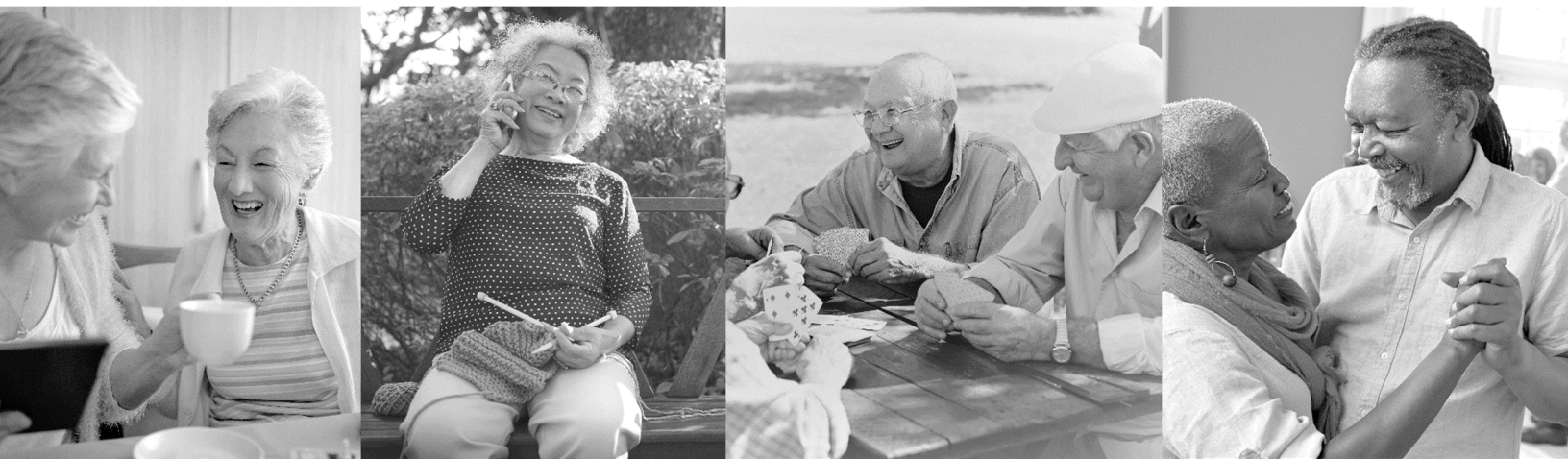




## Michigan Public School Employees' Retirement System



### Delta Dental PPO™ (Standard) Plan

**Dental Coverage**  
*At a Glance*

Benefits Effective January 1, 2022

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**CUSTOMER SERVICE**

**DEPARTMENT ADDRESS AND PHONE NUMBER**

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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/MPSERS](http://www.DeltaDentalMI.com/MPSERS)**

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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## Dental Benefits Summary

