

<p>The following benefits include <i>Certified EHB Dental Benefits</i> covered by Delta Dental of Michigan. Please mark the plan of your choice. Effective 1/1/2019 – 12/31/2019</p>	Delta Dental PPO SM (Point-of-Service)									
	<input type="checkbox"/> Plan CC including Low Pediatric Dental Plan				<input type="checkbox"/> Plan DD including Low Pediatric Dental Plan					
	Non-EHB		EHB (under age 19)		Non-EHB		EHB (under age 19)			
	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating		
Diagnostic and Preventive										
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	80%	50%	100%	80%	50%	50%	100%	80%		
Brush Biopsy – to detect oral cancer	80%	50%	100%	80%	50%	50%	100%	80%		
Emergency Palliative Treatment – to temporarily relieve pain	80%	50%	100%	80%	50%	50%	100%	80%		
Radiographs – X-rays	80%	50%	100%	80%	50%	50%	100%	80%		
Sealants – to prevent decay of permanent teeth	0%	0%	100%	80%	0%	0%	100%	80%		
Basic Services										
Oral Surgery Services – extractions and dental surgery	50%	50%	50%	50%	50%	50%	50%	50%		
Minor Restorative Services – fillings and crown repair	50%	50%	50%	50%	50%	50%	50%	50%		
Periodontics – to treat gum disease	50%	50%	50%	50%	50%	50%	50%	50%		
Endodontics – root canals	50%	50%	50%	50%	50%	50%	50%	50%		
Relines and Repairs – to bridges and dentures	50%	50%	50%	50%	50%	50%	50%	50%		
Other Basic Services – misc. services	50%	50%	50%	50%	50%	50%	50%	50%		
Major Services										
Major Restorative Services – crowns	50%	50%	50%	50%	50%	50%	50%	50%		
Prosthodontics – bridges and dentures	50%	50%	50%	50%	50%	50%	50%	50%		
Implants – to replace missing teeth	50%	50%	0%	0%	50%	50%	0%	0%		
Orthodontic Services										
Orthodontic Services – braces	0%	0%	0%	0%	0%	0%	0%	0%		
Orthodontic Age Limit –	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Maximum Payment – per person per calendar year on Diagnostic & Preventive, Basic Services and Major Services	\$1,000		None		\$1,000		None			
Per person lifetime maximum payment for Orthodontic Services	N/A		N/A		N/A		N/A			
Deductible – per person/per family per calendar year. The Deductible does not apply to exams, cleanings, fluoride, space maintainers, brush biopsy, emergency palliative treatment, and sealants	None		\$25 / \$75		None		\$25 / \$75			
RATE PER SUBSCRIBER PER MONTH –		\$24.36			\$18.19					
Employee only		\$46.35			\$35.65					
Employee and one dependent		\$91.21			\$78.10					

Please note: Any Non-EHB covered services that are not covered in the pediatric plan (like orthodontia) 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 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.

¹Above plan designs assume Delta Dental's standard limitations unless otherwise noted.

²These rates are valid through December 31, 2019 for a one year contract.

³Rates do not include any applicable claims taxes.

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.