


## 2017 Delta Dental adult benefits

For those purchasing adult dental coverage, all adults must elect coverage. Adults without children will be charged a \$0 pediatric plan premium and will be provided with evidence of compliance for the EHB pediatric coverage from Delta Dental. All adults (age 19 and older upon effective date) will be included adult coverage is selected. Only the three oldest children age 18 and under are charged the pediatric rate. For those indicating that they have EHB-certified pediatric coverage, HAP will not offer adult-only coverage.

	Adult dental		
	In-network		Out-of-network
	Delta Dental PPO	Delta Dental Premier	Nonparticipating dentist
	Plan pays	Plan pays	Plan pays
<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>			
Diagnostic and preventive services – exams, cleanings, fluoride and space maintainers	100%	80%	80%
Brush biopsy – oral cancer detection	100%	80%	80%
Emergency palliative treatment – temporary pain relief	100%	80%	80%
Radiographs – X-rays	100%	80%	80%
<b>BASIC SERVICES</b>			
Minor restorative services – fillings and crown repair	50%	50%	50%
Oral surgery services – extractions and dental surgery	50%	50%	50%
Endodontic services – root canals	50%	50%	50%
Periodontic services – gum disease treatment	50%	50%	50%
Relines and repairs – bridges and dentures	50%	50%	50%
Other basic services – miscellaneous	50%	50%	50%
<b>MAJOR SERVICES</b>			
Major restorative services – crowns	50%	50%	50%
Prosthetic services – bridges, implants and dentures	50%	50%	50%
<b>MAXIMUM PAYMENT AND DEDUCTIBLE</b>			
Maximum payment per benefit year	\$1,000 per individual per benefit year		
Deductible (does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative treatment or brush biopsy)	\$25 per eligible member		

Annual and lifetime maximum payments for non-EHB covered services: For individuals 19 or older, or individuals under 19 seeking non-EHB covered services, the maximum payment is \$1,000 per individual total per benefit year on all services.

Out-of-pocket maximum payment for non-EHB covered services: An out-of-pocket maximum is the maximum amount that you or your eligible dependent will pay for covered services throughout a benefit year. There is no annual out-of-pocket maximum payment for non-EHB covered services. You will be responsible for all coinsurance, copayments, deductibles and balanced billing amounts associated with all non-EHB covered services provided to you or your eligible dependents throughout the benefit year.

Deductibles for non-EHB covered services: \$25 deductible per individual per benefit year. The deductible does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative treatment or brush biopsy.

Waiting period for non-EHB covered services: There are no waiting periods for covered services under this plan.

Eligibility: In addition to you, these persons are eligible under this policy: your legal spouse and your children under age 26, including your children who are married, who no longer live with you, who are not your dependents for federal income tax purposes or who are not permanently disabled.

You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated prior to completing 12 months, you may not re-enroll for at least 12 months from the date of termination.

Benefits will cease on the last day of the month for which you've paid your premium.

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for costs and complete details of coverage, including policy exclusions and limitations, or call us at the number listed on the front of this brochure.

This policy is underwritten by Delta Dental Plan of Michigan, Inc., a nonprofit dental care corporation.