### Michigan Public School Employees' Retirement System Dental Plan

	DELTA DENTAL PPO NETWORK	NOT IN DELTA DENTAL PPO NETWORK	
	Delta Dental PPO™ Dentist	Delta Dental Premier* Dentist*	Non- participating Dentist*
Benefits Effective January 1, 2022	Patient Pays  Plan Pays	Patient Pays  Plan Pays	Patient 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).	5%   95%	10%   90%	10%   90%
<b>Emergency Palliative Treatment</b> - Used to temporarily relieve pain.	5%   95%	10%   90%	10%   90%
<b>Radiographs</b> - Bitewing X-rays, panoramic X-rays, and full mouth X-rays.	5%   95%	25%   75%	25%   75%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> - Used to repair teeth damaged by disease or injury (for example, fillings).	20%   80%	25%   75% Deductible	25%   75% Deductible
<b>Major Restorative Services</b> - Used when teeth can't be restored with another filling material (for example, crowns).	25%   75%	25%   75% Deductible	25%   75% Deductible
<b>Periodontic Services</b> - Used to treat diseases of the gums and supporting structures of the teeth.	25%   75%	25%   75% Deductible	25%   75% Deductible
<b>Endodontic Services</b> - Used to treat teeth with diseased or damaged nerves (for example, root canals and pulpotomies).	25%   75%	25%   75% Deductible	25%   75% Deductible
<b>Oral Surgery Services</b> - Extractions and dental surgery, including preoperative and postoperative care.	25%   75%	25%   75% Deductible	25%   75% Deductible
<b>Relines and Repairs</b> - Repair of existing dentures and implants, relines, and rebase of dentures.	25%   75%	25%   75% Deductible	25%   75% Deductible
<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%   50% Deductible	50%   50% Deductible
<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%   50%	50%   50%
<b>Maximums and Deductibles</b>			
<b>Annual maximum (per calendar year)</b> - \$1,100 per person total per calendar year for Diagnostic & Preventive, Basic Services, and Major Services.			
<b>Orthodontic lifetime maximum</b> - Delta Dental's payment for Orthodontics will not exceed a lifetime maximum of \$1,200 per Eligible Person.			
<b>Annual Deductible</b> - waived for Diagnostic & Preventive Services and for services provided by a Delta Dental PPO Dentist	\$0	\$50/person	\$50/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 and "Choosing a Dentist" section of this Certificate for more details.

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## COVERAGE FEATURES

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- ◆ 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 Coinsurance 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.

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## HOW TO USE YOUR DENTAL COVERAGE

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### 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.

The image shows a sample Delta Dental identification card. At the top left is the Delta Dental logo. At the top right is the text "Michigan Public School Employees' Retirement System". Below this, there are four labeled fields: "NAME" with a greyed-out box, "CLIENT" with a box containing "MICHIGAN PUBLIC SCHOOL EMPLOYEES' RETIREMENT SYSTEM", "CLIENT NO." with a box containing "3250-1001", and "SUBSCRIBER ID" with a greyed-out box.

- ◆ 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.

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## CHOOSING A DENTIST

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With your retirement system's dental plan, you may make an appointment with any dentist: a Delta Dental PPO dentist, a Delta Dental Premier dentist, or a nonparticipating dentist. However, your costs will likely be lowest when you go to a Delta Dental PPO dentist. To verify that a Dentist is a Participating Dentist, you can use Delta Dental's online Dentist Directory at

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

or call 800-345-8756. 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 PPO Dentists

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 Coinsurance. 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:

### Delta Dental Premier Dentists

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 Premier Dentist Schedule amount, in addition to any Coinsurance, Deductible and non-covered services.

### Nonparticipating dentists

If you choose a Dentist who does not participate in either program, or is an out of country dentist, 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 Coinsurance, Deductible 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/MPSERS](http://www.deltadentalmi.com/MPSERS)), 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. If you seek services from a nonparticipating dentist, 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.

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### **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 Coinsurance, Deductible 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 Coinsurance, Deductible 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.

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### **PRE-TREATMENT ESTIMATE**

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.

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### **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 actual date (i.e. to the day) of 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.
2. 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.



3. 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.
4. Oral examinations and evaluations are only payable twice per calendar year, regardless of the Dentist's specialty.
5. Patient screening is payable once per calendar year.
6. Preventive fluoride treatments are payable twice per calendar year for people under age 21.
7. Bilateral space maintainers are payable once per area per lifetime for people under age 19.
8. Unilateral space maintainers are payable once per area per lifetime for people under age 19.
9. A distal shoe space maintainer is payable for first permanent molars once per quadrant for people age 8 and under.
10. 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. Subsequent minor restorations on the same tooth are also subject to this five-year limitation.
11. Crowns or onlays are payable only for extensive loss of tooth structure due to caries (decay) or fracture.
12. Individual crowns over implants are payable at the prosthodontic benefit level.
13. Substructures, porcelain, porcelain substrate, and cast restorations are not payable for people under age 12.
14. 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.
15. Hard or partial arch occlusal guards are payable once in a lifetime.
16. 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.
17. 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 reline 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 area.
  - f. Implant maintenance is payable twice per calendar year.
18. 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.
19. 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.
  20. When services in progress are interrupted, Delta Dental will not issue payment for any incomplete services; however, Delta Dental will calculate the Maximum Approved Fee that the dentist may charge you for such incomplete services, and those charges will be your responsibility. In the event the interrupted services are completed later by a Dentist, Delta Dental will review the Claim to determine the amount of payment, if any, to the Dentist in accordance with Delta Dental's policies at the time services are completed.
  21. 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.
  22. 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.
23. 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.

