

**Delta Dental Plan of Michigan, Inc.
Priority Health
2017 Certified EHB Dental Benefit Plans**

<p>The following benefits include the Certified EHB Dental Benefits covered by Delta Dental of Michigan.</p> <p>Please mark the plan of your choice.</p> <p>Effective 1/1/2017 – 12/31/2017</p>	Delta Dental PPO SM (Point-of-Service)			
	<input type="checkbox"/> Plan A 6XXX High Pediatric Dental Plan (under age 19)		<input type="checkbox"/> Plan B 5XXX Low Pediatric Dental Plan (under age 19)	
	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating Dentist	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays	Plan Pays
Diagnostic & Preventive				
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%	80%
Brush Biopsy - to detect oral cancer	100%	100%	100%	80%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%	80%
Radiographs - X-rays	100%	100%	100%	80%
Sealants - to prevent decay of permanent teeth	100%	100%	100%	80%
Basic Services				
Minor Restorative Services - fillings	80%	60%	50%	50%
Oral Surgery Services - extractions and dental surgery	80%	60%	50%	50%
Endodontic Services - root canals	80%	60%	50%	50%
Periodontic Services - to treat gum disease	80%	60%	50%	50%
Relines and Repairs - to bridges and dentures	80%	60%	50%	50%
Other Basic Services - misc. services	80%	60%	50%	50%
Major Services				
Prosthodontic Services – bridges and dentures	50%	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%	50%
Maximum Payment – per person per calendar year on Diagnostic & Preventive, Basic Services and Major Services	None		None	
Deductible – per person / per family per calendar year. The Deductible does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, and sealants.	None		\$25 / \$75	
Rates per subscriber per month –				
1 Child	\$32.29		\$26.99	
2 Children	\$64.58		\$53.98	
3+ Children	\$96.87		\$80.97	

NOTE: For all EHB Covered Services provided by a PPO or Premier Dentist, the maximum out-of-pocket payments are \$350 per calendar year for one person under the age of 19, or \$700 per calendar year per family with two or more people under the age of 19.

¹ Above plan designs assume Delta Dental's standard limitations unless otherwise noted.

² These rates are valid through December 31, 2017 for a one year contract.

³ Rates do not include any applicable claims taxes.