

**DeltaPremier  
Benefit Features for  
AFGE Local 46  
Group #1505-0001**

The following chart indicates the services covered by Delta Dental 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. **Please note that there is a waiting period for some services (see below).**

Effective date: March 1, 2009	Plan Pays	You Pay
<b>CLASS I</b>		
<b>Diagnostic and Preventive Services</b> – Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments).	100%	0%
<b>Bitewing Radiographs</b> – Bitewing X-rays.	100%	0%
<b>Emergency Palliative Treatment</b> – Used to temporarily relieve pain.	50%	50%
<b>Space Maintainers</b> – Used to prevent tooth movement.	50%	50%
<b>CLASS II</b>		
<b>All Other Radiographs</b> – All other X-rays, as required and in conjunction with the diagnosis of a specific condition requiring treatment.	50%	50%
<b>Oral Surgery Services</b> – Extractions and dental surgery, including preoperative and postoperative care.	50%	50%
<b>Relines and Repairs</b> – Relines and repairs to bridges and dentures.	50%	50%
<b>Minor Restorative Services</b> – Used to repair teeth damaged by disease or injury (for example, fillings).	50%	50%
<b>Periodontic Services</b> – Used to treat diseases of the gums and supporting structures of the teeth.	50%	50%
<b>Endodontic Services</b> – Used to treat teeth with diseased or damaged nerves (for example, root canals).	50%	50%
<b>CLASS III</b>		
<b>Major Restorative Services</b> - Used when teeth can't be restored with another filling material (for example, crowns).	25%	75%
<b>Prosthetic Services</b> – Used to replace missing natural teeth (for example, bridges and dentures).	25%	75%
<b>CLASS IV</b>		
<b>*Orthodontic Services (to age 19)</b> – Used to correct malposed teeth and/or facial bones (for example, braces).	50%	50%
<b>Maximum Payment</b> – \$1,000 per person per <b>calendar</b> year on Class I, Class II, and Class III Benefits. Delta Dental's payment for Class IV Benefits will not exceed a <b>lifetime</b> maximum of \$1,000 per eligible person.		
<b>Deductible</b> – \$50 deductible per person per <b>calendar</b> 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 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.