



Delta Dental EPO™
Summary of Dental Plan Benefits
For Group# 3300-8001, 8002, 8003, 8004, 8005, 8006, 8007, 8008, 8009, 8010,
8011, 8012, 8013, 8014, 8015, 8016, 8018
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.

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 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 payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are Covered Services on posterior teeth.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Occlusal guards and occlusal adjustments are not a Covered Service.
- Comprehensive orthodontic treatment is a Covered Service.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Maximum Payment – \$125 per Member 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 – Employees who are eligible for dental benefits are covered on the first day of the month following your date of hire.

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 32 hours or more per pay period who choose the EPO 38 Plan: Sparrow Hospital - MNA Union (8001), Sparrow Hospital - Non-Union (8002), Mid-Michigan MRI (8003), Community Care - Sparrow Home Care, SMG, SMS, SPP, STCI, SCRI (8004), Sparrow Hospital - UAW (8005), Sparrow Clinton Hospital - SEIU (8006), Sparrow Ionia Hospital - IUE (8007), Sparrow Specialty Hospital - UAW (8008), Sparrow Clinton Hospital - Non-Union (8009), Sparrow Iona Hospital - Non-Union (8010), Sparrow Carson Hospital (8011), MNA Home Care RNs (8012), Sparrow Specialty Hospital - Non-Union (8013), Physicians Health Plan of Mid-Michigan (8015), Michigan Athletic Club (8016), MNA Home Care Rehab (8018) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, Sparrow - COBRA (8014).

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled. Also eligible is your domestic partner, as defined by the Contractor. Domestic partners will be treated as Spouses under This Plan. 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 your employment is terminated.

Delta Dental EPO Plan 38

MEMBER COPAYMENT SCHEDULE

CDT-2023*

DIAGNOSTIC SERVICES

CLINICAL ORAL EVALUATIONS

D0120	Oral examination, periodic	\$0
D0140	Oral examination, limited, problem focused (emergency)	\$0
D0145	Oral evaluation for patients under age 3 and counseling with primary caregiver	\$0
D0150	Oral examination, comprehensive evaluation	\$0
D0160	Oral examination, detailed and extensive evaluation, problem focused, by report	\$0
D0180	Oral examination, comprehensive periodontal evaluation	\$0
D0190	Screening of a patient	\$0

When any exam is performed by a specialist, there is an additional \$12 copayment.

RADIOGRAPHS

D0210	Intraoral, comprehensive series (includes bitewings)	\$0
D0220	Intraoral, periapical first film	\$0
D0230	Intraoral, periapical each add'l film	\$0
D0240	Intraoral, occlusal	\$0
D0270	Bitewing, 1 film	\$0
D0272	Bitewing, 2 films	\$0
D0273	Bitewing, 3 films	\$0
D0274	Bitewing, 4 films	\$0
D0277	Bitewing, vertical, 7 to 8 films	\$0
D0330	Panoramic film	\$0

TESTS & LABORATORY

D0460	Pulp vitality	\$0
D0486	Accession of brush biopsy sample, microscopic exam, prep and written report	\$0
D0999	Diagnostic procedure - unspecified, by report	\$0

PREVENTIVE

DENTAL PROPHYLAXIS (cleaning)

D1110	Prophylaxis - adult	\$0
D1120	Prophylaxis - child	\$0

FLUORIDE TREATMENT

D1206	Topical fluoride varnish - child	\$0
D1208	Topical application of fluoride	\$0

OTHER PREVENTIVE SERVICES

D1351	Sealant (per tooth)	\$0
D1353	Sealant repair (per tooth)	\$0

SPACE MAINTAINERS

D1510	Fixed, unilateral - per quadrant	\$0
D1516	Fixed, bilateral - maxillary	\$0
D1517	Fixed, bilateral - mandibular	\$0
D1520	Removable, unilateral - per quadrant	\$0
D1526	Removable, bilateral - maxillary	\$0
D1527	Removable, bilateral - mandibular	\$0
D1551	Recement or rebond bilateral - maxillary	\$0
D1552	Recement or rebond bilateral - mandibular	\$0
D1553	Recement or rebond - unilateral - per quadrant	\$0
D1556	Removal, fixed unilateral - per quadrant	\$0
D1557	Removal, fixed bilateral - maxillary	\$0
D1558	Removal, fixed bilateral - mandibular	\$0
D1575	Distal shoe - fixed, unilateral - per quadrant	\$0