24. If a Deductible amount is stated in the Summary of Dental Plan Benefits, Delta Dental will not pay for any services or supplies, in whole or in part, to which the Deductible applies until the Deductible amount is met.
25. Caries risk assessments are payable once in any 12-month period for Members age 3-18.
26. Assessments of salivary flow by measurement are payable once in any 36-month period.
27. Scaling and debridement in the presence of inflammation or mucositis of a single implant is payable once per tooth in any 24-month period.
28. A sealant, sealant repair, preventive resin restoration or interim caries arresting medicament is not payable when done on the same day as restorations involving the occlusal surface.
29. One cone beam CT is allowed within a twelve (12) month period except when performed for TMD treatment.
30. Processing Policies may limit Delta Dental's payment for services or supplies.
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.

**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 actual date (i.e. to the day) of 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.
11. Scaling and debridement in the presence of inflammation or mucositis of a single implant is payable once per tooth in any 24-month period when performed by the same office.
12. A sealant, sealant repair, preventive resin restoration or interim caries arresting medicament is not payable when done on the same day as restorations involving the occlusal surface when performed by the same office.
13. A sealant, sealant repair or preventive resin restoration is not payable when performed within 24 months of a sealant, sealant repair or preventive resin restoration performed on the same tooth.
14. One caries risk assessment is allowed on the same date of service.
15. One caries risk assessment is allowed within a twelve (12) month period when done by the same dentist/dental office.
16. One assessment of salivary flow by measurement is allowed within a twelve

(12) month period when done by the same dentist/dental office.

17. Processing Policies may limit Delta Dental's payment for services or supplies.

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## EXCLUSIONS

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**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 Medicaid or Medicare.
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).
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 procedures or techniques.**
12. **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.
13. **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.
14. Services or supplies received due to an **act of war**, declared or undeclared.
15. **Coverage provided under basic health insurance or major medical programs.** Services or supplies covered under a hospital, surgical/medical, or prescription drug program.
16. **Coverage excluded by This Plan.** Services or supplies that are not within the categories of Benefits selected by the Contractor and that are not covered under the terms of this Certificate.
17. **Fluoride** rinses, self-applied fluorides, or desensitizing medicaments.
18. **Caries preventive medicament.**
19. **Oral hygiene instruction and programs.** Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, home care medicaments, etc.).
20. **Sealants.**
21. Space maintainers for **maintaining space due to premature loss of anterior primary teeth.**

