



**Pediatric Dental Essential Health Benefits**  
**Delta Dental PPO™ (Point-of-Service)**  
**Summary of Dental Plan Benefits**  
**For Group# 2125-20001988**  
**DS Services Inc**

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

**Each of the Essential Health Benefit ("EHB") Covered Services set forth below at the end of this Summary of Dental Plan Benefits are considered to be Essential Health Benefits, as that term is defined in the Patient Protection and Affordable Care Act, as amended ("PPACA"). The following Out-of-Pocket Maximums, Maximum Payments, Deductibles and Waiting Periods apply to Essential Health Benefits. In addition, such Covered Services will be subject to the exclusions and limitations found in the Certificate. An individual will be considered under the age of 19 until the end of the Benefit Year in which the individual attains the age of 19.**

EHB Covered Services (for individuals age 18 and under)	In-Network		Out-of-Network
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	80%	80%
<b>Brush Biopsy</b> – to detect oral cancer	100%	80%	80%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	100%	80%	80%
<b>Radiographs</b> – X-rays	100%	80%	80%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	80%	80%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> – fillings and crown repair	50%	50%	50%
<b>Oral Surgery Services</b> – extractions and dental surgery	50%	50%	50%
<b>Endodontic Services</b> – root canals	50%	50%	50%
<b>Periodontic Services</b> – to treat gum disease	50%	50%	50%
<b>Relines and Repairs</b> – prosthetic appliances	50%	50%	50%
<b>Other Basic Services</b> – misc. services	50%	50%	50%
<b>Major Services</b>			
<b>Prosthodontic Services</b> – bridges, dentures, and crowns over implants	50%	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%	50%

\* 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 or Delta Dental approves and you are responsible for that difference.

- Oral exams are payable twice per calendar year. Additional oral exams by a specialist are also payable twice per calendar year.
- Three prophylaxes (cleanings) are payable per calendar year.
- Topical fluoride treatments are payable twice in any calendar year for people age 18 and under. Four fluoride varnish are payable in any calendar year for children age 3 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Space maintainers are payable once per area (quadrant or arch) every two years for people age 13 and under.

**In-Network Annual Out-of-Pocket Maximum for EHB Covered Services** – An Out-of-Pocket Maximum is the maximum amount that an Eligible Person will pay for EHB Covered Services throughout a Benefit Year. The In-Network Annual Out-of-Pocket Maximum for EHB Covered Services shall be \$350 per Benefit Year, if this Certificate covers one Eligible Person age 18 and under, or \$700 per Benefit Year, if this Certificate covers two or more Eligible Persons age 18 and under. Any Copayments, Deductibles, or other out-of-pocket expenses paid by an Eligible Person for In-Network EHB Covered Services provided shall count toward that In-Network Annual Out-of-Pocket Maximum. The In-Network Annual Out-of-Pocket Maximum will not include any amounts paid for the following: (i) premiums; (ii) non-covered services; or (iii) Out-of-Network Dentists. Once the applicable In-Network Annual Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services provided to an Eligible Person will be covered at 100% of the Maximum Approved Fee.

**Out-of-Network Annual Out-of-Pocket Maximum for EHB Covered Services** – There is no annual Out-of-Pocket Maximum for Out-of-Network EHB Covered Services. Eligible Persons will be responsible for all Copayments, Deductibles, and other out-of-pocket expenses associated with all Out-of-Network EHB Covered Services provided to Eligible Persons throughout the Benefit Year.

**Annual and Lifetime Maximum Payments for EHB Covered Services** – There are no annual or lifetime Maximum Payments for EHB Covered Services under This Certificate.

**Deductibles for EHB Covered Services** – The Deductible for EHB Covered Services is \$25 per individual per Benefit Year, limited to a maximum Deductible of \$75 for all Eligible Persons covered by this Certificate per Benefit Year. The Deductible does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, and sealants.

**Waiting Period for EHB Covered Services** – There are no waiting periods for Eligible Persons age 18 and under seeking EHB Covered Services.