RESTORATIVE PROCEDURES

AMALGAM RESTORATIONS

D2140	1 surface	\$31
D2150	2 surfaces	\$38
D2160	3 surfaces	\$46
D2161	4 or more surfaces	\$56

RESIN RESTORATIONS

D2330	1 surface, anterior	\$39
D2331	2 surfaces, anterior	\$48
D2332	3 surfaces, anterior	\$57
D2335	Involving incisal angle or 4 or more surfaces, anterior	\$72
D2390	Crown, anterior	\$60
D2391	1 surface, posterior	\$45
D2392	2 surfaces, posterior	\$59

D2393	3 surfaces, posterior	\$72
D2394	4 or more surfaces, posterior	\$88

INLAY/ONLAY RESTORATIONS

D2510	Inlay, metallic, 1 surface	\$252
D2520	Inlay, metallic, 2 surfaces	\$265
D2530	Inlay, metallic, 3 or more surfaces	\$279
D2542	Onlay, metallic, 2 surfaces	\$292
D2543	Onlay, metallic, 3 surfaces	\$302
D2544	Onlay, metallic, 4 or more surfaces	\$313
D2610	Inlay, porcelain/ceramic, 1 surface	\$256
D2620	Inlay, porcelain/ceramic, 2 surfaces	\$268
D2630	Inlay, porcelain/ceramic, 3 or more surfaces	\$281
D2642	Onlay, porcelain/ceramic, 2 surfaces	\$311
D2643	Onlay, porcelain/ceramic, 3 surfaces	\$321
D2644	Onlay, porcelain/ceramic, 4 or more surfaces	\$332
D2650	Inlay, resin-based, 1 surface	\$220
D2651	Inlay, resin-based, 2 surfaces	\$232
D2652	Inlay, resin-based, 3 or more surfaces	\$245
D2662	Onlay, resin-based, 2 surfaces	\$257
D2663	Onlay, resin-based, 3 surfaces	\$267
D2664	Onlay, resin-based, 4 or more surfaces	\$277

CROWNS - SINGLE RESTORATION ONLY

D2710	Resin (indirect)	\$239
D2720	Resin with high noble metal	\$317
D2721	Resin with predominantly base metal	\$279
D2722	Resin with noble metal	\$298
D2740	Porcelain/ceramic	\$345
D2750	Porcelain fused to high noble metal	\$327
D2751	Porcelain fused to predominantly base metal	\$289
D2752	Porcelain fused to noble metal	\$308
D2753	Porcelain fused to titanium and titanium alloys	\$327
D2780	3/4 cast high noble metal	\$303
D2781	3/4 cast predominantly base metal	\$265
D2782	3/4 cast noble metal	\$284
D2783	3/4 porcelain/ceramic	\$337
D2790	Full cast high noble metal	\$322
D2791	Full cast predominantly base metal	\$284
D2792	Full cast noble metal	\$303
D2794	Titanium	\$316

OTHER RESTORATIVE SERVICES

D2910	Recement onlay or partial coverage restoration	\$30
D2915	Recement cast or prefabricated post and core	\$30
D2920	Recement crown	\$30
D2930	Crown - prefabricated stainless steel, primary	\$83
D2931	Crown - prefabricated stainless steel, permanent	\$83
D2932	Crown - prefabricated resin	\$95
D2933	Crown - prefabricated stainless steel with resin window	\$111
D2940	Sedative filling	\$33
D2950	Crown buildup (substructure) including any pins	\$83
D2951	Pin retention - per tooth, in addition to restoration	\$15
D2952	Post and core in addition to crown, indirectly fabricated	\$111
D2954	Prefabricated post and core in addition to crown	\$99
D2971	Add'l procedures to construct new crown under existing partial denture	\$65
D2980	Crown repair, by report	\$70
D2981	Inlay repair	\$70
D2982	Onlay repair	\$70

