



Delta Dental PPO™ (Point-of-Service) - Enhanced
Summary of Dental Plan Benefits
For Group# 7544-1001, 1011, 3011, 3211
Wayne State University

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the Dentist's network participation.*

Control Plan - Delta Dental of Michigan

Benefit Year - January 1 through December 31

Covered Services -

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Basic Services			
Radiographs - X-rays	100%	80%	80%
Sealants - to prevent decay of permanent teeth	90%	80%	80%
Minor Restorative Services - fillings and crown repair	90%	80%	80%
Endodontic Services - root canals	90%	80%	80%
Periodontic Services - to treat gum disease	90%	80%	80%
Oral Surgery Services - extractions and dental surgery	90%	80%	80%
Major Restorative Services - crowns	90%	80%	80%
Other Basic Services - misc. services	90%	80%	80%
Relines and Repairs - to prosthetic appliances	90%	80%	80%
Major Services			
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	through age 18 and under	through age 18 and under	through age 18 and under

* 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. This amount may be less than what the Dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people age 13 and under.
- Bitewing X-rays are payable once per calendar year for people age 14 and under and once any two calendar years for people age 15 and older. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are Covered Services on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.

- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$2,000 per Member total per Benefit Year on all services except orthodontic services. \$1,500 per Member total per lifetime on orthodontic services.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

Deductible – \$25 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, and orthodontic services.

Waiting Period – Enrollees who are eligible for Benefits are covered on the first day of the month following or concurrent with the date of hire.

Eligible People – All persons represented by the American Association of University Professors/American Federation of Teachers, Hotel Employees and Restaurant Employees International Union Local 24, and Police Officers Association/Police Officers Labor Council who are employed half-time or more, all active, regular non-represented employees who are employed half-time or more, all persons represented by A.F.S.C.M.E. Local #1497 who are employed half-time or more, Staff Association, Professional and Administrative Union, Operating Engineers, Local 517-M, Housing Authority (1001), an individual of the Contractor hired to serve as a Graduate Teaching Assistant, Graduate Assistant or Graduate Research Assistant with no regard to represented or non-represented status who choose the Enhanced option dental plan (3011) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees of Subclient 1001 (1011) and of Subclient 3011 (3211).

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled.

Other Eligible Person (OEP)

Non-represented WSU employees, or upon agreement by the applicable union, represented employees, who do not already enroll a spouse for dental benefits may enroll one other eligible person ("OEP"), if ALL of the following eligibility criteria are met:

- The OEP is an adult, age 26 or older;
- The OEP currently resides in the same residence as the employee and has done so for the 18 continuous months prior to the individual's enrollment, other than as a tenant;
- The OEP is not a "dependent" of the employee as defined by the IRS; and
- The OEP is not related by blood or by marriage.
- The following individuals do not fall within the eligibility criteria OEP:
 - Spouse, children, grandchildren, parents, grandparents, siblings, nieces, nephews, aunts, uncles, cousins, landlords, renters, boarders and tenants of employees
- Children of an employee's OEP are also eligible for benefits if an IRS defined dependent.

Eligibility to continue coverage for the OEP ceases at the end of the month in which the above criteria are not met. COBRA continuation coverage will not be available.

Enrollees and Dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Should an Enrollee or a Dependent choose to drop dental coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may enroll only if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the last day of the month in which the staff member is actively employed.

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)
<https://www.DeltaDentalMI.com>
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