

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

<p>The following benefits include the <b>Certified EHB Dental Benefits</b> covered by Delta Dental of Michigan.</p> <p>Please mark the plan of your choice.</p> <p>Effective 1/1/2016 – 12/31/2016</p>	Delta Dental PPO <sup>SM</sup> (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
<b>Diagnostic &amp; Preventive</b>				
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%	80%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%	80%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	100%	100%	80%
<b>Radiographs</b> - X-rays	100%	100%	100%	80%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%	80%
<b>Basic Services</b>				
<b>Minor Restorative Services</b> - fillings	80%	60%	50%	50%
<b>Oral Surgery Services</b> - extractions and dental surgery	80%	60%	50%	50%
<b>Endodontic Services</b> - root canals	80%	60%	50%	50%
<b>Periodontic Services</b> - to treat gum disease	80%	60%	50%	50%
<b>Relines and Repairs</b> - to bridges and dentures	80%	60%	50%	50%
<b>Other Basic Services</b> - misc. services	80%	60%	50%	50%
<b>Major Services</b>				
<b>Prosthetic Services</b> – bridges and dentures	50%	50%	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%	50%	50%
<b>Maximum Payment</b> – per person per calendar year on Diagnostic & Preventive, Basic Services and Major Services	None		None	
<b>Deductible</b> – 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	
<b>Rates per subscriber per month –</b>				
1 Child	\$33.94		\$28.01	
2 Children	\$67.88		\$56.02	
3+ Children	\$101.82		\$84.03	

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.