adjustment, when performed on the same day as the delivery of an occlusal guard.
  20. Reline, rebase, or any adjustment or repair within six months of the delivery of a partial denture.

21. Tissue conditioning, when performed on the same day as the delivery of a denture or the reline or rebase of a denture.

## **COORDINATION OF BENEFITS**

When you or your enrolled dependent is covered under more than one group plan providing dental expense coverage, a duplication of benefits can result. The Coordination of Benefits (COB) provision determines the correct order of liability and ensures that payment is made at This Plan's approved amount. The plans work together, usually without involving the patient.

For members having more than one dental plan, if this Dental Plan is the secondary dental benefit carrier, Delta Dental will pay for covered services up to the amount payable under This Plan, minus the amount paid by the primary dental benefit carrier. The combined payments from both primary and secondary carriers will cover up to, but not more than, This Plan's coverage level for the service.

For example, your spouse's dental claim for services is \$100 and the primary carrier paid \$50. If this Plan's payment would have been \$75 if no other coverage existed, This Plan will deduct the primary carrier payment (\$50) from this amount (\$75) and this Plan's payment will be \$25.

You must submit your bills to the primary plan first. The primary plan must pay its full benefits as if you had no other coverage. If the primary plan denies your claim or does not pay the full bill, you may then submit the remainder of the bill to the secondary plan.

Delta Dental needs certain facts to apply these COB rules, and it has the right to decide which facts it needs. It may get needed facts from or give them to any other organization or person. Delta Dental need not tell or get the consent of any person to do this. Each person claiming Benefits under This Plan must give Delta Dental any facts it needs to pay the claim.

If Delta Dental pays more than it should have paid under this COB provision, it may recover the excess from one or more of:

1. The people it has paid or for whom it has paid;

2. Insurance companies; or
3. Other organizations.

**Payment includes the reasonable cash value of any benefits provided in the form of services.**

## **SUBROGATION**

If Delta Dental provides Benefits under this Certificate and you have a right to recover damages from another, Delta Dental is subrogated to that right.

To the extent that This Plan provides or pays Benefits for Covered Services, Delta Dental is subrogated to any right you or your Eligible Dependent has to recover from another, his or her insurer, or under his or her "Medical Payments" coverage or any "Uninsured Motorist," "Underinsured Motorist," or other similar coverage provisions. You or your legal representative must do whatever is necessary to enable Delta Dental to exercise its rights and do nothing to prejudice them.

If you or your Eligible Dependent recovers damages from any party or through any coverage named above, you must reimburse Delta Dental from that recovery to the extent of payments made under This Plan.

## **ELIGIBILITY AND ENROLLMENT INFORMATION**

### **Who is eligible?**

You are eligible for the Dental Plan if you receive a pension from Michigan Public School Employees Retirement System or are an Eligible Dependent.

### **Survivor Coverage**

A beneficiary may continue coverage in This 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.

### **Enrollment Information**

You must decide within 31 days after your pension effective date whether you will enroll in the Dental Plan. If you have the Premium Subsidy benefit and

you are enrolling yourself, your spouse, or a dependent in insurance after retirement, your coverage will begin on the first day of the sixth month after the Office of Retirement Services receives all required forms and proofs.

If you have a Qualifying Event, such as adoption, birth, death, marriage, divorce, or involuntary loss of other group coverage, coverage can begin the first of the month as long as you apply and provide supporting documentation (proofs). A list of required proofs can be found by visiting the Office of Retirement Services website at [www.michigan.gov/orsschools](http://www.michigan.gov/orsschools).

If you have the Personal Healthcare fund, you cannot enroll in dental insurance after your retirement effective date.

### **Address/Membership Changes**

We want to provide adequate coverage for your changing needs. However, you must keep us informed of any changes such as births, adoptions, deaths, marriages, divorces, and new home addresses. To report changes, simply contact the Office of Retirement Services within 30 days of the event. In many cases, you can make the change online at [www.michigan.gov/orsmiaccount](http://www.michigan.gov/orsmiaccount). If you fail to report changes in your family status, claim rejections for the affected family member may result. If a claim is paid for an ineligible person, the pension recipient is responsible for the cost and the Office of Retirement Services may adjust the pension accordingly.