## **EHB Covered Services**

**The following services are the specific EHB Covered Services under this Certificate to the extent they are received by an individual age 18 and under:**

### **Diagnostic and Preventive Services**

#### **Examinations/Evaluations**

- D0120 – periodic oral evaluation
- D0140 – limited oral evaluation – problem focused
- D0145 – oral evaluation for a patient age 2 and under
- D0150 – comprehensive oral evaluation
- D0160 – detailed and extensive oral evaluation (problem focused)
- D0180 – comprehensive periodontal evaluation
- D0190 – screening of a patient
- D9440 – office visit – after regularly scheduled hours

#### **Cleanings (Prophylaxes)**

- D1110 – prophylaxis – adult
- D1120 – prophylaxis – child

#### **Fluoride Treatment**

- D1206 – topical fluoride varnish
- D1208 – topical application of fluoride (prophylaxis not included)

### **Space Maintainners**

- D1510 – space maintainer – fixed – unilateral – per quadrant
- D1516 – space maintainer – fixed – bilateral, maxillary
- D1517 – space maintainer – fixed – bilateral, mandibular
- D1520 – space maintainer – removable – unilateral – per quadrant
- D1526 – space maintainer – removable – bilateral, maxillary
- D1527 – space maintainer – removable – bilateral, mandibular
- D1551 – re-cement or re-bond of bilateral space maintainer – maxillary
- D1552 – re-cement or re-bond of bilateral space maintainer – mandibular
- D1553 – re-cement or re-bond of unilateral space maintainer – per quadrant

D1556 – removal of fixed unilateral space maintainer – per quadrant

D1557 – removal of fixed bilateral space maintainer - maxillary

D1558 – removal of fixed bilateral space maintainer - mandibular

D1575 – distal shoe – fixed, unilateral- per quadrant

### **Brush Biopsy**

D0486 – accession of brush biopsy sample, microscopic examination, preparation and transmission of written report

D7288 – brush biopsy – transepithelial sample collection

### **Emergency Palliative Treatment**

D9110 – palliative (emergency) minor dental treatment

### **Radiographs (X-rays)/Diagnostic Imaging/Diagnostic Casts**

D0210 – intraoral-complete series (including bitewings)

D0330 – panoramic film

D0220 – intraoral – periapical first film

D0230 – intraoral – periapical each addl film

D0240 – intraoral – occlusal film

D0250 – extraoral – 2D projection radiographic image

D0251 – extraoral - posterior image

D0270 – bitewing – single film

D0272 – bitewings – two films

D0273 – bitewings – three films

D0274 – bitewings – four films

D0277 – bitewing, vertical – 7 to 8 films

D0999 – unspecified diagnostic procedure, by report

### **Sealants**

D1351 – sealant – per tooth – unrestored permanent molars

D1353 – sealant repair – per tooth

D1354 – interim caries arresting medicament application – per tooth

### **Basic Services**

**Minor Restorative Services** (local anesthesia is considered to be part of restorative procedures)

D2140 – amalgam – one surface, primary or permanent

D2150 – amalgam – two surfaces, primary or permanent

D2160 – amalgam – three surfaces, primary or permanent

D2161 – amalgam – four or more surfaces, primary or permanent

D2330 – resin – based composite – one surface, anterior

D2331 – resin – based composite – two surfaces, anterior

D2332 – resin – based composite – three surfaces, anterior

D2335 – resin – based composite – four or more surfaces, anterior

D2390 – resin – based composite crown, anterior

❖ Benefits for composite resin restorations on posterior teeth are optional treatment. Delta Dental will pay only the amount that it would pay for an amalgam restoration.

D2940 – sedative filling

D2951 – pin retention – per tooth, in addition to restoration

D2910 – recement inlay, only or partial coverage restoration

D2915 – recement cast or prefabricated post and core

D2920 – recement crown

D2980 – crown repair, by report

D2981 – inlay repair, by report

D2982 – onlay repair, by report

D2983 – veneer repair, by report

D2999 – unspecified procedure, by report

### **Oral Surgery Services**

D7111 – extraction, coronal remnants – primary tooth

D7140 – extraction, erupted tooth or exposed root

D7210 – removal of erupted tooth

D7220 – removal of impacted tooth – soft tissue

D7230 – removal of impacted tooth – partial bony

D7240 – removal of impacted tooth – completely bony

D7241 – removal of impacted tooth – completely bony, with unusual surgical complications