22. **Lost, missing, or stolen appliances** of any type and **replacement or repair** of orthodontic appliances or space maintainers.
  23. **Cosmetic dentistry**, including repairs to facings posterior to the second bicuspid position.
  24. **Prefabricated crowns** used as final restorations on permanent teeth.
  25. **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.
  26. **Implant/abutment supported interim fixed denture** for edentulous arch.
  27. **Soft occlusal guard appliances.**
  28. **Paste-type root canal fillings** on permanent teeth.
  29. **Replacement, repair, relines, or adjustments** of occlusal guards.
  30. **Chemical curettage.**
  31. Services associated with **overdentures.**
  32. **Metal bases** on removable prostheses.
  33. The replacement of teeth **beyond the normal complement of teeth.**
  34. **Personalization or characterization** of any service or appliance.
  35. **Temporary crowns** used for temporization during crown or bridge fabrication.
  36. **Posterior bridges in conjunction with partial dentures** in the same arch.
  37. **Precision abutments, attachments and stress breakers.**
  38. **Biologic materials to aid in soft and osseous tissue regeneration** when submitted on the same day as tooth extraction, periradicular surgery, soft tissue grafting, guided tissue regeneration, and periodontal or implant bone grafting.
  39. **Bone replacement grafts, and specialized implant surgical techniques,** including radiographic/surgical implant index.
  40. Appliances, restorations, or services for the diagnosis or **treatment of disturbances of the temporomandibular joint (TMJ).**
  41. **Diagnostic photographs, diagnostic casts (study models), and cephalometric films,** unless done for orthodontics and orthodontics are a Covered Service.
  42. **Myofunctional therapy.**
  43. **Mounted case analyses.**
  44. **Molecular, antigen or antibody testing** for a public health related pathogen.
  45. **Any and all taxes** applicable to the services.
  46. **Processing policies** may otherwise exclude payment by Delta Dental for services or supplies.
- 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. Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
  2. The completion of forms or submission of claims.
  3. Consultations, patient screening, or patient assessment when performed in conjunction with examinations or evaluations.
  4. Caries risk assessment performed on a Member age 2 or under.
  5. Local anesthesia.
  6. Acid etching, cement bases, cavity liners, and bases or temporary fillings.
  7. Infection control.
  8. Temporary, interim, or provisional crowns.
  9. Gingivectomy as an aid to the placement of a restoration.

10. The correction of occlusion, when performed with prosthetics and restorations involving occlusal surfaces.
11. Diagnostic casts, when performed in conjunction with restorative or prosthodontic procedures.
12. Palliative treatment, when any other service is provided on the same date except X-rays and tests necessary to diagnose the emergency condition.
13. Post-operative X-rays, when done following any completed service or procedure.
14. Periodontal charting.
15. Pins and preformed posts, when done with core buildups for crowns, onlays, or inlays.
16. Any substructure when done for inlays, onlays, and veneers.
17. 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.
18. A pulpotomy on a permanent tooth, except on a tooth with an open apex.
19. A therapeutic apical closure on a permanent tooth, except on a tooth where the root is not fully formed.
20. Retreatment of a root canal by the same Dentist or dental office within two years of the original root canal treatment.
21. A prophylaxis or full mouth debridement, when done on the same day as periodontal maintenance or scaling and root planing.
22. Scaling in the presence of gingival inflammation when done on the same day as periodontal maintenance.
23. Prophylaxis, scaling in the presence of gingival inflammation, or periodontal maintenance when done within 30 days of three or four quadrants of scaling and root planing or other periodontal treatment.
24. Full mouth debridement when done within 30 days of scaling and root planing.
25. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces without flap entry and closure, when performed within 12 months of implant restorations, provisional implant crowns and implant or abutment supported interim dentures.
26. Scaling and debridement in the presence of inflammation or mucositis of a single implant, when done on the same day as a prophylaxis, scaling in the presence of gingival inflammation, periodontal maintenance, full mouth debridement, periodontal scaling and root planing, periodontal surgery or debridement of a peri-implant defect.
27. Full mouth debridement, when done on the same day as comprehensive evaluation.
28. A sealant, sealant repair, preventive resin restoration or interim caries arresting medicament is not payable when done on the same day as a sealant, sealant repair, preventive resin restoration or interim caries arresting medicament performed on the same tooth.
29. An occlusal adjustment, when performed on the same day as the delivery of an occlusal guard.
30. Reline, rebase, or any adjustment or repair within six months of the delivery of a partial denture.
31. Adjustments, temporary relines, or tissue conditioning within three months of delivery of an immediate denture or six months for a conventional denture.
32. Tissue conditioning, when performed on the same day as the delivery of a denture or the reline or rebase of a denture.
33. Periapical and/or bitewing X-rays, when done within a clinically unreasonable period of time of performing panoramic and/or full mouth X-rays, as determined solely by Delta Dental.
34. Charges or fees for overhead, internet/video connections, software, hardware or other equipment necessary to

deliver services, including but not limited to teledentistry services.