ENDODONTICS

PULPOTOMY

D3220	Therapeutic pulpotomy	\$48
D3221	Pulpal debridement, primary and permanent teeth	\$46

ROOT CANAL THERAPY

D3310	Anterior (excludes final restoration)	\$201
D3320	Premolar (excludes final restoration)	\$239
D3330	Molar tooth (excludes final restoration)	\$295
D3346	Retreatment, anterior	\$220
D3347	Retreatment, premolar	\$268
D3348	Retreatment, molar	\$326

PERIAPICAL SERVICES

D3410	Apicoectomy/periapical surgery - anterior	\$173
D3421	Apicoectomy/periapical surgery - premolar, first root	\$186
D3425	Apicoectomy/periapical surgery - molar, first root	\$207
D3426	Apicoectomy/periapical surgery - each additional root	\$74
D3430	Retrograde filling - per root	\$49

PERIODONTIC SERVICES

SURGICAL SERVICES

D4210	Gingivectomy or gingivoplasty - 4 or more teeth per quadrant	\$117
D4211	Gingivectomy or gingivoplasty - 1 to 3 teeth per quadrant	\$82
D4240	Gingival flap procedure, includes root planing - 4 or more teeth per quadrant	\$159
D4241	Gingival flap procedure, includes root planing, 1 to 3 teeth per quadrant	\$111
D4245	Apically positioned flap	\$168
D4249	Clinical crown lengthening	\$141
D4260	Osseous surgery - 4 or more teeth per quadrant	\$233
D4261	Osseous surgery - 1 to 3 teeth per quadrant	\$148

NON-SURGICAL SERVICES

D4341	Periodontal scaling and root planing - 4 or more teeth per quadrant	\$72
D4342	Periodontal scaling and root planing - 1 to 3 teeth per quadrant	\$45
D4346	Scaling in the presence of inflammation	\$28
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$51
D4910	Periodontal maintenance	\$46

PROSTHODONTICS (Removable)¹

COMPLETE DENTURES

D5110	Denture - complete, maxillary	\$120
D5120	Denture - complete, mandibular	\$120
D5130	Denture - immediate, maxillary	\$432
D5140	Denture - immediate, mandibular	\$432

PARTIAL DENTURES

D5211	Maxillary, resin base	\$332
D5212	Mandibular, resin base	\$332
D5213	Maxillary, cast metal framework with resin denture base	\$445
D5214	Mandibular, cast metal framework with resin denture base	\$445
D5221	Maxillary, immediate, resin base	\$365
D5222	Mandibular, immediate, resin base	\$365
D5223	Maxillary, immediate, cast metal framework with resin denture base	\$490
D5224	Mandibular, immediate, cast metal framework with resin denture base	\$490
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$452
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$452
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)	\$496
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)	\$496
D5282	Removable unilateral partial denture - one-piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$223
D5283	Removable unilateral partial denture - one-piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	\$223
D5284	Removable unilateral partial denture - one-piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	\$223
D5286	Removable unilateral, one-piece	\$223

