

# Dental Coverage

---

Delta Dental of Michigan continues to be the provider for 2024 and this the Core Plan is provided by the County with no premium charge for you and your family. Calhoun County also offers a Buy-Up option, which provides coverage at a higher percentage and higher lifetime maximum for orthodontia. You are responsible for the cost difference between the Core and Buy-Up plan if you chose to elect this benefit.

Under these plans, you are free to select any dentist; however, it would be most cost-effective to choose a dentist who participates in one of Delta Dental's two networks:

- **Delta Premier**
- **Delta PPO**

If you choose a **Delta Premier** dentist, the dentist has agreed to accept Delta Dental's fee schedule and file claims on your behalf.

If you choose a **Delta PPO** dentist, the dentist has agreed to discounted services. This is the lowest cost option.

To find a network dentist, go to [www.deltadentalmi.com](http://www.deltadentalmi.com).

If you choose an out-of-network dentist, Delta will cover up to the usual and customary amount for the services provided. Your dentist may balance bill.



No matter which dentist you choose, the plan covers:

	<b>Delta Dental Core</b>	<b>Delta Dental Buy-Up</b>
<b>Annual Deductible</b>	None	None
<b>Annual Maximum per person</b>	\$1,500 per person Classes II and III services combined*	\$2,000 per person Classes II and III services combined*
<b>Class I</b> <i>Diagnostic and Preventive Services, Cleanings, Exams &amp; Fluoride treatments</i>	Covered at 100%	Covered at 100%
<b>Class II</b> <i>Basic and Restorative Services, Oral Surgery, Fillings, Root Canals, Bridge and Denture Repair</i>	Covered at 80%	Covered at 80%
<b>Class III</b> <i>Prosthodontic Services, Bridges and Dentures</i>	Covered at 50%	Covered at 80%
<b>Class IV</b> <i>Orthodontia Services (up to age 19)</i>	Covered at 50%, (\$1,500 Lifetime Maximum per dependent)	Covered at 50%, (\$2,000 Lifetime Maximum per dependent)

<b>Delta Dental Plan Limits</b>	
<b>Covered Services</b>	<b>Benefit Frequency (Core and Buy-Up)</b>
Oral Exams	Twice per calendar year
Prophylaxes (cleanings)	Twice per calendar year
Fluoride Treatments	Once per calendar year (up to age 19)
Bitewing X-rays	Once per calendar year (under age 15); Once per two-year period (ages 15+)
Full Mouth X-rays	Once in any five-year period