



Delta Dental Plan of Michigan, Inc.  
Priority Health  
2025 Certified EHB Dental Benefit Plans



Delta Dental PPO™ (Point-of-Service)				
Please mark the plan of your choice.  The following benefits include the <u>Certified EHB Dental Benefits</u> covered by Delta Dental of Michigan. <sup>1</sup>  Effective 1/1/2025 – 12/31/2025	Plan A (6XXX)		Plan B (5XXX)	
	High Pediatric Dental Plan		Low Pediatric Dental Plan	
	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist/ Nonparticipating	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist/ Nonparticipating
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%
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 - prosthetic appliances	80%	60%	50%	50%
Other Basic Services - misc. services	80%	60%	50%	50%
Major Services				
Prosthodontic Services – bridges, dentures, and crowns over implants	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, palliative treatment, brush biopsy, and sealants.	None		\$25/\$75	
Rates per subscriber per month <sup>2,3</sup>				
1 Child	\$37.49		\$32.08	
2 Children	\$74.98		\$64.16	
3+ Children	\$112.47		\$96.24	

**NOTE:** For all EHB Covered Services provided by a Delta Dental PPO™ (Point-of-Service) or Delta Dental Premier® Dentist, the maximum out-of-pocket payments are \$425 per calendar year for one person age 18 and under, or \$850 per calendar year per family with two or more people age 18 and under.

<sup>1</sup> Above plan designs assume Delta Dental's standard limitations unless otherwise noted.

<sup>2</sup> These rates are valid through December 31, 2025 for a one-year contract.

<sup>3</sup> Rates do not include any applicable claims taxes.

An individual will be considered age 18 and under until the end of the Benefit Year in which the individual attains the age of 19.