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resin (including retentive/clasping materials, rests, and teeth) - per quadrant		D6241 Porcelain fused to base metal	\$292	D7230 Removal of impacted tooth - partially bony	\$125
D5410 Complete, maxillary	\$25	D6242 Porcelain fused to noble metal	\$302	D7240 Removal of impacted tooth - completely bony	\$146
D5411 Complete, mandibular	\$25	D6243 Porcelain fused to titanium and titanium alloys	\$313	D7241 Removal of impacted tooth - completely bony with complications	\$184
D5421 Partial, maxillary	\$25	D6250 Resin with high noble metal	\$288	D7250 Surgical removal of residual roots	\$80
D5422 Partial, mandibular	\$25	D6251 Resin with base metal	\$274		
		D6252 Resin with noble metal	\$280		
REPAIRS TO COMPLETE DENTURES		FIXED BRIDGE RETAINERS - INLAYS/ONLAYS		OTHER SURGICAL PROCEDURES	
D5511 Repair broken complete denture base, mandibular	\$58	D6545 Retainer - cast metal for resin bonded fixed prosthesis	\$87	D7286 Biopsy of oral tissue - soft	\$46
D5512 Repair broken complete denture base, maxillary	\$58	D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$87	D7288 Brush biopsy	\$35
D5520 Replace missing or broken teeth (each tooth)	\$48	D6549 Retainer - resin for resin bonded fixed prosthesis	\$87	ALVEOLOPLASTY (Surgical Preparation of Ridge for Dentures)	
REPAIRS TO PARTIAL DENTURES		D6600 Inlay, porcelain/ceramic, 2 surfaces	\$287	D7310 In conjunction with extractions, 4 or more teeth or spaces per quadrant	\$73
D5611 Repair resin partial denture base, mandibular	\$58	D6601 Inlay, porcelain/ceramic, 3 or more surfaces	\$296	D7311 In conjunction with extractions, 1 to 3 teeth or spaces per quadrant	\$45
D5612 Repair resin partial denture base, maxillary	\$58	D6602 Inlay, cast high noble metal, 2 surfaces	\$279	D7320 Not in conjunction with extractions, 4 or more teeth or spaces per quadrant	\$80
D5621 Repair cast partial framework, mandibular	\$83	D6603 Inlay, cast high noble metal, 3 or more surfaces	\$292	D7321 Not in conjunction with extractions, 1 to 3 teeth or spaces per quadrant	\$48
D5622 Repair cast partial framework, maxillary	\$83	D6604 Inlay, cast predominantly base metal, 2 surfaces	\$252		
D5630 Repair or replace broken clasp (per tooth)	\$83	D6605 Inlay, cast predominantly base metal, 3 or more surfaces	\$265	EXCISION OF BONE TISSUE	
D5640 Replace broken tooth (each)	\$48	D6606 Inlay, cast noble metal, 2 surfaces	\$265	D7471 Removal of lateral exostosis	\$143
D5650 Add tooth to existing partial denture	\$61	D6607 Inlay, cast noble metal, 3 or more surfaces	\$279	D7472 Removal of torus palatinus	\$143
D5660 Add clasp to existing partial denture (per tooth)	\$83	D6608 Onlay, porcelain/ceramic, 2 surfaces	\$231	D7473 Removal of torus mandibularis	\$143
D5670 Replace all teeth and acrylic on cast metal framework (maxillary)	\$249	D6609 Onlay, porcelain/ceramic, 3 or more surfaces	\$301	SURGICAL INCISION	
D5671 Replace all teeth and acrylic on cast metal framework (mandibular)	\$249	D6610 Onlay, cast high noble metal, 2 surfaces	\$224	D7510 Incision and drainage of abscess - intraoral soft tissue	\$49
DENTURE REBASE PROCEDURES		D6611 Onlay, cast high noble metal, 3 or more surfaces	\$292	D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization - per site	\$0
D5710 Complete maxillary denture	\$159	D6612 Onlay, cast predominantly base metal, 2 surfaces	\$252	OTHER REPAIR PROCEDURES	
D5711 Complete mandibular denture	\$159	D6613 Onlay, cast predominantly base metal, 3 or more surfaces	\$265	D7961 Buccal/labial frenectomy (frenulectomy)	\$89
