



**Delta Dental EPO  
Summary of Dental Plan Benefits  
For Group# 8251-0001  
Ingham Health Plan Corporation**

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.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people up to age 19.
- 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 lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and related services are not Covered Services.
- Occlusal guards and occlusal adjustments are not Covered Services.
- Comprehensive orthodontic treatment is a Covered Service.

**Maximum Payment** – \$125 per person 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 begins the first day of the next month following enrollment.

**Eligible People** – Individual dental coverage offered to residents of Ingham County who are at or below an annual income of \$28,000 and do not have any other dental coverage. This will include an occasional child (non-citizen). Other eligible people may include: ACA eligible, Medicare eligible, non-citizens, undocumented (none of which has any dental coverage).

Dependents are not eligible.

**Coordination of Benefits** –

Benefits will cease on the last day of the month in which you qualify for coverage.