

**Delta Dental of Michigan
General Motors
Active UAW Hourly Employees and COBRA
Client #8330-0001, 0099**



**Welcome to Delta Dental of
Michigan's nationwide dental
benefits family!**

As a member of Delta Dental of Michigan, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- Our **Delta Dental PPO and Premier dentists** cannot balance bill you, which means more money in your pocket! Pay only your coinsurance when you receive care from network dentists -- there are no hidden fees.
- You can still visit **nonparticipating dentists**, but you may be billed the full amount at the time of service and then have to wait to receive the allowable reimbursement.

Online Access

Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

Maximum Benefit Payment:

\$1,850 per person total per Benefit Year on all covered services except photos, diagnostic casts, and orthodontic services.

\$2,200 per person total per lifetime on photos, diagnostic casts, and orthodontic services.

Deductible – None.

Questions?

If you have questions, please call our Customer Service team at **(800) 942-0667** or look online at www.DeltaDentalMI.com.

Dental Benefit Highlights Delta Dental PPO (Point-of-Service)	Network Dentists		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*(see example below)
Diagnostic & Preventive			
Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings, space maintainers and fluoride treatments)	100%	100%	100%*
Emergency Palliative Treatment - Used to temporarily relieve pain	100%	100%	100%*
Brush Biopsy – to detect oral cancer	100%	100%	100%*
Basic Services			
Radiographs - X-rays	100%	90%	90%*
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings).	100%	90%	90%*
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals)	100%	90%	90%*
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth	100%	90%	90%*
Extractions - Simple and surgical extractions	100%	90%	90%*
Other Basic Services - misc. services	100%	90%	90%*
Relines and Repairs - Relines and repairs to bridges and dentures	100%	90%	90%*
Other Oral Surgery Service - dental surgery other than extractions	90%	90%	90%*
Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns)	90%	90%	90%*
Major Services			
Adjustments to Dentures - Adjustments to partial or complete dentures	70%	50%	50%*
Prosthetic Services - Used to replace missing natural teeth (for example, bridges and dentures).	70%	50%	50%*
Implants – endosteal implants to replace missing teeth	50%	50%	50%*
Orthodontic Services			
Orthodontic Services (treatment must begin prior to age 19 and coverage will continue to the end of treatment or until the maximum has been reached) - Used to correct malposed teeth and/or facial bones (for example, braces)	60%	50%	50%*

Payment Example:		Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-Of-Network Dentist
ADULT CLEANING	Submitted fee:	\$80.00	\$80.00	\$80.00
	Maximum allowed fee:	\$54.00	\$77.00	\$63.00
	Amount Delta Dental Pays:	\$54.00	\$77.00	\$63.00
	AMOUNT YOU PAY:	\$0.00	\$0.00	\$17.00
PARTIAL DENTURE	Submitted fee:	\$950.00	\$950.00	\$950.00
	Maximum allowed fee:	\$675.00	\$898.00	\$744.00
	Amount Delta Dental Pays:	\$472.50	\$449.00	\$372.00
	AMOUNT YOU PAY:	\$202.50	\$449.00	\$578.00

* Reimbursement for Nonparticipating Dentists will be based on Delta Dental's approved Nonparticipating Dentist Fees. This fee may be less than what your dentist charges and you may have to pay the remaining balance.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

