

## DENTAL COVERAGE

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### HOW DENTAL COVERAGE WORKS

The Trust provides dental coverage to you and your eligible Dependents. Delta Dental of Michigan, whose contact information is listed in your Schedule of Benefits, administers this coverage. The specific provisions of the dental coverage, the range of covered services, eligibility rules and so forth may change from time to time. If you have questions as to whether or not a particular dental service or expense is covered, you should contact Delta Dental or have your Dentist submit a treatment plan for expenses \$200 or more before receiving treatment, to insure that you will not incur unexpected expenses for dental treatment.

Under the Delta Dental PPO Point-of-Service Plan (PPO POS), dental services for you and your eligible dependents are paid at the benefit level outlined under the Dental Benefits At-A-Glance. You do not have to satisfy a dental Deductible before the Plan covers the services. Dental benefits are paid up to a maximum of \$1,700 per person per calendar year.

Dental benefits are paid up to a maximum of \$1,700 per person per calendar year. Your dental benefits contain a feature that excludes diagnostic and preventive services from the annual maximum. This means that services identified under the diagnostic and preventative services category do not count towards the annual maximum of \$1,700 per person per calendar year. This maximum is therefore available for other needed services in a given calendar year, and if you use your annual maximum for basic or major services early in the year you are still eligible to receive preventive exams and cleanings in accordance with the plan to maintain your oral health. The specific services and codes excluded from the annual maximum are listed on page 12.

Orthodontia services are covered for all Plan participants who are under age 19 and will continue to the end of treatment or until the maximum is reached. Most orthodontic services are covered at 60% for Delta Dental PPO Dentists and 50% for Delta Dental Premier and Nonparticipating Dentists, subject to a lifetime maximum of \$2,000.

Payments for covered dental services related to the repair of accidental injury to sound natural teeth due to a sudden unexpected impact from outside the mouth are not counted against the annual benefit limit or the lifetime orthodontic limit. Instead, the regular Co-payments under medical coverage provided by the Plan will be required for all such services. Similarly, dental services provided in a hospital are not covered as dental benefits, but may be covered as medical expenses if they qualify for such coverage.

## Dental Benefits At-A-Glance

Covered Services –	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Brush Biopsy</b> – to detect oral cancer	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Periodontal Maintenance</b> – cleanings following periodontal therapy	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Radiographs (x-rays)</b> – including bitewings *See Basic Services for panoramic images	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b>			
<b>Minor Restorative Services</b> – fillings and crown repair	<b>100%</b>	<b>90%</b>	<b>90%</b>
<b>Endodontic Services</b> – root canals	<b>100%</b>	<b>90%</b>	<b>90%</b>
<b>Periodontic Services</b> – to treat gum disease	<b>100%</b>	<b>90%</b>	<b>90%</b>
<b>Extractions</b> – removal of teeth	<b>100%</b>	<b>90%</b>	<b>90%</b>
<b>Other Basic Services</b> – misc. services	<b>100%</b>	<b>90%</b>	<b>90%</b>
<b>Relines and Repairs</b> – to bridges, and dentures	<b>100%</b>	<b>90%</b>	<b>90%</b>
<b>Panoramic images, Other films/images</b>	<b>100%</b>	<b>90%</b>	<b>90%</b>
<b>Other Oral Surgery</b> – dental surgery other than extractions	<b>90%</b>	<b>90%</b>	<b>90%</b>
<b>Major Restorative Services</b> – crowns	<b>90%</b>	<b>90%</b>	<b>90%</b>
<b>Major Services</b>			
<b>Adjustments to Dentures</b> – adjustments to complete or partial dentures	<b>70%</b>	<b>50%</b>	<b>50%</b>
<b>Prosthodontic Services</b> – bridges, dentures, and crowns over implants	<b>70%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	<b>60%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Age Limit</b> – includes braces	<b>Treatment must begin prior to age 19 and coverage will continue to the end of treatment or until the maximum has been reached</b>		

\* 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. The Nonparticipating Dentist Fee may be less than what your Dentist charges or Delta Dental approves and you are responsible for that difference.