D7250 – removal of residual tooth roots

D7270 – tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

D7280 – exposure of an unerupted tooth

D7282 – mobilization of an erupted or malpositioned tooth to aid eruption

D7283 – placement of device to facilitate eruption of impacted tooth

D7286 – biopsy of soft tissue – soft

D7290 – surgical repositioning of teeth

D7291 – transseptal fiberotomy/supra crestal fiberotomy

D7310 – alveoloplasty, in conjunction with extractions – four or more teeth, per quadrant

D7311 – alveoloplasty, in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

D7320 – alveoloplasty, not in conjunction with extractions – four or more teeth, per quadrant

D7321 – alveoloplasty, not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

D7960 – frenulectomy (frenectomy or frenotomy)

D7963 – frenuloplasty

D7970 – excision of hyperplastic tissue – per arch

D7972 – surgical reduction of fibrous tuberosity

D7999 – unspecified oral surgery procedure, by report

D7510 – incision and drainage of abscess – intraoral soft tissue

D7511 – incision and drainage of abscess – intraoral soft tissue – complicated

D7910 – suture of recent small wounds up to 5 cm

D7971 – excision of pericoronal gingiva

### **Endodontic Services**

D3220 – therapeutic pulpotomy (excluding final restoration)

D3221 – pulpal debridement, primary or permanent teeth

D3222 – partial pulpotomy for apexogenesis – permanent tooth with incomplete root development

D3230 – pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)

D3240 – pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)

D3310 – anterior (excluding final restoration)

D3320 – premolar tooth (excluding final restoration)

D3330 – molar tooth (excluding final restoration)

D3331 – treatment of root canal obstruction; non-surgical access

D3332 – incomplete endodontic therapy; inoperable, unrestorable or fractured tooth

D3333 – internal root repair of perforation defects

D3346 – retreatment of previous root canal therapy – anterior

D3347 – retreatment of previous root canal therapy – premolar tooth

D3348 – retreatment of previous root canal therapy – molar  
D3351 – apexification/recalcification – initial visit (apical closure calcific repair or perforations, root resorptions)  
D3352 – apexification/recalcification – interim visit  
D3353 – apexification/recalcification – final visit  
D3355 – pulpal regeneration – initial visit  
D3356 – pulpal regeneration – interim medication replacement  
D3357 – pulpal regeneration – completion of treatment  
D3410 – apicoectomy surgery – anterior  
D3421 – apicoectomy surgery – premolar tooth (first root)  
D3425 – apicoectomy surgery – molar (first root)  
D3426 – apicoectomy surgery – (each addl root)  
D3430 – retrograde filling – per root  
D3450 – root amputation – per root  
D3920 – hemisection (including any root removal)  
D3999 – unspecified endodontic procedure, by report

### **Periodontic Services**

D4210 – gingivectomy or gingivoplasty – four or more teeth  
D4211 – gingivectomy or gingivoplasty – one to three teeth  
D4240 – gingival flap procedure, including root planing – four or more teeth  
D4241 – gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth or bounded teeth spaces  
D4245 – apically positioned flap  
D4249 – clinical crown lengthening – hard tissue  
D4320 – provisional splinting – intracoronal  
D4321 – provisional splinting – extracoronal  
D4341 – periodontal scaling and root planing, four or more teeth  
D4342 – periodontal scaling and root planing, one to three teeth  
D4346 – scaling in presence of moderate or severe gingival inflammation  
❖ Benefits for prophylaxis including periodontal maintenance or scaling in the presence of moderate or severe gingival inflammation are payable twice in any Benefit Year. Benefits for full mouth debridement is payable once in a lifetime.

D4355 – full mouth debridement  
D4910 – periodontal maintenance procedures  
D4999 – unspecified periodontal procedure, by report

### **Relines and Repairs**

D5410 – adjust complete denture – maxillary  
D5411 – adjust complete denture – mandibular  
D5421 – adjust partial denture – maxillary  
D5422 – adjust partial denture – mandibular  
D5511 – repair broken complete denture base, mandibular  
D5512 – repair broken complete denture base, maxillary  
D5520 – replace missing or broken teeth – complete denture  
D5611 – repair resin denture base, mandibular  
D5612 – repair resin denture base, maxillary  
D5621 – repair cast framework, mandibular  
D5622 – repair cast framework, maxillary  
D5630 – repair or replace broken clasp, per tooth  
D5640 – replace broken teeth – per tooth  
D5650 – add tooth to existing partial denture  
D5660 – add clasp to existing partial denture, per tooth