### **CLAIM PROBLEMS**

If you receive notice of an Adverse Benefit Determination and you think that Delta Dental incorrectly denied all or part of your claim, you or your Dentist should contact Delta Dental's Customer Service department and ask them to check the claim to make sure it was processed correctly. You may do this by calling the toll-free number, (800) 345-8756, and speaking to a telephone advisor. You may also mail your inquiry to the Customer Service Department at P.O. Box 9089, Farmington Hills, Michigan, 48333-9089.

When writing, please enclose a copy of your explanation of benefits and describe the problem. Be

sure to include your name, telephone number, the date, and any information you would like considered about your claim. This inquiry is not required and should not be considered a formal request for review of a denied claim. Delta Dental provides this opportunity for you to describe problems, or submit an explanation or additional information that might indicate your claim was improperly denied, and allow Delta Dental to correct any errors quickly and immediately.

Whether or not you have asked Delta Dental informally to recheck its initial determination, you can request a formal review using the Formal Claims Appeal Procedure described below.

### **Formal Claims Appeal Procedure**

If you receive notice of an Adverse Benefit Determination, you, or your authorized representative, should seek a review as soon as possible, but **you must file your request for review within 180 days** of the date that you received that Adverse Benefit Determination.

To request a formal review of your claim, send your request in writing to:

**Dental Director  
Delta Dental  
P.O. Box 30416  
Lansing, Michigan 48909-7916**

Please include your name and address, the Subscriber's ID, the reason why you believe your claim was wrongly denied, and any other information you believe supports your claim. You also have the right to review the contract between Delta Dental and your employer or organization and any documents related to it. If you would like a record of your request and proof that Delta Dental received it, mail your request certified mail, return receipt requested.

The Dental Director or any person reviewing your claim will not be the same as, nor subordinate to, the person(s) who initially decided your claim. The reviewer will grant no deference to the prior decision about your claim. The reviewer will assess the information, including any additional information that you have provided, as if he or she were deciding the claim for the first time. The reviewer's decision will take into account all comments, documents, records and other information relating to your claim

even if the information was not available when your claim was initially decided.

If the decision is based, in whole or in part, on a dental or medical judgment (including determinations with respect to whether a particular treatment, drug, or other item is experimental, investigational, or not medically necessary or appropriate), the reviewer will consult a dental health care professional with appropriate training and experience, if necessary. The dental health care professional will not be the same individual or that person's subordinate consulted during the initial determination.

The reviewer will make a determination within 60 days of receipt of your request. If your claim is denied on review (in whole or in part), you will be notified in writing. The notice of an Adverse Benefit Determination during the Formal Claims Appeal Procedure will meet the requirements described below.

### **Manner and Content of Notice**

Your notice of an Adverse Benefit Determination will inform you of the specific reasons(s) for the denial, the pertinent plan provisions(s) on which the denial is based, the applicable review procedures for dental claims, including time limits and that, upon request, you are entitled to access all documents, records and other information relevant to your claim free of charge. This notice will also contain a description of any additional materials necessary to complete your claim, an explanation of why such materials are necessary, and a statement that you have a right to bring a civil action in court if you receive an Adverse Benefit Determination after your claim has been completely reviewed according to this Formal Claims Appeal Procedure. The notice will also reference any internal rule, guideline, protocol, or similar document or criteria relied on in making the Adverse Benefit Determination, and will include a statement that a copy of such rule, guideline or protocol may be obtained upon request at no charge. If the Adverse Benefit Determination is based on a matter of medical judgment or medical necessity, the notice will also contain an explanation of the scientific or clinical judgment on which the determination was based, or a statement that a copy of the basis for the scientific or clinical judgment can be obtained upon request at no charge.

## **TERMINATION OF COVERAGE**

Delta Dental will not continue eligibility for any person covered under this program beyond the eligibility termination date requested by This Plan. A person whose eligibility is terminated may not continue group coverage under this Contract, except as required by the continuation coverage provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) or comparable, non-preempted state law.

Your Delta Dental coverage may automatically terminate:

- ◆ When Delta Dental is notified to terminate your coverage.
- ◆ On the first day of the month for which your Plan has failed to pay Delta Dental.
- ◆ For fraud or misrepresentation in the submission of any claim.
- ◆ For your Children, when they no longer qualify as an Eligible Dependent.

