



Delta Dental EPO™
Summary of Dental Plan Benefits
For Group #4600-2000, 2099, 4000, 4099
The Charter County of Wayne

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.

Control Plan – Delta Dental of Michigan

Benefit Year – January 1 through December 31

Covered Services - Please refer to the Member Copayment Schedule for a list of Covered Services and Copayments. When more than one treatment option is available, the least expensive treatment is the one covered. Copayments will be reviewed annually for adjustment. Procedure codes are subject to change to reflect current American Dental Association (ADA) procedure codes. Any changes to the Member Copayment Schedule will be effective any January 1.

You must receive dental care from a Delta Dental EPO Dentist in order to receive Benefits. If you receive services from a Non-EPO Dentist, you will be responsible for paying for those services, unless that dental care is Emergency Dental Treatment. If you require Emergency Dental Treatment and your EPO Dentist is not available, you may obtain treatment from any Dentist. You are responsible for paying for the Emergency Dental Treatment. Delta Dental will reimburse you up to the Maximum Payment for Emergency Dental Treatment.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Periodontal maintenance procedures and full mouth debridement are not Covered Services.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Caries risk assessment is not a Covered Service.
- 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.
- Biologic materials to aid in tissue regeneration are not Covered Services.
- Full and complete dentures, and services related to dentures are not Covered Services.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Occlusal guards are not 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.

Maximum Payment – \$125 per Member total per Benefit Year for Emergency Dental Treatment from a Non-EPO Dentist. There is no annual or lifetime maximum on treatment received from an EPO Dentist.

Deductible – None.

Waiting Period – Coverage starts on the first day of the month following the date of hire.

Eligible People – All full-time permanent employees of the contractor working 32 or more hours a week and those employees eligible for benefits as a result of being covered by a collective bargaining agreement are eligible for coverage.

Also eligible are your Spouse and your Children to the end of the calendar year 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.

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 at the end of the month following separation from employment.

Delta Dental EPO Plan 32
MEMBER COPAYMENT SCHEDULE
Preventive and Diagnostic Services Only

CDT-2025*

DIAGNOSTIC SERVICES

CLINICAL ORAL EVALUATIONS

D0120	Periodic oral evaluation – established patient	\$0
D0140	Limited oral evaluation – problem focused	\$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation – new or established patient	\$0
D0160	Detailed and extensive oral evaluation – problem focused by report	\$0
D0180	Comprehensive periodontal evaluation – new or established patient	\$0
D0190	Screening of a patient	\$0

When any exam is performed by a specialist, there is a \$12 copayment.

RADIOGRAPHS

D0210	Intraoral – comprehensive series of radiographic images	\$0
D0220	Intraoral – periapical first radiographic image	\$0
D0230	Intraoral – periapical each additional radiographic image	\$0
D0240	Intraoral – occlusal radiographic image	\$0
D0270	Bitewing – single radiographic image	\$0
D0272	Bitewings – two radiographic images	\$0
D0273	Bitewings – three radiographic images	\$0
D0274	Bitewings – four radiographic images	\$0
D0277	Vertical bitewings – 7 to 8 radiographic images	\$0
D0330	Panoramic radiographic image film	\$0

TESTS & LABORATORY

D0460	Pulp vitality tests	\$0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report	\$0
D0999	Unspecified diagnostic procedure, by report	\$0

PREVENTIVE

DENTAL PROPHYLAXIS (cleaning)

D1110	Prophylaxis – adult	\$0
D1120	Prophylaxis – child	\$0

FLUORIDE TREATMENT

D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride – excluding varnish	\$0

OTHER PREVENTIVE SERVICES

D1351	Sealant – per tooth	\$0
D1353	Sealant repair – per tooth	\$0

SPACE MAINTAINERS

D1510	Space maintainer – fixed, unilateral – per quadrant	\$0
D1516	Space maintainer – fixed – bilateral, maxillary	\$0
D1517	Space maintainer – fixed – bilateral, mandibular	\$0
D1520	Space maintainer – removable, unilateral – per quadrant	\$0
D1526	Space maintainer – removable – bilateral, maxillary	\$0
D1527	Space maintainer – removable – bilateral, mandibular	\$0
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$0
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$0
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$0
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$0
D1557	Removal of fixed bilateral space maintainer - maxillary	\$0
D1558	Removal of fixed bilateral space maintainer - mandibular	\$0
D1575	Distal shoe space maintainer - mandibular	\$0

*Note – The Member Copayment Schedule reflects current CDT codes and fees which are effective 1/1 and may not match the Group contract effective dates. These may be updated at a future date, as necessary. Please contact Delta Dental for the most up-to-date fees and codes.