



**Delta Dental PPO™ (Point-of-Service)  
Summary of Dental Plan Benefits**

**For Group# 3300-0001, 0002, 0006, 0007, 0008, 0009, 0010, 0012, 0014, 0015,  
0017, 0018, 0021, 0022, 0099, 6666, 7777**

**Sparrow Health System contracting on its own behalf and on the behalf of certain subsidiaries**

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

**Covered Services -**

	<b>Delta Dental PPO™ Dentist Plan Pays</b>	<b>Delta Dental Premier® Dentist Plan Pays</b>	<b>Nonparticipating Dentist Plan Pays*</b>
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	80%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	100%	80%
<b>Basic Services</b>			
<b>Radiographs</b> - X-rays	50%	50%	50%
<b>Minor Restorative Services</b> - fillings and crown repair	50%	50%	50%
<b>Endodontic Services</b> - root canals	50%	50%	50%
<b>Periodontic Services</b> - to treat gum disease	50%	50%	50%
<b>Oral Surgery Services</b> - extractions and dental surgery	50%	50%	50%
<b>Major Restorative Services</b> - crowns	50%	50%	50%
<b>Other Basic Services</b> - misc. services	50%	50%	50%
<b>Relines and Repairs</b> - to prosthetic appliances	50%	50%	50%
<b>Major Services</b>			
<b>Prosthodontic Services</b> - bridges, implants, dentures, and crowns over implants	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	through age 18 and under	through age 18 and under	through age 18 and under

\* 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 and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are not a Covered Service.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** - \$1,000 per Member total per Benefit Year on all services except orthodontic services. \$1,500 per Member total per lifetime on orthodontic services.

**Payment for Orthodontic Service** - When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

**Deductible** - None.

**Waiting Period** - Enrollees who are eligible for Benefits are covered on the first day of the month following your date of hire (0001, 0002, 0006, 0007, 0008, 0009, 0010, 0012, 0014, 0015, 0017, 0018, 0021, 0022, 0099, 6666 and 7777).

**Eligible People** - All full-time and part-time employees of Sparrow Health System contracting on its own behalf and on the behalf of certain subsidiaries scheduled to work 48 hours or more per pay period who choose the base plan represented by Edward W. Sparrow Hospital Association Non-Union (0002), Sparrow Home Care, SMG, SMS, SPP, STCI, and SCRI (0006), Sparrow Hospital UAW (0007), Sparrow Clinton Hospital SEIU (0008), Sparrow Ionia Hospital IUE (0009), Sparrow Specialty Hospital UAW (0010), Sparrow Clinton Memorial Hospital Non-Union (0012), Sparrow Ionia Hospital Non-Union (0014), Sparrow Carson City Hospital (0015), Sparrow Specialty Hospital Non-Union (0021), Sparrow Eaton Hospital (0022), Physicians Health Plan of Mid-Michigan (6666), East Lansing Athletic Club, Inc. dba Michigan Athletic Club (7777). All full-time and part-time employees of Edward W. Sparrow Hospital Association scheduled to work 32 hours or more per pay period represented by the Michigan Nurses Association (0001), MNA Home Care RNs (0017), and MNA Home Care Rehab (0018). All eligible COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099).

Also eligible are your legal spouse and your children to the end of the month in which they turn 26. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Sparrow allows for same sex spouse as long as it meets the following:

Sparrow defines a same-sex spouse as a same gender spouse to whom a Caregiver is legally married in a state that recognizes that marriage. Children of a Caregiver's same-sex spouse are defined as any natural born child or legally adopted child with the same-sex spouse who is under the age of 26.

Enrollees and dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Coordination of Benefits** - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

Benefits will cease on the last day of the month in which the employee is terminated or is no longer in a benefit eligible status.