## DENTAL COVERED CHARGES

Your Delta Dental Plan benefits cover a Dentist's charges that you are required to pay for necessary dental services and supplies, up to the Allowed Amount for such services.

If you have a dental problem that can be treated in more than one way, the procedure that provides a cost-effective, professionally satisfactory result is covered.

### Pre-Treatment Estimate of Dental Benefits

If treatment of planned dental work is expected to cost \$200 or more, your Dentist should file a pre-treatment estimate of benefits or "treatment plan" with Delta Dental **before treatment begins**. Delta Dental then can authorize payments before your Dentist begins work, and you will know in advance exactly how much your dental coverage will pay. Your Dentist may obtain a form from Delta Dental's website at [www.deltadentalmi.com](http://www.deltadentalmi.com).

Delta Dental will determine what portion of the total expenses will be paid by your dental coverage, taking into account alternate procedures, services or courses of treatment, based on accepted standards of dental practice. Delta Dental will then notify you and your Dentist of the determination.

A Pre-Treatment Estimate is for informational purposes only and is not required before you receive any dental care. It is not a prerequisite or condition for approval of future dental benefits payment. You will receive the same Benefits under This Plan whether or not a Pre-Treatment Estimate is requested. The benefits estimate provided on a Pre-Treatment Estimate notice is based on benefits available on the date the notice is issued. It is not a guarantee of future dental benefits or payment.

## DENTAL EXPENSE LIMITATIONS

Under the Delta Dental Plan, certain dental services have limitations. You will be notified of these limitations when your treatment plan is considered or at the time you receive the services. If you have any questions about dental limitations, please contact the Dental Benefits Manager listed in your Schedule of Benefits.

**The Benefits for the following services or supplies are limited as follows, unless otherwise specified. All charges for services or supplies that exceed these limitations will be your responsibility. All time limitations are measured from the actual date (i.e. to the day) of the applicable prior dates of services in our records with any Delta Dental Member Plan or, at the request of your Contractor, any dental plan:**

1. Bitewing X-rays are payable once per calendar year. Panoramic or full mouth X-rays (which include bitewing X-rays) are payable once in any five calendar years.
2. Any combination of teeth cleanings (prophylaxes, full mouth debridement and periodontal maintenance procedures) are payable twice per calendar year. A third prophylaxes is payable in the same calendar year for individuals with a documented history of periodontal disease and a fourth prophylaxes is payable for two

consecutive calendar years following periodontal surgery. Full mouth debridement is payable only once in a lifetime.

3. Oral examinations and evaluations (including evaluations by a specialist) are only payable twice per calendar year, regardless of the Dentist's specialty.
4. Patient screening is payable once per calendar year.
5. Preventive fluoride treatments are payable twice per calendar year for people under age 20.
6. Space maintainers are payable once per area per lifetime for people under age 19.
7. Brush biopsy one per calendar year, subject to Plan standards.
8. Cast restorations (including jackets, crowns and onlays) and associated procedures (such as core buildups and post substructures) are payable once in any three-year period per tooth. Subsequent minor restoration on the same tooth are also subject to this three-year limitation.
9. Crowns, onlays, and substructures are payable once per tooth in any three-year period only for extensive loss of tooth structure due to caries (decay) or fracture.
10. Metallic inlays are payable once in any three-year period.
11. Individual crowns over implants are payable once per tooth in any five-year period and at the prosthodontic benefit level.
12. Veneers are payable on incisors, cuspids, and first bicuspid once per tooth in any three-year period for children ages 8 through 19.
13. Substructures, porcelain, porcelain substrate, and cast restorations are not payable for people under age 12.
14. Hard full or partial arch occlusal guards are payable one in a lifetime.
15. An interim partial denture is payable only for the replacement of permanent anterior teeth for people under age 17 or during the healing period for people age 17 and over.
16. Prosthodontic Services limitations:
  - a. One complete upper and one complete lower denture are payable once in any five-year period.
  - b. A removable partial denture, or fixed bridge is payable once in any five-year period unless the loss of additional teeth requires the construction of a new appliance.
  - c. Fixed bridges and removable partial dentures are not payable for people under age 16.
  - d. An obturator prosthesis to replace part or all of the maxilla is covered.
  - e. A reline or the complete replacement of denture base material is payable once in any three-year period per appliance.
17. Orthodontic Services limitations:
  - a. Orthodontic Services are payable for Eligible Persons under age 19. Treatment must begin prior to age 19 and coverage will continue to the end of treatment or until the maximum has been reached.