## **CONTINUATION OF COVERAGE**

This Dental Plan complies with provisions under the Consolidated Omnibus Reconciliation Act of 1985 (COBRA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If your coverage would otherwise end, you and/or your covered Eligible Dependents have the right under certain circumstances to continue coverage in the medical and dental plans sponsored by your employer or organization, at your expense, beyond the time coverage would normally end.

### **When is Plan Continuation Coverage Available?**

Continuation coverage is available if your coverage or a covered Eligible Dependent's coverage would otherwise end because:

1. You are divorced or legally separated
2. You die
3. Your Child is no longer eligible to be a covered Eligible Dependent (for example, because he or she turns 19)

4. You become enrolled in Medicare (if applicable)
5. You are called to active duty in the armed forces of the United States

## DEFINITIONS

**Adverse Benefit Determination** - Any denial, reduction or termination of the benefits for which you filed a claim. Or a failure to provide or to make payment (in whole or in part) of the benefits you sought, including any such determination based on eligibility, application of any utilization review criteria, or a determination that the item or service for which benefits are otherwise provided was experimental or investigational, or was not medically necessary or appropriate.

**Amalgam** - Silver filling used to restore teeth.

**Anesthesia, general** - The condition resulting from administration of anesthetics in which the patient is rendered completely unconscious and completely without conscious pain.

**Anesthetic** - A drug that produces a loss of feeling or sensation, such as novocaine.

**Appliance** - An artificial device that provides healing effects or is used to assist in performing an intended function.

- ◆ **Fixed** - A non-removable appliance that is cemented or attached to the teeth.
- ◆ **Removable** - An appliance that can be removed and replaced at will.

**Benefits** - Payment for the Covered Services that have been selected under This Plan.

**Bitewing** - A dental X-ray showing a part of the upper and lower jaw, either right or left.

### **Bridgework**

- ◆ **Fixed** - A bridge that is held in place with crowns or retainers that are cemented to the natural teeth and is not removable.
- ◆ **Removable** - A partial denture retained by attachments that permit the removal and insertion of the denture at will.
- ◆ **Clasp** - The most common attachment for a removable partial denture. It usually has two

metal arms that grasp the abutment teeth to hold the appliance in place.

**Certificate** - This document. Delta Dental will provide Benefits as described in this Certificate. Any changes in this Certificate will be based on changes to the contract between Delta Dental and Michigan Public School Employees Retirement System.

**Child or Children** - Your natural Children, stepchildren, adopted Children, Children by virtue of legal guardianship, or Children who are residing with you during the waiting period for adoption or legal guardianship.

**Completion Dates** - The date that treatment is complete. Some procedures may require more than one appointment before they can be completed. Treatment is complete:

- ◆ For dentures and partial dentures, on the delivery dates;
- ◆ For crowns and bridgework, on the permanent cementation date;
- ◆ For root canals and periodontal treatment, on the date of the final procedure that completes treatment.

**Control Plan (Delta Dental)** - The Delta Dental Plan that contracts with your group. The Control Plan will provide all claims processing, service, and administration for a multi-state group. The Control Plan will be referred to as Delta Dental in this document.

**Coordination of Benefits** - The guidelines for determining the order of payment when a subscriber or Eligible Dependent has two or more policies covering dental expenses.

**Copayment** - The percentage of the charge, if any, that you must pay for Covered Services.

**Covered Services** - The unique dental services selected for coverage in your Plan and subject to the terms of This Plan. This Certificate lists the Covered Services provided by your Plan.

**Crown** - The portion of a tooth covered by enamel and visible above the gum. Some common types of artificial crowns include full cast precious, semi-precious, or non-precious metal crowns for teeth



used for chewing food; crowns resembling the color of the natural tooth for front teeth; stainless steel crowns for restoring children's primary teeth.

**Delta Dental** - Delta Dental Plan of Michigan, Inc. a nonprofit dental care corporation; not a commercial insurance company. Delta Dental, acting under an administrative services plan (ASP) agreement, is the third-party administrator of the Michigan Public School Employees Retirement System Dental Plan.

**Delta Dental Plan** - An individual dental benefit plan that is a member of the Delta Dental Plans Association, the nation's largest, most experienced system of dental health plans.

