Delta Dental of Michigan
Dental Benefits Highlights
High Pediatric Dental Plan

DELTA DENTAL®

2022 ESSENTIAL HEALTH BENEFITS (EHB) for individuals age 18 and under Delta Dental PPO (Point-of-Service)	In-Network		Out-of-Network
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	60%	60%
Oral Surgery Services – extractions and dental surgery	80%	60%	60%
Endodontic Services – root canals	80%	60%	60%
Periodontic Services – to treat gum disease	80%	60%	60%
Relines and Repairs – prosthetic appliances	80%	60%	60%
Other Basic Services – misc. services	80%	60%	60%
Major Services			
Prosthodontic Services – bridges, dentures, and crowns over implants	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%

**When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.*

***Note:** Composite resin restorations are optional on posterior teeth. An allowance will be made for an amalgam (silver) filling.*

In-Network Annual Out-of-Pocket Maximum – An Out-of-Pocket Maximum is the maximum amount that an Eligible Person will pay for EHB Covered Services throughout a Benefit Year. The In-Network Annual Out-of-Pocket Maximum for EHB Covered Services shall be $375 per Benefit Year if this Certificate covers one Eligible Person age 18 and under, or $750 per Benefit Year if this Certificate covers two or more Eligible Persons age 18 and under. Any Copayments, Deductibles, or other out-of-pocket expenses paid by an Eligible Person for In-Network EHB Covered Services provided shall count toward that In-Network Annual Out-of-Pocket Maximum. The In-Network Annual Out-of-Pocket Maximum will not include any amounts paid for the following: (i) premiums; (ii) non-covered services; (iii) Out-of-Network Dentists; (iv) Copayments, Deductibles, or other out-of-pocket expenses for services other than EHB Covered Services; or (v) Copayments, Deductibles, or other out-of-pocket expenses paid for EHB Covered Services provided to individuals 19 years of age and older. Once the applicable In-Network Annual Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services provided to an Eligible Person will be covered at 100% of the Maximum Approved Fee.

Out-of-Network Annual Out-of-Pocket Maximum – There is no annual Out-of-Pocket Maximum for Out-of-Network EHB Covered Services. Eligible Persons will be responsible for all Copayments, Deductibles, and other out-of-pocket expenses associated with all Out-of-Network EHB Covered Services provided to Eligible Persons throughout the Benefit Year.

Annual and Lifetime Maximum Payments – There are no annual or lifetime Maximum Payments for EHB Covered Services under this Certificate.

Deductibles for EHB Covered Services – None.

Waiting Period for EHB Covered Services – There are no waiting periods for Eligible Persons age 18 and under seeking EHB Covered Services.

***Note** - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.*