- 35. Capture only images which are not associated with any interpretation or reporting.
- 36. Frenulectomy when performed on the same day as any other surgical procedure(s) in the same surgical area by the same dentist or dental office.
- 37. Implant removal when performed within three months of an implant/mini-implant on the same tooth by the same dentist or dental office.
- 38. Processing policies may otherwise exclude payment by Delta Dental for services or supplies.

## 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. Your retirement system uses what's called "carve out" coordination of benefits.

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:

<b>Procedure:</b>
Cleaning
<b>Sample allowed amount:</b>
\$100
<b>Your spouse's plan is primary:</b>
The \$100 allowed amount is reduced by the primary plan's 50 percent coinsurance (50 percent of \$100, or \$50) and <b>the primary plan pays \$50.</b>

**Your retirement system plan is secondary with a 5 percent coinsurance:**

Without other coverage, your retirement system's plan would have reduced the \$100 allowed amount by your 5 percent coinsurance (5 percent of \$100, or \$5) and paid \$95.

Since another plan is primary, the \$95 is reduced by the \$50 primary plan payment and **your retirement system plan pays \$45.**

**Your out-of-pocket costs:**

**\$5**

You are responsible for the remaining balance once the dental plans have coordinated.

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.

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## **ELIGIBILITY AND ENROLLMENT INFORMATION**

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### **Who is eligible?**

You may be eligible for the Dental Plan if you receive a pension from Michigan Public School Employees' Retirement System or are an Eligible Dependent. For more information about eligibility, when coverage can begin, rates, and more please visit the Office of Retirement Services website at [www.michigan.gov/ors](http://www.michigan.gov/ors). Click on the "Public School Employees Retirement System" tab on the left side of the page, select the Defined Benefit Plan page, and click on the "Your Insurance Benefits" tab on the left.

### **Survivor Coverage**

A beneficiary may continue coverage in This Plan after a retiree's death only if the retiree chose a survivor option. If the retiree did not choose a survivor option, the subsidized group coverage cannot be continued.

### **Enrollment Information**

For information about enrollment, refer to the Office of Retirement Services website at [www.michigan.gov/ors](http://www.michigan.gov/ors). Click on the "Public School Employees Retirement System" tab on the left side of the page, select the Defined Benefit Plan page, and click on the "Your Insurance Benefits" tab on the left.

### **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,

new home addresses and email addresses. To report changes, simply contact the Office of Retirement Services in writing 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.

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## **CLAIMS APPEAL PROCEDURE**

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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.

### **Formal Claims Appeal Procedure**

Whether or not you have asked Delta Dental informally, as described above, to recheck its initial determination, you can submit your claim to a formal first level appeal through the Claims Appeal Procedure described here. To request a formal review of your claim, send your request in writing to the claims administrator:

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



Please include your name and address, the subscriber's member ID number (Social Security number or Alternate ID), the reason you believe your claim was wrongly denied, any other information you believe supports your claim, and indicate in your letter that you are requesting a formal appeal of your claim. You also have the right to review the Plan and any documents related to it. If you would like a record of your request and proof that it was received by Delta Dental, you should mail it certified mail, return receipt requested.

You or your authorized representative should seek a review as soon as possible, but you must file your first level appeal within 180 days of the date on which you receive your notice of the adverse benefit determination you are asking Delta Dental to review. If you are appealing an adverse determination of a concurrent care claim, you should do so as soon as possible so that you may receive a decision on review before the course of treatment you are seeking to extend terminates.

