DELTA DENTAL®

Dental coverage at a glance

Michigan Public School Employees' Retirement System

With your retirement system's dental plan, which is administered by Delta Dental, you are welcome to go to the dentist of your choice: a Delta Dental PPO™ dentist, a Delta Dental Premier® dentist or a nonparticipating dentist. However, your cost will likely be lowest when you go to a Delta Dental PPO dentist.

Delta Dental PPO dentists—Your dental plan is designed to offer the maximum benefit with the lowest out-of-pocket expense when you use Delta Dental PPO dentists. Delta Dental PPO dentists agree to accept Delta Dental's PPO approved amount as payment in full for covered services. You are only responsible for your coinsurance.

Delta Dental Premier dentists—Many dentists that are not part of the Delta Dental PPO network may be in the Delta Dental Premier network. You may still save money when you use a Delta Dental Premier dentist, but you will be responsible for your coinsurance plus any additional costs for using a dentist outside the Delta Dental PPO network.

Nonparticipating dentists—Dentists that do not participate with Delta Dental do not have an agreement to accept Delta Dental's approved amounts. Nonparticipating dentists will likely cost you the most money. When you use providers that do not participate with Delta Dental, you are responsible for paying your coinsurance plus any additional costs up to the dentist's charge.

Deductible—Your dental plan has a $50 annual deductible per person. This deductible is waived for all services when you go to a Delta Dental PPO provider. For Delta Dental Premier and nonparticipating dentists, the deductible is waived for diagnostic and preventive services and is applied to basic and major services.

Because the deductible is waived for Delta Dental PPO dentists and they agree to accept Delta Dental's PPO approved amount as payment in full for covered services, you will save the most money with a Delta Dental PPO dentist.

Questions? Call Delta Dental of Michigan's customer service department at 800-345-8756 or visit **www.deltadentalmi.com/MPSERS**

Major restorative services (crown) payment example (with deductible added):

	CHARGE	APPROVED AMOUNT	MEMBER COST SHARE					AMOUNT YOU PAY
			DEDUCTIBLE		COINSURANCE (Percent of Delta Dental PPO approved amount)		ADDITIONAL COST	
Delta Dental PPO	**$1200**	**$840**	**$0**	+	**$210** (25% of $840)	+	**$0**	**$210**
Delta Dental Premier	**$1200**	**$980**	**$50**	+	**$197.50** (25% of $790*)	+	**$140** (Difference between Delta Dental PPO and Delta Dental Premier approved amount)	**$387.50**
Nonparticipating	**$1200**	**$1200**	**$50**	+	**$197.50** (25% of $790*)	+	**$360** (Difference between Delta Dental PPO approved amount and dentist's charge)	**$607.50**

With a Delta Dental PPO dentist, you are only responsible for your coinsurance, and your deductible is waived. With a Delta Dental Premier dentist, for services that require a deductible, you owe your deductible, your coinsurance, and the difference between the Delta Dental PPO approved amount and the Delta Dental Premier approved amount. With a nonparticipating dentist, for services that require a deductible, you owe your deductible, your coinsurance, and the difference between the Delta Dental PPO approved amount and the dentist's charge.

*Delta Dental PPO approved amount minus the $50 deductible.

The payment example above is for illustration purposes only. Fees and reimbursements can vary by location and dentist. For additional payment examples, visit www.deltadentalmi.com/MPSERS.

DENTAL BENEFITS SUMMARY

Michigan Public School Employees' Retirement System

Delta Dental PPO (Standard)

	DELTA DENTAL PPO NETWORK	NOT IN DELTA DENTAL PPO NETWORK	
	Delta Dental PPO dentist	**Delta Dental Premier dentist**	**Nonparticipating dentist**
	Patient pays | Plan pays	**Patient pays*** | Plan pays	**Patient pays*** | Plan pays
DIAGNOSTIC AND PREVENTIVE SERVICES (Deductible does NOT apply)			
Diagnostic and preventive services To diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride, to age 21, twice per calendar year)	**5%** | 95%	**10%** | 90%	**10%** | 90%
Emergency palliative treatment To temporarily relieve pain	**5%** | 95%	**10%** | 90%	**10%** | 90%
Radiographs Includes bitewing X-rays once per calendar year (twice per calendar year for patients up to age 19) and full mouth X-rays once in any period of 60 consecutive months	**5%** | 95%	**25%** | 75%	**25%** | 75%
BASIC SERVICES (Deductible may apply)			
Minor restorative services To repair teeth damaged by disease or injury (for example, fillings). Composite resin fillings (white) are not covered on posterior teeth	**20%** | 80%	**25%** | 75% Deductible	**25%** | 75% Deductible
Major restorative services Used when teeth can't be restored with another filling material (for example, crowns)	**25%** | 75%	**25%** | 75% Deductible	**25%** | 75% Deductible
Periodontic services To treat diseases of the gums and supporting structures of the teeth	**25%** | 75%	**25%** | 75% Deductible	**25%** | 75% Deductible

Endodontic services To treat teeth with diseased or damaged nerves (for example, root canals and pulpotomy)	**25%** | 75%	**25%** | 75% Deductible	**25%** | 75% Deductible
Oral surgery services Extractions and dental surgery, including preoperative and postoperative care	**25%** | 75%	**25%** | 75% Deductible	**25%** | 75% Deductible
Relines and repairs Repair of existing dentures and implants, relines and rebase of dentures	**25%** | 75%	**25%** | 75% Deductible	**25%** | 75% Deductible
MAJOR SERVICES (Deductible may apply)			
Prosthodontic services 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
ORTHODONTICS			
Orthodontic services (to age 19) To correct malposed teeth and/or facial bones (for example, braces)	**50%** | 50%	**50%** | 50%	**50%** | 50%
MAXIMUMS AND DEDUCTIBLES			
Annual maximum (per calendar year) For diagnostic and preventive services, basic services and major services	$1,100 per member		
Orthodontic lifetime maximum	$1,200 per eligible member		
Annual Deductible (per person) Waived for diagnostic and preventive services from any provider and all services provided by a Delta Dental PPO dentist	**$0**	**$50**	**$50**

*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.

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