

This coverage is a free-standing program. Members may select dental coverage without medical coverage.

Summary of Dental Benefits

| | Option One Delta Premier | Option Two Delta Preferred Option Plus | |
|--|-----------------------------|---|----------------------------|
| CLASS IA | | | |
| Diagnostic Services Includes oral examinations and emergency palliative treatment. | 100% | <i>In Network</i> 100% | <i>Out Network</i> 100% |
| Preventative Services Includes Prophylaxes (cleanings) and topical applications of fluoride. | 100% | 100% | 100% |
| Radiographs X-rays, as required and in conjunction with the diagnosis of a specific condition requiring treatments. | 100% | 70% | 50% |
| CLASS IB | | | |
| Oral Surgery Includes extractions and other surgical dental procedures employed by dentists, including pre-operative and post-operative care. | 0% | 70% | 50% |
| Minor Restorative Services Includes amalgams (silver fillings) and resin restorations, relines, and repairs to prosthetic appliances. | 0% | 70% | 50% |
| Periodontics Procedures employed by dentists to treat diseases of the gums and supporting structures of teeth. | 0% | 70% | 50% |
| Endodontics Procedures employed by dentists to treat teeth with diseased or damaged nerves (for example, root canals). | 0% | 70% | 50% |
| CLASS II | | | |
| Major Restorative Services Includes cast restorations (crowns), but only when the teeth can't be restored with another filling material. | 0% | 50% | 50% |
| Prosthodontics Includes procedures for the construction of bridges, partial dentures, and complete dentures. Endosteal implants. | 0% | 50% | 50% |
| CLASS III | | | |
| Orthodontics Treatment and procedures required for the correction of malposed teeth (to age 19). | 0% | 50% | 50% |
| Benefit Maximums For Class I and Class II, the maximum dollar amount that the plan pays during each calendar year for each person is: For orthodontic care, the plan pays a lifetime maximum for each eligible person of: | \$600 | \$1,000 | \$1,000 |

* Indicates benefit coverage when you receive care from a DeltaPremier contracting dentist who is not a DPO member. (If you go to a dentist who is not participating in either program, you may have to pay more.)

Enhanced dental coverage offered for enrollees with certain high-risk medical conditions. Please call our office for eligibility information.

This document is intended as a supplement to your Dental Care Certificate Summary of Dental Plan Benefits. Please refer to your certificate summary for a list of exclusions and limitations.

Detach and mail this card for more information on how to make your MOA membership work for you!



Yes! I would like more information about the Michigan Osteopathic Association health care options!

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
email address: _____

I would like information about the following options:

- Blue Cross Blue Shield of Michigan Individual Plan Option(s) _____
 - Delta Dental Plan of Michigan Option(s): _____
 - I am interested in a quote for the MOA Small Group Plan.
 - Blue Cross Blue Shield of Michigan Group Options: _____
- Number of Employees: _____