

Plan Selected	MI - Plan A #7775 Delta Dental PPO (Point-of-Service)			MI - Plan B #7776 Delta Dental PPO (Point-of-Service)			MI - Plan C #7777 Delta Dental PPO (Point-of-Service)			MI - Plan D #7778 Delta Dental PPO (Point-of-Service)			MI - Plan E #7779 Delta Dental PPO (Standard)		
	Delta Dental PPO	Delta Dental Premier / Nonpar	Covered Services	Delta Dental PPO	Delta Dental Premier / Nonpar	Covered Services	Delta Dental PPO	Delta Dental Premier / Nonpar	Covered Services	Delta Dental PPO	Delta Dental Premier / Nonpar	Covered Services	Delta Dental PPO	Delta Dental Premier / Nonpar	Covered Services
Non-EHB Benefits															
Diagnostic & Preventive Services	100%	80%	Exams, cleanings, fluoride, space maintainers, emergency palliative treatment, and brush biopsy	80%	80%	Exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, and radiographs	100%	80%	Exams, cleanings, fluoride, space maintainers, emergency palliative treatment, and brush biopsy	50%	50%	Exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, and radiographs	80%	80%	Exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, and radiographs
Basic Services	80%	60%	Radiographs, minor restorative services, periodontal maintenance, simple extractions, relines and repairs	60%	60%	Minor restorative services, periodontal maintenance, relines and repairs	80%	60%	Radiographs, minor restorative services, periodontal maintenance, simple extractions, relines and repairs	50%	50%	Minor restorative services, periodontal maintenance, simple extractions, relines and repairs	60%	60%	Minor restorative services, periodontal maintenance, and relines and repairs
Major Services	50%	50%	Endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants	40%	40%	Simple extractions, endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants	0%	0%	Endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants	50%	50%	Endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants	40%	40%	Simple extractions, endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants
Maximum (per person, per calendar year)	\$1,000			\$1,000			\$1,000			\$1,000			\$1,000		
Deductible (per person/per family, per calendar year)	\$75/Unlimited Applies to basic and major services			\$75/Unlimited Applies to basic and major services			\$75/Unlimited Applies to basic services			\$75/Unlimited Applies to basic services			\$75/Unlimited Applies to all services		
Waiting Period	12 Months* Applies to major services			None			None			12 Months* Applies to major services			None		

EHB Plan Required**	Certified EHB Low Plan - Delta Dental PPO (Point-of-Service)	Certified EHB Low Plan - Delta Dental PPO (Point-of-Service)	Certified EHB Low Plan - Delta Dental PPO (Point-of-Service)	Certified EHB Low Plan - Delta Dental PPO (Point-of-Service)	Certified EHB Low Plan - Delta Dental PPO (Standard)
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Area 1 Counties: Charlevoix, Clinton, Eaton, Genesee, Grand Traverse, Ingham, Jackson, Lapeer, Leelanau, Livingston, Macomb, Midland, Montcalm, Oakland, Saginaw, St. Clair, Washtenaw & Wayne

	Standard Occupation		High-Risk Occupation		Standard Occupation		High-Risk Occupation		Standard Occupation		High-Risk Occupation		Standard Occupation		High-Risk Occupation	
Single	\$38.76	\$43.05	\$35.66	\$39.62	\$24.56	\$27.27	\$26.81	\$29.78	\$29.74	\$33.04	\$29.74	\$33.04	\$29.74	\$33.04	\$29.74	\$33.04
Two Party	\$71.74	\$79.27	\$66.32	\$73.27	\$47.08	\$51.88	\$50.58	\$55.76	\$55.84	\$61.62	\$55.84	\$61.62	\$55.84	\$61.62	\$55.84	\$61.62
Family	\$123.67	\$132.94	\$117.18	\$125.75	\$95.65	\$101.81	\$102.24	\$108.44	\$103.24	\$110.37	\$103.24	\$110.37	\$103.24	\$110.37	\$103.24	\$110.37