D5670 – replace all teeth and acrylic on cast metal framework (maxillary)  
D5671 – replace all teeth and acrylic on cast metal framework (mandibular)  
D5710 – rebase complete maxillary denture  
D5711 – rebase complete mandibular denture  
D5720 – rebase maxillary partial denture  
D5721 – rebase mandibular partial denture  
D5730 – reline complete maxillary denture  
D5731 – reline complete mandibular denture  
D5740 – reline maxillary partial denture  
D5741 – reline mandibular partial denture  
D5750 – reline complete maxillary denture (laboratory)  
D5751 – reline complete mandibular denture (laboratory)  
D5760 – reline maxillary partial denture (laboratory)  
D5761 – reline mandibular partial denture (laboratory)  
D5850 – tissue conditioning denture (maxillary)  
D5851 – tissue conditioning denture (mandibular)  
D5899 – unspecified removable prosthodontic procedure  
D5999 – unspecified procedure, by report  
D6930 – recement fixed partial denture  
D6980 – fixed partial denture repair by report

### **Other Basic Services**

D0460 – pulp vitality tests  
D0470 – diagnostic models  
D9310 – consultation  
D9222 – deep sedation/general anesthesia – first 15 min  
D9223 – deep sedation/general anesthesia – each subsequent 15 min  
D9239 – intravenous conscious sedation/analgesia – first 15 min  
D9243 – intravenous conscious sedation/analgesia – each subsequent 15 min  
D9248 – non-intravenous conscious sedation  
D9920 – behavior management, by report  
D9930 – treatment of complications (post-surgical)

### **Major Services**

#### **Major Restorative Services**

D2542 – onlay – metallic – two surfaces  
D2543 – onlay – metallic – three surfaces  
D2544 – onlay – metallic – four or more surfaces  
D2642 – onlay – porcelain/ceramic – two surfaces  
D2643 – onlay – porcelain/ceramic – three surfaces  
D2644 – onlay – porcelain/ceramic – four or more surfaces  
D2662 – onlay – resin-based composite – two surfaces  
D2663 – onlay – resin-based composite – three surfaces  
D2664 – onlay – resin-based composite – four or more surfaces  
D2710 – crown – resin-based composite (indirect)  
D2712 – crown – 3/4 resin-based composite (indirect)  
D2720 – crown – resin with high noble metal  
D2721 – crown – resin with predominantly base metal  
D2722 – crown – resin with noble metal  
D2740 – crown – porcelain/ceramic  
D2750 – crown – porcelain fused to high noble metal  
D2751 – crown – porcelain fused to predominantly base metal  
D2752 – crown – porcelain fused to noble metal  
D2753 – crown – porcelain fused to titanium and titanium alloys  
D2780 – crown – 3/4 cast high noble metal  
D2781 – crown – 3/4 cast predominantly base metal

D2782 - crown - 3/4 cast noble metal  
 D2783 - crown - 3/4 porcelain/ceramic  
 D2790 - crown - full cast high noble metal  
 D2791 - crown - full cast predominantly base metal  
 D2792 - crown - full cast noble metal  
 D2794 - crown - titanium  
 D2799 - provisional crown

- ❖ Benefits for plastic, resin, porcelain fused to metal, porcelain and porcelain/ceramic crowns or onlays on posterior teeth are optional treatment. Delta Dental will pay only the amount that it would pay for a full metal crown or metallic onlay.
- ❖ Benefits for inlays, regardless of the material used, are optional treatment. Delta Dental will pay only the amount that it would pay for an amalgam or composite resin restoration.