**Delta Dental PPO (Standard)** - Delta Dental's national preferred provider organization program that can reduce your out-of-pocket expenses if you receive care from one of Delta Dental's PPO Dentists.

**Delta Dental Premier** - Delta Dental's national fee-for-service dental program that covers you when you go to a Non-PPO Dentist.

**Dental hygienist** - A person who has been trained to remove deposits and stains from the surface of the teeth and who may provide additional services and information on the prevention of oral disease.

**Dental services** - Care and procedures employed by Dentists for the diagnosis or treatment of dental disease, injury, or abnormal conditions based on valid dental need according to accepted standards of dental practice.

**Dentist** - A person licensed to practice dentistry in the state or jurisdiction in which dental services are rendered.

- ◆ **Delta Dental PPO Dentist (PPO Dentist)** – a Dentist who has signed an agreement with the Delta Dental Plan in his or her state to participate in Delta Dental PPO. PPO Dentists agree to accept Delta Dental's payment and your Copayment, if any, as payment in full for Covered Services.

- ◆ **Delta Dental Premier Dentist (Premier Dentist)** – a Dentist who has signed an agreement with the Delta Dental Plan in his or her state to participate in Delta Dental Premier. Premier Dentists agree to accept Delta Dental's payment and your Copayment, if any, as payment in full for Covered Services.
- ◆ **Nonparticipating Dentist** – a Dentist who has not signed an agreement with any Delta Dental Plan to participate in Delta Dental PPO or Delta Dental Premier.
- ◆ **Out-of-Country Dentist** – A Dentist whose office is located outside the United States and its territories. Out-of-Country Dentists are not eligible to sign participating agreements with Delta Dental.

PPO Dentists and Premier Dentists are sometimes collectively referred to herein as "**Participating Dentists.**" Wherever a term of this Certificate differs from your state Delta Dental Plan and its agreement with a Participating Dentist, the agreement in that state with that Dentist will be controlling.

Premier Dentists, Nonparticipating Dentists, and Out-of-Country Dentists are sometimes collectively referred to herein as "**Non-PPO Dentists.**"

**Denture** - A removable appliance replacing missing teeth.

**Eligible Dependent** - your Eligible Dependents are:

- ◆ Your legal spouse;
- ◆ An unmarried Child of a retiree through December 31 of the year in which he/she reaches age 19. Children must be members of the retiree's immediate household by birth or adoption. Grandchildren and/or stepchildren are not Eligible Dependents.
- ◆ A retiree's Child from age 19 through December 31 of the year in which he or she reaches age 25 if a full-time student (as defined by the educational institution) and a dependent according to Section 152 of the Internal Revenue Code. Proof of full-time student status is a completed Certification of Full-Time Student Status for Health Insurance, Form R71C. Each

October MPSERS supplies Form R71C to confirm continued full-time student status.

- ◆ A retiree's Child age 19 or older who is physically or mentally handicapped and dependent according to Section 152 of the Internal Revenue Code. Proof of dependency must be submitted at the time of application in the form of a physician's certification and a copy of the page of the IRS Form 1040 that identifies the name of the dependent.
- ◆ A parent(s) and or a parent(s) in-law residing in the retiree's household.

**Eligible Person(s)** - Any Subscriber or Eligible Dependent with coverage under This Plan.

**Fluoride** - A chemical solution that is applied to the teeth for the purpose of preventing dental decay.

**Gingivectomy** - A surgical procedure involving cutting away diseased gums.

**Implant** - A non-removable prosthetic replacing a single tooth.

**Maximum Approved Fee (MAF)** - A system used by Delta Dental to determine the approved fee for a given procedure for a given Participating Dentist. A fee meets Maximum Approved Fee requirements if it is the lowest of:

- ◆ The Submitted Amount.
- ◆ The lowest fee regularly charged, offered, or received by an individual Dentist for a dental service, irrespective of Dentist's contractual agreement with another dental benefits organization.
- ◆ The maximum fee that the local Delta Dental Plan approves for a given procedure in a given region and/or specialty, under normal circumstances based upon applicable Participating Dentist schedules and internal procedures.

Delta Dental may also approve a fee under unusual circumstances. Participating Dentists agree not to charge Delta Dental patients more than the Maximum Approved Fee for the Covered Service. In all cases, Delta Dental will make the final

determination about what is the Maximum Approved Fee for the Covered Service.

