



Delta Dental of Michigan  
 Certified EHB Dental Benefit Plans  
 2023 McLaren Health Plan



Please mark the plan of your choice.  Effective: 1/1/2023 - 12/31/2023 for one year  The following benefits include <b>Certified EHB Dental Benefits</b> covered by Delta Dental of Michigan.	Plan A including High Pediatric Dental Plan				Plan B including Low Pediatric Dental Plan			
	Non-EHB		EHB (age 18 and under)		Non-EHB		EHB (age 18 and under)	
	Delta Dental PPO™	Delta Dental Premier* / Nonparticipating	Delta Dental PPO™	Delta Dental Premier* / Nonparticipating	Delta Dental PPO™	Delta Dental Premier* / Nonparticipating	Delta Dental PPO™	Delta Dental Premier* / Nonparticipating
<b>Maximum Payment</b> – per person per calendar year on Diagnostic & Preventive, Basic Services and Major Services	\$1,000		None		\$1000		None	
<b>Deductible</b> – per person/per family per calendar year	\$50/\$150 Applies to Basic and Major Services		N/A		None		\$25/\$75 Applies to Radiographs, Basic, and Major Services	
<b>Diagnostic &amp; Preventive</b>								
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%	100%	100%	80%	100%	80%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	100%	100%	100%	100%	80%	100%	80%
<b>Radiographs</b> - X-rays	100%	100%	100%	100%	100%	80%	100%	80%
<b>Sealants</b> - to prevent decay of permanent teeth	0%	0%	100%	100%	0%	0%	100%	80%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%	100%	100%	80%	100%	80%
<b>Basic Services</b>								
<b>Minor Restorative Services</b> - fillings and crown repair	90%	80%	80%	60%	75%	50%	50%	50%
<b>Endodontic Services</b> - root canals	90%	80%	80%	60%	75%	50%	50%	50%
<b>Periodontic Services</b> - to treat gum disease	90%	80%	80%	60%	75%	50%	50%	50%
<b>Oral Surgery Services</b> - extractions and dental surgery	90%	80%	80%	60%	75%	50%	50%	50%
<b>Major Services</b>								
<b>Major Restorative Services</b> - crowns	60%	50%	50%	50%	60%	50%	50%	50%
<b>Prosthetic Services</b> - bridges, dentures, implants, and crowns over implants	60%	50%	50%	50%	60%	50%	50%	50%
<b>Implants</b> - to replace missing teeth	60%	50%	0%	0%	60%	50%	0%	0%
<b>Orthodontic Services</b>								
<b>Orthodontic Services</b> - braces	50%		0%		50%		0%	
<b>Orthodontic Age Limit</b>	19		N/A		19		N/A	
<b>Orthodontic Maximum</b> - per person lifetime maximum payment	\$1000		N/A		\$1000		N/A	
<b>Rates (per month)</b> - Guaranteed for a one-year non-retention contract for any effective date prior to 12/31/23	With Ortho		Without Ortho		With Ortho		Without Ortho	
<b>Employee only</b>	\$36.06		\$36.06		\$29.37		\$29.37	
<b>Employee and one dependent</b>	\$71.43		\$70.66		\$58.30		\$57.65	
<b>Employee and two or more dependents</b>	\$133.88		\$125.81		\$110.43		\$103.54	



Delta Dental of Michigan  
 Certified EHB Dental Benefit Plans  
 2023 McLaren Health Plan



Please mark the plan of your choice.

Effective: 1/1/2023 - 12/31/2023 for one year

The following benefits include **Certified EHB Dental Benefits** covered by Delta Dental of Michigan.<sup>1</sup>

	Plan C including Low Pediatric Dental Plan				Plan D including Low Pediatric Dental Plan	
	Non-EHB		EHB (age 18 and under)		EHB (age 18 and under)	
	Delta Dental PPO™	Delta Dental Premier* / Nonparticipating	Delta Dental PPO™	Delta Dental Premier* / Nonparticipating	Delta Dental PPO™	Delta Dental Premier* / Nonparticipating
<b>Maximum Payment</b> - per person per calendar year on Diagnostic & Preventive, Basic Services and Major Services	\$1,000		None		None	
<b>Deductible</b> - per person/per family per calendar year	None		\$25/\$75 Applies to Radiographs, Basic, and Major Services		\$25/\$75 Applies to Radiographs, Basic, and Major Services	
<b>Diagnostic &amp; Preventive</b>						
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	80%	50%	100%	80%	100%	80%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	50%	100%	80%	100%	80%
<b>Radiographs</b> - X-rays	80%	50%	100%	80%	100%	80%
<b>Sealants</b> - to prevent decay of permanent teeth	0%	0%	100%	80%	100%	80%
<b>Brush Biopsy</b> - to detect oral cancer	80%	50%	100%	80%	100%	80%
<b>Basic Services</b>						
<b>Minor Restorative Services</b> - fillings and crown repair	60%	50%	50%	50%	50%	50%
<b>Endodontic Services</b> - root canals	60%	50%	50%	50%	50%	50%
<b>Periodontic Services</b> - to treat gum disease	60%	50%	50%	50%	50%	50%
<b>Oral Surgery Services</b> - extractions and dental surgery	60%	50%	50%	50%	50%	50%
<b>Major Services</b>						
<b>Major Restorative Services</b> - crowns	60%	50%	50%	50%	50%	50%
<b>Prosthetic Services</b> - bridges, dentures, implants, and crowns over implants	60%	50%	50%	50%	50%	50%
<b>Implants</b> - to replace missing teeth	60%	50%	0%	0%	0%	0%
<b>Orthodontic Services</b>						
<b>Orthodontic Services</b> - braces	50%		0%		0%	
<b>Orthodontic Age Limit</b>	19		N/A		N/A	
<b>Orthodontic Maximum</b> - per person lifetime maximum payment	\$1000		N/A		N/A	
<b>Rates (per month)</b> - Guaranteed for a one-year non-retention contract for any effective date prior to 12/31/23	With Ortho			Without Ortho		
<b>Employee only</b>	\$22.71		\$22.71		\$30.20	
<b>Employee and one dependent</b>	\$45.73		\$45.21		\$60.40	
<b>Employee and two or more dependents</b>	\$91.87		\$86.43		\$90.60	

**Please note:** Any non-EHB covered services that are not covered in the pediatric plan (like orthodontia) will be covered for people age 18 and under, subject to the non-EHB limitations and maximum payment provisions. For all EHB Covered Services provided by a Delta Dental PPO or Delta Dental Premier Dentist, the maximum out-of-pocket payments are \$375 per calendar year for one person age 18 and under, or \$750 per calendar year per family with two or more people age 18 and under.

<sup>1</sup>Above plan designs assume Delta Dental's standard limitations unless otherwise noted.

<sup>2</sup>These rates are valid through December 31, 2023 for a one-year contract.

<sup>3</sup>Rates do not include any applicable claims taxes.

An individual will be considered age 18 and under until the end of the Benefit Year in which the individual attains the age of 19.