Dental

With our dental plan option, preventive services are covered at 100%—you pay nothing out of your pocket. Another added benefit is preventive services don't count against your annual benefit maximum.

To save the most money out of your pocket, you're encouraged to stay within Delta Dental's national network.

Click here to see the differences in benefits paid depending on the provider you choose. Find Delta Dental participating dentists near you by using the search feature at www.deltadentalmi.com/findadentist or by calling 1-800-524-0149.



Consumer Toolkit

Delta Dental's website, Consumer Toolkit, gives you access to eligibility information, current benefits information, ID card, claims information, and more. Even sign up for electronic delivery of Explanation of Benefits (EOB) statements.

Get started by visiting **www.consumertoolkit.com**. If you are new to the site, click *Sign up!* and then complete the required fields. You can use your Social Security number or your member ID to register, found on your ID card.

	DELTA DENTAL PPO AND PREMIER	NON PARTICIPATING PROVIDER*
Annual Deductible	\$50 individual \$150 family	\$50 individual \$150 family
Annual Benefit Maximum	\$1,200 per person	\$1,200 per person
Preventive Dental Services	100% coverage	100% coverage
Basic Dental Services	80% coverage	80% coverage
Major Dental Services	50% coverage	50% coverage
Orthodontia Services (covered to age 20)	50% to \$1,200 lifetime maximum	50% to \$1,200 lifetime maximum

^{*}When you receive services from a Non-participating dentist, the percentages in this column indicate the portion of Delta Dental's Non-participating Dentist Fee that will be paid for those services. Delta's Non-participating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

Dental

Network Differences

Through Delta Dental of Michigan, you have access to a large national network of dentists. They have agreed to negotiated rates and participate in either Delta Dental's PPO or Premier networks. You may seek dental care from any provider; however, your out-of-pocket expenses will be greatly reduced if care is provided by a PPO or Premier network dentist. Out-of-network providers can balance bill you for services, meaning if they charge more than what Delta Dental covers, you'll have to pay that difference out of your pocket. Let's take a look at the cost difference between the Delta PPO and Delta Premier networks for a crown, assuming you have already met your deductible.

Example savings for a crown by network	7	\$	۵ ≡			\$	0.5
	Submitted charge	Maximum allowed	Percentage paid by	Amount Delta	Amount dentist can	Total amount	Total network
	Charge	fee	Delta Dental	Dental pays	balance bill	you pay	savings
Delta Dental PPO	\$950	\$675	50%	\$337.50	\$ 0	\$337.50	\$275
Delta Dental Premier	\$950	\$898	50%	\$449	*O	\$449	^{\$} 52
Out-of-network	\$950	\$744	50%	\$372	\$206	\$578	\$0



Watch this video to learn more about using the Delta Dental PPO network:

https://www.youtube.com/watch?v=y-UdP6DOXSU&feature=youtu.be.



Mobile App

Find a dentist, check claims, view coverage, and display an electronic ID card right from your phone. Download the app by searching the **App Store** or **Google Play**.