**Michigan Public School Employees Retirement System Dental Plan (This Plan or the Dental Plan)** - The self-insured "fee-for-service" program that provides dental coverage to enrolled members.

**Office of Retirement Services** - Administers retirement programs for Michigan's state and public school employees, judges, and state police.

**Onlay** - A preformed restoration that covers the entire chewing surface of a tooth.

**Optional treatment** - A service or treatment that is not a Covered Service, but for which This Plan's administrator (Delta Dental) will provide Benefits for a less costly service.

**Orthodontics** - The branch of dentistry concerned primarily with the detection, prevention, and correction of abnormalities in the positioning of teeth in relationship to the jaws. Commonly, straightening teeth.

**Palliative treatment** - Nonspecific emergency dental treatment to temporarily alleviate pain and discomfort.

**Partial denture** - An appliance that replaces one or more, but fewer than all, of the natural teeth. It is supported by the teeth or gums and is removable.

**Periodontal disease** - Disease that weakens and destroys the gums, bone, and membranes surrounding the teeth.

**Plaque** - A sticky substance made up of bacteria, dead tissue cells, and debris that accumulates on the teeth.

**Post-Service Claims** - Claims for Benefits that are not conditioned on your seeking advance approval, certification, or authorization to receive the full amount of any Covered Service. In other words, Post-Service Claims arise when you receive the dental service or treatment before you file a claim for Benefits.

**PPO Dentist Schedule** - The maximum fee allowed per procedure for services rendered by a PPO Dentist as determined by that Dentist's local Delta Dental Plan.

**Premier Dentist Schedule** - The maximum fee allowed per procedure for services rendered by a Premier Dentist as determined by that Dentist's local Delta Dental Plan.

**Processing Policies** - Delta Dental's policies and guidelines used for Pre-Treatment Estimate and payment of claims. The Processing Policies may be amended from time to time.

**Prophylaxis** - Removal of tarter and stains from the teeth (teeth cleaning).

**Prosthesis** - An artificial appliance to replace missing natural teeth and/or associated structures.

**Restoration** - A broad term applied to dental procedures that rebuild and repair natural tooth structure damaged by disease or injury.

**Root canal (endodontic) therapy** - Treatment of a tooth having a damaged pulp or nerve. Root canal therapy is usually performed by completely removing the pulp, sterilizing the pulp chamber and root canals, and filling these spaces with a sealing material.

**Space maintainer** - A fixed or removable appliance to prevent the shifting of teeth, usually in children.

**Submitted Amount or Submitted Fee** - The fee a Dentist bills to Delta Dental for a specific treatment. A Participating Dentist cannot charge you or your Eligible Dependents for the difference between this amount and the amount Delta Dental approves for the treatment.

**Subscriber** - An eligible participant enrolled in This Plan. A Subscriber may enroll his or her Eligible Dependent(s).

**This Plan** - The dental coverage established for Eligible Persons pursuant to this Certificate.

**Topical application** - Painting the surface of the teeth, as in fluoride treatment.

**Veneer** - A veneer or facing is a coating or covering of porcelain or plastic that is bonded to a cast restoration, causing it to blend with the color of the surrounding teeth.

Any person intending to deceive an insurer, who knowingly submits an application or files a claim containing a false or misleading statement, is guilty of insurance fraud.

Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, please call our toll-free hotline. You do not need to identify yourself. Only anti-fraud calls can be accepted on this line.

**Anti-Fraud Toll-Free Hotline:**

**(800) 524-0147**



## **CUSTOMER SERVICE**

If you have any questions that are not answered in this Certificate, or if you need the names of participating dentists in your area, please call the Customer Service Department at Delta Dental of Michigan:

**(800) 345-8756**

**Monday through Friday**

**8:30 a.m. to 8:00 p.m.**

Or use Delta Dental's online dentist directory at:

**[www.deltadentalmi.com](http://www.deltadentalmi.com)**

You may send written inquiries to:

**Customer Service Department  
Delta Dental of Michigan  
P.O. Box 9089  
Farmington Hills, Michigan, 48333-9089**

Please include your client name (Michigan Public School Employees Retirement System), your client number (3250), the Subscriber ID number, and your daytime telephone number on any written inquiries.