



Delta Dental Plan of Michigan



**DeltaPremier
Benefit Features for
AFGE Local 1626
Group #1063-0001**

The following chart indicates the services covered by Delta Dental Plan of Michigan through DeltaPremier. It also shows the percentage of coverage of Delta Dental's allowed fee for each category and your copayment, if any. If you go to a dentist who does not participate in DeltaPremier, you may have to pay more. **Please note that there is a waiting period for some services (see below).**

	Plan Pays	You Pay
CLASS I		
Diagnostic and Preventive Services – Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings, and fluoride treatments).	100%	0%
Bitewing Radiographs – Bitewing X-rays.	100%	0%
Emergency Palliative Treatment – Used to temporarily relieve pain.	80%	20%
Space Maintainers – Used to prevent tooth movement.	80%	20%
CLASS II		
All Other Radiographs – All other X-rays, as required and in conjunction with the diagnosis of a specific condition requiring treatment.	80%	20%
Simple Extractions – Non-surgical extractions, including preoperative and postoperative care.	80%	20%
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, amalgam [silver] fillings).	80%	20%
Complex Extractions* – Surgical extractions, including preoperative and postoperative care	50%	50%
All Other Oral Surgery* – All other dental surgery (excluding extractions), including preoperative and postoperative care.	50%	50%
Endodontics* – Used to treat teeth with diseased or damaged nerves (for example, root canals).	50%	50%
Periodontics* – Used to treat diseases of the gums and supporting structures of the teeth.	50%	50%
Relines and Repairs – Relines and repairs to bridges and dentures.	50%	50%
Major Restorative Services* – Used when teeth cannot be restored with another filling material (for example, crowns).	50%	50%
CLASS III		
Prosthodontics* – Used to replace missing natural teeth (for example, bridges, and dentures).	50%	50%
CLASS IV		
Orthodontic Services (to age 19)** – Used to correct malposed teeth and/or facial bones (for example, braces).	50%	50%
Maximum Payment – \$1,000 per person total per contract year on Class I, Class II, and Class III Benefits. Delta Dental's payment for Class IV Benefits will not exceed a lifetime maximum of \$1,000 per eligible person.		
Deductible – \$50 deductible per person total per contract year on emergency palliative treatment, space maintainers, Class II and Class III Benefits. The deductible does not apply to the balance of Class I or Class IV Benefits.		

*There is a 12-month waiting period for these services.

**There is a 24-month waiting period for orthodontic services.

**Customer Service toll-free number (800) 482-8915
www.deltadentalmi.com**

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 policy exclusions and limitations.