Area 2 Counties: All other counties not in Area 1

	Standard Occupation		High-Risk Occupation		Standard Occupation		High-Risk Occupation		Standard Occupation		High-Risk Occupation		Standard Occupation		High-Risk Occupation	
Single	\$33.38	\$37.09	\$31.72	\$35.24	\$20.74	\$23.04	\$23.74	\$26.37	\$25.69	\$28.53	\$25.69	\$28.53	\$25.69	\$28.53	\$25.69	\$28.53
Two Party	\$62.30	\$68.80	\$59.42	\$65.59	\$40.38	\$44.42	\$45.20	\$49.81	\$48.74	\$53.72	\$48.74	\$53.72	\$48.74	\$53.72	\$48.74	\$53.72
Family	\$112.00	\$119.98	\$108.69	\$116.31	\$82.70	\$87.65	\$84.60	\$89.90	\$94.52	\$100.67	\$94.52	\$100.67	\$94.52	\$100.67	\$94.52	\$100.67

Rates do not include any applicable claims taxes.

Rates are for both Non-EHB plans and plans that require EHB benefits for members under age 19.

*The waiting period can be waived for employees previously enrolled in an equivalent dental plan for the 12 months prior to the client's initial effective date. Proof of prior dental coverage is required with the new Client Information Form for clients who wish to have the waiting periods waived.

High Risk Occupations: * Amusement/entertainment groups (amusement parks, casinos, movie theater, pool halls) * Auto sales and service (new and used auto sales, car washes, repair shops) * Bars/taverns * Gas stations * Health/sport/country clubs * Hotels/motels * Insurance agencies * Janitorial services * Laundry/dry cleaning * Liquor stores * Parking lot facilities * Pawn shops/used merchandise stores * Professional offices (doctors, lawyers, architects) * Real estate agencies * Religious organizations * Restaurants * Security guard services * Studios (dance, theatrical groups, photography)

Industries Not Eligible (the following industry groups are not eligible for coverage, however they may be eligible for coverage through our individual product offerings. Contact your Delta Dental sales representative for more information): * 1099 Contractors * Beauty/barber shops * Leased employees * Private households * Seasonal work (farming and agricultural labor)

**Certified EHB plan information is on the next page.

Participation Requirements:
 Number Eligible: 2 3 4 5 6 7 8 9 10+
 Minimum Insured: 2 3 3 4 4 4 5 5 50%

NOTE: Immediate family members must be enrolled on one application and count as one eligible member. At least 75 percent of the employees must be physically located in the state where the contract is held.

Certified EHB Benefits (for members under the age of 19)

EHB Note: If EHB is selected, any non-EHB covered services that are not covered in the pediatric plan will be covered for people under age 19, subject to the non-EHB limitations and maximum payment provisions. For all EHB covered services provided by a Delta Dental PPO or Delta Dental 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. An individual will be considered under the age of 19 until the end of the calendar year in which the individual attains the age of 19.

Benefits for members under the age of 19	Certified EHB Low Plan Delta Dental PPO (Point-of Service) For Plans A, B, C & D			Certified EHB Low Plan Delta Dental PPO (Standard) For Plan E		
	Delta Dental PPO	Delta Dental Premier / Nonpar	Covered Services	Delta Dental PPO	Delta Dental Premier / Nonpar	Covered Services
Diagnostic & Preventive Services	100%	80%	Exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, radiographs, and sealants	100%	80%	Exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, radiographs, and sealants
Basic Services	50%	50%	Minor restorative services, endodontics, periodontics, oral surgery, other basic services, relines and repairs	50%	50%	Minor restorative services, endodontics, periodontics, oral surgery, other basic services, relines and repairs
Major Services	50%	50%	Major restorative services, and prosthodontics	50%	50%	Major restorative services, and prosthodontics
Maximum (per person, per calendar year)	None See above for maximum out-of-pocket details			None See above for maximum out-of-pocket details		
Deductible (per person/per family, per calendar year)	\$25/\$75 Applies to radiographs, basic, and major services			\$25/\$75 Applies to radiographs, basic, and major services		
Waiting Period	None			None		

To enroll, complete the Client Information Form and return to your Account Manager at Delta Dental along with enrollment information and proof of prior dental coverage (if applicable) and first month's premium.

Client Information Form:

To download, visit the Producers section of our website at www.deltadentalmi.com

Questions? Call us at 877-335-8264