

**Delta Dental of Michigan
Chrysler
Client #8220-1001, 1002**



Welcome to Delta Dental of Michigan's nationwide dental benefits family!

As a member of Delta Dental of Michigan, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- Our Delta Dental PPO and Premier dentists cannot balance bill you, which means more money in your pocket! Pay only your coinsurance when you receive care from network dentists – there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to receive the allowable reimbursement.

Online Access

Our online Consumer Toolkit lets you access your dental plan securely over the internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more – all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist diabetes and health heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at (888)293-8271 or look online at www.deltadentalMI.com.

Dental Benefit Highlights Delta Dental PPO (Points-of-Service) Coverage effective January 1, 2016	Network Dentists		Nonparticipating Dentist
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	
	Plan Pays	Plan Pays	Plan Pays* (see example below)
Diagnostic & Prevention			
Diagnostic and Preventive Services - Exam and cleaning.	100%	75%	50%*
Other Diagnostic and Preventive Services – fluoride, space maintainers, emergency palliative treatment and brush biopsy	0%	0%	0%
Radiographs – X-rays	0%	0%	0%

*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. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

Maximum Payment – None.

Deductible – None.

- Oral exams (including evaluations by a specialist) are payable once per calendar year.
- Prophylaxes (routine cleanings) are payable once per year.
- Periodontal maintenance cleanings and difficult cleanings are optimal services and an allowance will be made for a routine cleaning.

Payment Example:		Delta Dental PPO Dentist 100%	Delta Dental Premier Dentist 75%	Out-of-network Dentist 50%
		Plan Pays	Plan Pays	Plan Pays* (see example below)
ADULT CLEANING	Submitted fee:			
	Maximum allowed fee:	100%	75%	50%*
	Amount Delta Dental Pays:	0%	0%	0%
	AMOUNT YOU PAY:	0%	0%	0%

Note – This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefit, exclusions and limitations.

"In-Progression" Employees- The member must have one (1) year of seniority to receive this benefit for themselves and any dependent on their