

**Delta Dental Plan of Michigan, Inc.  
Priority Health  
2020 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><b>Please mark the plan of your choice.</b></p> <p><b>Effective 1/1/2020 – 12/31/2020</b></p>	Delta Dental PPO <sup>SM</sup> (Point-of-Service)			
	<input type="checkbox"/> <b>Plan A 6XXX High Pediatric Dental Plan</b>		<input type="checkbox"/> <b>Plan B 5XXX Low Pediatric Dental Plan</b>	
	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> - prosthetic appliances	80%	60%	50%	50%
<b>Other Basic Services</b> - misc. services	80%	60%	50%	50%
<b>Major Services</b>				
<b>Prosthodontic Services</b> – bridges, dentures, and crowns over implants	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	\$33.38		\$28.26	
2 Children	\$66.76		\$56.52	
3+ Children	\$100.14		\$84.78	

**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 age 18 and under, or \$700 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, 2020 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.**