- b. If the treatment plan terminates before completion for any reason, Delta Dental's obligation for payment ends on the last day of the month in which the patient was last treated.
  - c. Upon written notification to Delta Dental and to the patient, a Dentist may terminate treatment for lack of patient interest and cooperation. In those cases, Delta Dental's obligation for payment ends on the last day of the month in which the patient was last treated.
18. Delta Dental's obligation for payment of Benefits ends on the last day of coverage. However, Delta Dental will make payment for Covered Services provided on or before the last day of coverage, as long as Delta Dental receives a claim for those services within one year of the date of service.
19. When services in progress are interrupted, Delta Dental will not issue payment for any incomplete services; however, Delta Dental will calculate the Maximum Approved Fee that the dentist may charge you for such incomplete services, and those charges will be your responsibility. In the event the interrupted services are completed later by a Dentist, Delta Dental will review the Claim to determine the amount of payment, if any, to the Dentist in accordance with Delta Dental's policies at the time services are completed.
20. Care terminated due to the death of an Eligible Person will be paid to the limit of Delta Dental's liability for the services completed or in progress.
21. Optional treatment: If you select a more expensive service than is customarily provided, Delta Dental may make an allowance for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost. In all cases, Delta Dental will make the final determination regarding optional treatment and any available allowance.

Listed below are services for which Delta Dental will provide an allowance for optional treatment. Remember, you are responsible for the difference in cost for any optional treatment.

- a. Resin, porcelain fused to metal, and porcelain crowns on posterior teeth – Delta Dental will pay only the amount that it would pay for a full metal crown.
- b. Overdentures – Delta Dental will pay only the amount that it would pay for a conventional denture.
- c. Resin, or porcelain/ceramic onlays on posterior teeth – Delta Dental will pay only the amount that it would pay for a metallic onlay.
- d. Inlays, regardless of the material used – Delta Dental will pay only the amount that it would pay for an amalgam or composite resin restoration.
- e. All-porcelain/ceramic bridges – Delta Dental will pay only the amount that it would pay for a conventional fixed bridge.
- f. Implant/abutment supported complete or partial dentures – Delta Dental will pay only the amount that it would pay for a conventional denture.
- g. Gold foil restorations – Delta Dental will pay only the amount that it would pay for an amalgam or composite restoration.

- h. Posterior stainless steel crowns with esthetic facings, veneers or coatings – Delta Dental will pay only the amount that it would pay for a conventional stainless steel crown.
22. Maximum Payment:
- a. The maximum Benefits payable in any one Benefit Year will be limited to the Maximum Payment stated in the Summary of Dental Plan Benefits.
  - b. Delta Dental’s payment for Orthodontic Services will be limited to lifetime Maximum Payment stated in the Summary of Dental Plan Benefits.
23. One cone beam CT is allowed within a twelve (12) month period except when performed for TMD treatment.
24. Processing Policies may limit Delta Dental’s payment for services or supplies.

**Delta Dental will make no payment for services or supplies that exceed the following limitations. All charges are your responsibility. However, Participating Dentists may not charge Eligible Persons for these services or supplies when performed by the same Dentist or dental office. All time limitations are measured from the actual date (i.e. to the day) of the applicable prior dates of services in our records with any Delta Dental Member Plan or, at the request of your Contractor, any dental plan:**

