



**Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group#0005989-0002**

**WAYNE STATE UNIVERSITY- PART TIME FACULTY PAY ALL PLAN**

This Summary of Dental Plan Benefits should be read in conjunction with your Dental Care Certificate. Your Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. In the event that you seek treatment from a dentist that does not participate in any of Delta Dental's programs, you may be responsible for more than the percentage indicated below.

**Control Plan** - Delta Dental Plan of Michigan

**Benefit Year** - January 1 through December 31

Covered Services -	PPO Dentist		Premier or Nonparticipating Dentist	
	Plan Pays	You Pay	Plan Pays	You Pay
<b>Class I Benefits</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%	80%	20%
<b>Space Maintainers &amp; Emergency Palliative Treatment</b> - Used to temporarily relieve pain	60%	40%	50%	50%
<b>Bitewing Radiographs</b>	100%	0%	80%	20%
<b>Class II Benefits</b>				
<b>Oral Surgery Services</b> - Extractions and dental surgery, including preoperative and postoperative care	60%	40%	50%	50%
<b>Endodontic Services</b> - Used to treat teeth with diseased or damaged nerves (for example, root canals)	60%	40%	50%	50%
<b>Periodontic Services</b> - Used to treat diseases of the gums and supporting structures of the teeth	60%	40%	50%	50%
<b>Relines and Repairs</b> - Relines and repairs to bridges and dentures	60%	40%	50%	50%
<b>Minor Restorative Services</b> - Used to repair teeth damaged by disease or injury (for example, fillings)	60%	40%	50%	50%
<b>Full Mouth Radiographs</b>	60%	40%	50%	50%
<b>All Other Radiographs</b>	60%	40%	50%	50%
<b>Class III Benefits</b>				
<b>Major Restorative Services</b> - Used when teeth can't be restored with another filling material (for example, crowns)	40%	60%	30%	70%
<b>Prosthetic Services</b> - Used to replace missing natural teeth (for example, bridges and dentures)	40%	60%	30%	70%

- ~ Oral exams, including examinations by a specialist, are payable twice per calendar year.
- ~ Prophylaxes (cleanings), including periodontal prophylaxes, are payable twice per calendar year.

- ~ Fluoride treatment (to age 14) is payable once per calendar year.
- ~ Bitewing X-rays are payable once per calendar year and full mouth X-rays are payable once in any five-year period.
- ~ Crowns, dentures, bridges, and substructures are limited to once in a seven-year period.
- ~ Composite resin (white) restorations and porcelain crowns are not Covered Services on posterior teeth.
- ~ Implants and related services are Covered Services.
- ~ People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

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

**Maximum Payment** - \$1,000 per person total per benefit year on Class I, Class II and Class III Benefits.

**Deductible** - \$50 deductible per person total per benefit year on emergency palliative treatment, space maintainers, Class II and Class III Benefits. The deductible does not apply to the balance of Class I Benefits.

**Waiting Period** - Not applicable.

**Eligible People** -All part-time faculty who are eligible for the dental benefits plan and pay the full cost to Wayne State University.

Also eligible at your option are your legal spouse, your dependent children to the end of the calendar year in which they turn 19, and your dependent unmarried children who are eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year.

Unless this is a Section 125 plan, retirees and their dependents who enroll in the dental plan are required to remain enrolled for a minimum of 12 months. A retiree must be enrolled in order to enroll his or her dependents. If a retiree or dependent drops coverage at any time, he or she may not re-enroll until the first open enrollment following 12 months. However, 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.

If a retiree or dependent drops coverage prior to being covered for at least one full year, he or she must remit all back premiums for the first full year prior to re-enrolling. Section 125 groups are exempt from this guideline.