D2929 - prefabricated porcelain/ceramic crown - primary tooth  
 D2930 - prefabricated stainless steel crown - primary tooth  
 D2931 - prefabricated stainless steel crown - permanent tooth  
 D2932 - prefabricated resin crown  
 D2933 - prefabricated stainless steel crown with resin window  
 D2934 - prefabricated esthetic coated stainless steel crown - primary tooth  
 D2950 - core buildup, including pins  
 D2952 - cast post and core in addition to crown  
 D2954 - prefabricated post and core in addition to crown  
 D2955 - post removal  
 D2960 - labial veneer - (resin laminate) chairside  
 D2961 - labial veneer (resin laminate) - laboratory  
 D2962 - labial veneer (porcelain laminate) - laboratory  
 D2971 - additional procedures to construct new crown under existing partial denture framework

**Prosthodontic Services**

D5110 - complete denture - maxillary  
 D5120 - complete denture - mandibular  
 D5130 - immediate denture - maxillary  
 D5140 - immediate denture - mandibular  
 D5211 - maxillary partial denture - resin base (including any conventional clasps, rests and teeth)  
 D5212 - mandibular partial denture - resin base (including any conventional clasps, rests and teeth)  
 D5213 - maxillary partial denture - cast metal framework - resin denture base (including any conventional clasps, rests and teeth)  
 D5214 - mandibular partial denture - cast metal framework - resin denture base (including any conventional clasps, rests and teeth)  
 D5221 - immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)  
 D5222 - immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)  
 D5223 - immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  
 D5224 - immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  
 D5225 - maxillary partial denture - flexible base (including any clasps, rests and teeth)

D5226 - mandibular partial denture - flexible base (including any clasps, rests and teeth)  
 D5282 - removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary  
 D5283 - removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular  
 D5284 - removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant  
 D5286 - removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant

- ❖ Benefits for overdentures are optional treatment. Delta Dental will pay only the amount that it would pay for a conventional denture.

D5820 - interim partial denture (maxillary)  
 D5821 - interim partial denture (mandibular)  
 D6210 - pontic - cast high noble metal  
 D6211 - pontic - cast predominantly base metal  
 D6212 - pontic - cast noble metal  
 D6214 - pontic - titanium  
 D6240 - pontic - porcelain fused to high noble metal  
 D6241 - pontic - porcelain fused to predominantly base metal  
 D6242 - pontic - porcelain fused to noble metal  
 D6243 - pontic - porcelain fused to titanium and titanium alloys  
 D6245 - pontic - porcelain/ceramic  
 D6250 - pontic - resin with high noble metal  
 D6251 - pontic - resin with predominantly base metal  
 D6252 - pontic - resin with noble metal  
 D6545 - retainer - cast metal for resin bonded fixed prosthesis  
 D6602 - inlay - cast high noble metal, two surfaces  
 D6603 - inlay - cast high noble metal, three or more surfaces  
 D6604 - inlay - cast predominantly base metal, two surfaces  
 D6605 - inlay - cast predominantly base, three or more surfaces  
 D6606 - inlay - cast noble metal, two surfaces  
 D6607 - inlay - cast noble metal, three or more surfaces  
 D6624 - inlay - titanium  
 D6610 - onlay - cast high noble metal, two surfaces  
 D6611 - onlay - cast high noble metal, three or more surfaces  
 D6612 - onlay - cast predominantly base metal, two surfaces  
 D6613 - onlay - cast predominantly base, three or more surfaces  
 D6614 - onlay - cast noble metal, two surfaces  
 D6615 - onlay - cast noble metal, three or more surfaces  
 D6634 - onlay - titanium  
 D6720 - retainer crown - resin with high noble metal  
 D6721 - retainer crown - resin with predominantly base metal  
 D6722 - retainer crown - resin with noble metal  
 D6750 - retainer crown - porcelain fused to high noble metal  
 D6751 - retainer crown - porcelain fused to predominantly base metal  
 D6752 - retainer crown - porcelain fused to noble metal  
 D6753 - retainer crown - porcelain fused to titanium and titanium alloys  
 D6780 - retainer crown - 3/4 cast high noble metal

D6781 - retainer crown - 3/4 cast predominantly base metal  
D6782 - retainer crown - 3/4 cast noble metal  
D6783 - retainer crown - 3/4 porcelain/ceramic  
D6784 - retainer crown - 3/4 titanium and titanium alloys  
D6790 - retainer crown - full cast high noble metal  
D6791 - retainer crown - full cast predominantly base metal

D6792 - retainer crown - full cast noble metal  
D6794 - retainer crown - titanium  
❖ Benefits for porcelain/ceramic bridges on posterior teeth are optional treatment. Delta Dental will only pay the amount that it would pay for a conventional fixed bridge.  
D6999 - unspecified fixed prosthodontic procedure, by report

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