- 1. Amalgam and composite resin restorations are payable once in any two-year period, regardless of the number or combination of restorations placed on a surface.
- 2. Core buildups and other substructures are payable only when needed to retain a crown on a tooth with excessive breakdown due to caries (decay) and/or fractures.
- 3. Recementation of a crown, onlay, inlay, veneer, space maintainer, or bridge within six months of the seating date.
- 4. Retention pins are payable once in any two-year period. Only one substructure per tooth is a Covered Service.
- 5. Root planing is payable once in any two-year period.
- 6. Periodontal surgery is payable once in any three-year period.
- 7. A limited occlusal adjustment is not payable more than three times in any five-year period. The fee for a limited occlusal adjustment includes all adjustments that are necessary for a six-month period.
- 8. Tissue conditioning is payable twice per arch in any three-year period.
- 9. The allowance for a denture repair (including reline or rebase) will not exceed half the fee for a new denture.
- 10. Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
- 11. Processing Policies may limit Delta Dental’s payment for services or supplies.
- 12. One caries risk assessment is allowed on the same date of service.
- 13. One caries risk assessment is allowed within a twelve (12) month period when done by the same dentists/dental office.

14. One assessment of salivary flow by measurement is allowed within a twelve (12) month period when done by the same dentist/dental office.

#### **DENTAL EXPENSE EXCLUSIONS**

**Delta Dental will make no payment for the following services or supplies, unless otherwise specified in the Summary of Dental Plan Benefits. All charges for these services will be your responsibility (though your payment obligation may be satisfied by insurance or some other arrangement for which you are eligible):**

1. Services for injuries or conditions payable under Workers' Compensation or Employer's Liability laws. Services received from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX of the Social Security Act; that is, Medicaid.
2. Services or supplies, as determined by Delta Dental, for correction of congenital or developmental malformations.
3. Cosmetic surgery or dentistry for aesthetic reasons, as determined by Delta Dental.
4. Services completed or appliances completed before a person became eligible under This Plan. This exclusion does not apply to orthodontic treatment in progress.
5. Prescription drugs (except intramuscular injectable antibiotics), premedication, medicaments/ solutions, and relative analgesia.
6. General anesthesia and intravenous sedation for (a) surgical procedures, unless medically necessary, or (b) restorative dentistry.
7. Charges for hospitalization, laboratory tests, histopathological examinations, and miscellaneous tests.
8. Charges for failure to keep a scheduled visit with the Dentist.
9. Services or supplies, as determined by Delta Dental, for which no valid dental need can be demonstrated.
10. Services or supplies, as determined by Delta Dental that are investigational in nature, including services or supplies required to treat complications from investigational procedures.
11. Services or supplies, as determined by Delta Dental, which are specialized techniques.
12. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the supervision of a licensed Dentist. Treatment rendered by any other licensed dental professional may be covered only as solely determined by the Contractor and/or Delta Dental.
13. Services or supplies, for which the patient is not legally obligated to pay, or for which no charge would be made in the absence of Delta Dental coverage.
14. Services or supplies received due to an act of war, declared or undeclared, or terrorism.

15. Services or supplies covered under a hospital, surgical/medical, or prescription drug program.
16. Services or supplies that are not within the categories of Benefits selected by your employer or organization and that are not covered under the terms of this Certificate.
17. Fluoride rinses, self-applied fluorides, or desensitizing medicaments.
18. Caries preventive medicament.
19. Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, home care medicaments, etc.).
20. Sealants.
21. Space maintainers for maintaining space due to premature loss of anterior primary teeth.
22. Lost, missing, or stolen appliances of any type and replacement or repair of orthodontic appliances or space maintainers.
23. Cosmetic dentistry, including repairs to facings posterior to the second bicuspid position.
24. Veneers for teeth, other than the 8 upper and 8 lower anterior teeth for children ages 8 through 19.
25. Prefabricated crowns used as final restorations on permanent teeth.
26. Appliances, surgical procedures, and restorations for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting. This exclusion will not apply to Orthodontic Services as limited by the terms and conditions of the contract between Delta Dental and your employer or organization.
27. Implant/abutment supported interim fixed denture for edentulous arch.
28. Paste-type root canal fillings on permanent teeth.
29. Replacement, repair, relines, or adjustments of occlusal guards.
30. Chemical curettage.
31. Services associated with overdentures.
32. Metal bases on removable prostheses.
33. The replacement of teeth beyond the normal complement of teeth.
34. Personalization or characterization of any service or appliance.
35. Temporary crowns used for temporization during crown or bridge fabrication.
36. Posterior bridges in conjunction with partial dentures in the same arch.
37. Precision abutments, attachments and stress breakers.
38. Biologic materials to aid in soft and osseous tissue regeneration when submitted on the same day as tooth extraction, periradicular surgery, soft tissue grafting, guided tissue regeneration and periodontal or implant bone grafting.
39. Bone replacement grafts and specialized implant surgical techniques, including radiographic/surgical implant index.
40. Implants

41. Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint.
42. Diagnostic photographs and cephalometric films, unless done for orthodontics.
43. Myofunctional therapy.
44. Mounted case analyses.
45. Soft occlusal guard appliances.
46. Antigen or antibody testing for a public health related pathogen.
47. Any and all taxes applicable to the services.

**Delta Dental will make no payment for the following services or supplies.**

**Participating Dentists may not charge Eligible Persons for these services or supplies.**

**All charges from Nonparticipating Dentists for the following are your responsibility:**

1. Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
2. The completion of forms or submission of claims.
3. Consultations, patient screening, or patient assessment when performed in conjunction with examinations or evaluations.
4. Caries risk assessment performed on a Member age 2 or under.
5. Local anesthesia.
6. Acid etching, cement bases, cavity liners, and bases or temporary fillings.
7. Infection control.
8. Temporary, interim, or provisional crowns.
9. Gingivectomy as an aid to the placement of a restoration.
10. The correction of occlusion, when performed with prosthetics and restorations involving occlusal surfaces.
11. Diagnostic casts, when performed in conjunction with restorative or prosthodontic procedures.
12. Palliative treatment, when any other service is provided on the same date except X-rays and tests necessary to diagnose the emergency condition.
13. Post-operative X-rays, when done following any completed service or procedure.
14. Periodontal charting.
15. Pins and preformed posts, when done with core buildups.
16. Any substructure when done for inlays, onlays, and veneers.
17. A pulp cap, when done with a sedative filling or any other restoration. A sedative or temporary filling, when done with pulpal debridement for the relief of acute pain prior to conventional root canal therapy or another endodontic procedure. The opening and drainage of a tooth or palliative treatment, when done by the same Dentist or dental office on the same day as completed root canal treatment.
18. A pulpotomy on a permanent tooth, except on a tooth with an open apex.

19. A therapeutic apical closure on a permanent tooth, except on a tooth where the root is not fully formed.
20. Retreatment of a root canal by the same Dentist or dental office within two years of the original root canal treatment.
21. A prophylaxis or full mouth debridement, when done on the same day as periodontal maintenance or scaling and root planing.
22. Scaling in the presence of gingival inflammation when done on the same day as periodontal maintenance.
23. Prophylaxis, scaling in the presence of gingival inflammation, or periodontal maintenance when done within 30 days of three or four quadrants of scaling and root planing or other periodontal treatment.
24. Full mouth debridement when done within 30 days of scaling and root planing.
25. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces without flap entry and closure, when performed within 12 months of implant restorations, provisional implant crowns and implant or abutment supported interim dentures.
26. Scaling and debridement in the presence of inflammation or mucositis of a single implant, when done on the same day as a prophylaxis, scaling in the presence of gingival inflammation, periodontal maintenance, full mouth debridement, periodontal scaling and root planing, periodontal surgery or debridement of a peri-implant defect.
27. Full mouth debridement, when done on the same day as comprehensive evaluation.
28. A sealant, sealant repair, preventive resin restoration or interim caries arresting medicament is not payable when done on the same day as a sealant, sealant repair, preventive resin restoration or interim caries arresting medicament performed as same tooth.
29. An occlusal adjustment, when performed on the same day as the delivery of an occlusal guard.
30. Reline, rebase, or any adjustment or repair within six months of the delivery of a denture.
31. Tissue conditioning, when performed on the same day as the delivery of a denture or the reline or rebase of a denture.
32. Processing policies may otherwise exclude payment by Delta Dental for services or supplies.
33. Periapical and/or bitewing X-rays, when done within a clinically unreasonable period of time of performing panoramic and/or full mouth X-rays, as determined solely by Delta Dental.
34. Charges or fees for overhead, internet/video connections, software, hardware or other equipment necessary to deliver services, including but not limited to teledentistry services.
35. Capture only images which are not associated with any interpretation of reporting.
36. Frenulectomy when performed on the same day as any other surgical procedure(s) in the same surgical area by the same dentist or dental office.