D5720 Maxillary partial denture	\$162	D6614 Onlay, cast noble metal, 2 surfaces	\$292	D7962 Lingual frenectomy (frenulectomy)	\$89
D5721 Mandibular partial denture	\$162	D6615 Onlay, cast noble metal, 3 or more surfaces	\$302	D7963 Frenuloplasty	\$89
D5725 Rebase hybrid prosthesis	\$1546	BRIDGE RETAINERS - CROWNS		ADJUNCTIVE GENERAL SERVICES UNCLASSIFIED TREATMENT	
DENTURE RELINE PROCEDURES		D6720 Resin with high noble metal	\$317	D9110 Palliative treatment of dental pain - per visit	\$30
D5730 Complete maxillary, direct	\$99	D6721 Resin with base metal	\$279	PROFESSIONAL CONSULTATION	
D5731 Complete mandibular, direct	\$99	D6722 Resin with noble metal	\$298	D9310 Consultation by dentist other than requesting dentist	\$20
D5740 Maxillary partial, direct	\$93	D6750 Porcelain fused to high noble metal	\$327	PROFESSIONAL VISITS	
D5741 Mandibular partial, direct	\$93	D6751 Porcelain fused to base metal	\$289	D9440 Office visit after regularly scheduled hours	\$33
D5750 Complete maxillary, indirect	\$130	D6752 Porcelain fused to noble metal	\$308	MISCELLANEOUS SERVICES	
D5751 Complete mandibular, indirect	\$130	D6753 Porcelain fused to titanium and titanium alloys	\$327	D9997 Dental case management - patients with special health care needs	\$0
D5760 Maxillary partial, indirect	\$130	D6780 3/4 cast high noble metal	\$317	D9999 Unspecified, by report	\$50
D5761 Mandibular partial, indirect	\$130	D6781 3/4 cast base metal	\$279	ORTHODONTICS²	
D5765 Soft liner for complete or partial removable denture - indirect	\$130	D6782 3/4 cast noble metal	\$298	RECORDS (solely for orthodontic purposes)	
OTHER REMOVABLE PROSTHETIC SERVICES		D6784 3/4 titanium and titanium alloys	\$317	D0340 Cephalometric film	\$37
D5820 Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$148	D6790 Full cast high noble metal	\$322	D0350 Oral/facial photographic images	\$15
D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$148	D6791 Full cast base metal	\$284	D0470 Diagnostic casts	\$29
D5850 Tissue conditioning, maxillary	\$64	D6792 Full cast noble metal	\$303	COMPREHENSIVE ORTHODONTIC TREATMENT	
D5851 Tissue conditioning, mandibular	\$64	OTHER FIXED PROSTHETIC SERVICES		D8070 Transitional dentition	\$2,100
D5863 Overdenture, complete maxillary	\$159	D6930 Recement fixed partial denture	\$42	D8080 Adolescent dentition	\$2,100
D5864 Overdenture, partial maxillary	\$159	D6940 Stress breaker	\$68	D8090 Adult dentition (to age 19)	\$2,100
D5865 Overdenture, complete mandibular	\$159	ORAL SURGERY			
D5866 Overdenture, partial mandibular	\$159	EXTRACTIONS (Simple)			
PROSTHODONTICS (Fixed)		D7111 Extraction, coronal remnants - primary tooth	\$29		
BRIDGE PONTICS (Per Unit)		D7140 Extraction, erupted tooth or exposed root	\$38		
D6210 Cast high noble metal	\$300	SURGICAL EXTRACTIONS			
D6211 Cast base metal	\$286	D7210 Surgical removal of erupted tooth	\$76		
D6212 Cast noble metal	\$292	D7220 Removal of impacted tooth - soft tissue	\$92		
D6240 Porcelain fused to high noble metal	\$313				

¹Includes any adjustments for six months.

²Orthodontic Benefits include the initial examination, diagnosis, consultation, initial banding, monthly active treatment, de-banding, and the retention phase of treatment. The retention phase includes the initial construction, placement, and adjustments to retainers and office visits.

*Note - The Member Copayment Schedule reflects current CDT codes and fees which are effective 1/1 and may not match the Group contract effective dates. These may be updated at a future date, as necessary. Please contact Delta Dental for the most up-to-date fees and codes.