In filing the appeal, you will be provided, upon request and free of charge, reasonable access to and copies of, all documents, records and other information relevant to your claim for benefits. For this purpose, a document record or other information will be considered relevant if it was relied upon in making the benefit determination, was submitted, considered or generated in the course of making the benefit determination, or constitutes a statement of Plan or guidance with respect to the Plan concerning the denied treatment option or benefit.

The Dental Director or any other person(s) reviewing your claim will not be the same as, nor will they be subordinate to, the person(s) who initially decided your claim. The Dental Director will grant no deference to the prior decision about your claim. Instead, he will assess the information, including any additional information that you have provided, as if he were deciding the claim for the first time.

If the Dental Director's adverse determination is based on an assessment of medical or dental judgment or necessity, the notice of his adverse determination will explain the scientific or clinical judgment on which the

determination was based or include a statement that a copy of the basis for that judgment can be obtained upon request at no charge. If the Dental Director consulted medical or dental experts in the appropriate specialty, the notice will include the name(s) of those expert(s).

If the first level appeal is denied, you may submit a request for a second level appeal. The request must be made in writing within 60 days following the denial of the first level appeal. The second level appeal will be a managerial level conference to discuss the details of your appeal. When submitting your request, please provide your contact information so that a conference can be scheduled. Upon completion of the conference, Delta Dental will notify you in writing of the outcome of the appeal. 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.

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## TERMINATION OF COVERAGE

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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 Dependent, when they no longer qualify as an Eligible Dependent.
- ◆ For any other reason stated in the Contract between Delta Dental and the Contractor.

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## CONTINUATION OF COVERAGE

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This Dental Plan complies with provisions under 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 dental plan 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 do not qualify as an Enrollee as set forth in your Summary of Dental Plan Benefits.

2. You are divorced or legally separated
3. You die
4. Your Child is no longer eligible to be a covered Eligible Dependent (for example, because he or she turns 19)
5. You become enrolled in Medicare (if applicable)
6. You are called to active duty in the armed forces of the United States.

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## DEFINITIONS

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**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, 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.

**Coinsurance/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.

**Deductible** - the amount a person must pay toward Covered Services before Delta Dental begins paying for those services under this Certificate. The Summary of Dental Benefits provides additional information.

**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 who still participates with Delta Dental.

**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 Coinsurance, 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. If your Dentist is a Premier Dentist, you will also be responsible for any difference between the PPO Dentist Schedule and the Premier Dentist Schedule for Covered Services, in addition to Copayments and/or Deductibles.
- ♦ **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. If your Dentist is a Nonparticipating Dentist, you will also be responsible for any difference between the PPO Dentist Schedule and the Dentist's Submitted Amount for Covered Services, in addition to Copayments and/or Deductibles.
- ♦ **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 spouse. If he or she is an eligible public school retiree, you will be covered together on one contract.;
- ♦ Your unmarried child until Dec. 31 of the year in which he or she turns age 19. In the case of legal adoption, a child is eligible for coverage as of the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child in anticipation of adoption.
- ♦ Your unmarried child by legal guardianship until age 18.
- ♦ Your unmarried child who is a full-time student and dependent on you for support, until Dec. 31 of the year in which he or she reaches age 25 or the end of the graduation month, whichever comes first.
- ♦ Your unmarried child who is totally and permanently disabled, dependent on you for support, and unable to self-sustain employment.
- ♦ Either your parent(s) or parent(s)-in-law residing in your household – one set of parents or the other, but not both.

Coverage for your eligible dependents is the same as yours. Note: Your stepchild is not eligible for coverage.

You are responsible for immediately notifying ORS of any change in your status or that of your dependents that would affect insurance eligibility. If it is discovered that an ineligible person is covered by you, that person will be terminated retroactively, and you may be responsible for repaying any claims made on their behalf.

**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, state police, and National Guard.

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

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.

Form No. 0034M

R0601/125K

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