37. Implant removal when performed within three (3) months of an implant/mini-implant on the same tooth by the same dentist or dental office.

### Dental Codes Excluded from General Maximum

The dental plan has a feature that excludes some codes from the annual maximum. These codes are still subject to the applicable age and frequency limitations however, the following list of codes do not count towards the annual maximum.

D0120	periodic oral evaluation - established patient
D0140	limited oral evaluation - problem focused
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150	comprehensive oral evaluation - new or established patient
D0160	detailed and extensive oral evaluation - problem focused by report
D0180	comprehensive oral evaluation - new or established patient
D0190	screening of a patient
D0210	Intraoral - complete series of radiographic images
D0220	intraoral - periapical - first image
D0230	intraoral - periapical each additional image
D0250	extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector
D0270	bitewing - single image
D0272	bitewings - two images
D0273	bitewings - three images
D0274	bitewings - four images
D0277	vertical bitewings - 7 to 8 images
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally
D0470	diagnostic casts
D1110	prophylaxis - adult
D1120	prophylaxis - child
D1206	topical application of fluoride varnish
D1208	topical application of fluoride - excluding varnish
D1510	space maintainer - fixed, unilateral - per quadrant
D1516	space maintainer - fixed - bilateral, maxillary
D1517	space maintainer - fixed - bilateral, mandibular
D1520	space maintainer - removable - unilateral
D1526	space maintainer - removable - bilateral, maxillary
D1527	space maintainer - removable - bilateral, mandibular

D1551	re-cement or re-bond bilateral space maintainer - maxillary
D1552	re-cement or re-bond bilateral space maintainer - mandibular
D1553	re-cement or re-bond unilateral space maintainer - per quadrant
D1556	removal of fixed unilateral space maintainer - per quadrant
D1557	removal of fixed bilateral space maintainer - maxillary
D1558	removal of fixed bilateral space maintainer - mandibular
D1575	distal shoe space maintainer – fixed, unilateral - per quadrant
D4910	periodontal maintenance
D9110	palliative (emergency) treatment of dental pain - minor procedure
D9440	office visit - after regularly scheduled hours

### **THE DELTA DENTAL PLAN**

Your Schedule of Benefits offers access to two of the nation’s largest networks of participating dentists: Delta Dental PPO and Delta Dental Premier. When you receive services from a Delta Dental PPO network Dentist, your out-of-pocket expenses will be lower than if you received services from a Delta Dental Premier or non-participating Dentist.

Under Delta Dental’s PPO POS plan you are free to visit any licensed dentist anywhere, but you will save the most money by visiting one of over 113,500 dentists throughout the United States who participate in Delta Dental PPO. If you go to a non-PPO dentist, you also have access to more than 154,100 dentists nationwide who participate in Delta Dental Premier.

\*Please Note: Data as of 2021, second quarter.

When dentists sign contracts to participate with Delta Dental, they agree to accept Delta Dental’s fee determination as payment in full for covered services. This guaranteed acceptance reduces your copayments and deductibles and eliminates balance billing.

In addition, all dentists who participate with Delta Dental PPO and Delta Dental Premier agree to submit claims on behalf of their patients, making the network easy-to-use and hassle-free.

Contact Delta Dental of Michigan at (800) 524-0149 or go to Delta Dental’s website at [www.deltadentalmi.com](http://www.deltadentalmi.com) to find network Dentists, or for additional information about nominating new network Dentists.

## **DEFINITIONS**

### **Dental Hygienist**

A person who is trained and licensed to perform dental hygiene services in the state or country where the services are rendered, such as cleaning of teeth, under the direction of a licensed Dentist, and who acts within the scope of his or her license.

### **Dentist**

A person licensed to practice dentistry in the state or country where the services are rendered; and acts within the scope of his or her license.