



**Delta Dental PPO™ (Point-of-Service)  
Benefit Features for  
State of Michigan - State Dental Plan  
Group #8700 (Active) & #8800 (COBRA)**

Delta Dental PPO (Point-of-Service) is administered by Delta Dental of Michigan. You can go to any licensed dentist, but you could increase your benefits and lower your out-of-pocket costs by going to a Delta Dental PPO dentist. If you do not go to a Delta Dental PPO dentist, you can choose dentists who participate in Delta Dental Premier®, our carefully managed fee-for-service program and still see savings. However, you might have to pay more. If you visit a dentist who does not participate in any of Delta Dental's programs, you will be responsible for the difference between Delta Dental's payment and the nonparticipating dentist's fee, and you may need to file your own claims.

**Customer Service toll-free number (800) 524-0150**  
[deltadentalmi.com/SOM](http://deltadentalmi.com/SOM)

**Coverage Effective: January 1, 2026 – December 31, 2026**

	<b>Delta Dental PPO Dentist</b>	<b>Delta Dental Premier Dentist</b>	<b>Nonparticipating Dentist*</b>
	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays</b>
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic</b> – Includes routine and emergency oral exams. Oral Exams are limited to two times in a Plan year.	100%	100%	100%
<b>Preventive</b> – Includes prophylaxes, space maintainers, and fluoride treatments. Prophylaxes (teeth cleanings) are limited to three times in a Plan year.	100%	100%	100%
<b>Radiographs</b> – X-rays as required for routine care or as necessary for the diagnosis of a specific condition.	100%	90%	90%
<b>Palliative Treatment</b> – To temporarily relieve pain.	90%	90%	90%
<b>Basic Services</b>			
<b>Minor Restorative</b> – Includes fillings and crown repair.	100%	90%	90%
<b>Extractions</b> – Simple and complex tooth extractions.	100%	90%	90%
<b>Endodontics</b> – Treatment of teeth with diseased or damaged nerves (for example, root canals).	100%	90%	90%
<b>Periodontics</b> – Treatment of diseases of the gums and supporting structures of the teeth.	100%	90%	90%
<b>Veneers (cosmetic bonding)</b> – For people age 8 through 19 for the eight anterior teeth if damaged by specific conditions.	100%	90%	90%
<b>Oral Surgery</b> – Surgical dental procedures, including preoperative and postoperative care, but not including extractions	90%	90%	90%
<b>Major Restorative</b> – Includes cast restorations (crowns), but only when teeth cannot be restored with another filling material.	90%	90%	90%
<b>Sealants</b> – Dental sealants to prevent decay of first and second permanent molars for dependents up to age 14.	100%	100%	100%
<b>Major Services</b>			
<b>Repairs</b> – Repairs to bridges, implants, partial dentures, and complete dentures.	100%	50%	50%
<b>Relines</b> – Relines and rebase to partial dentures and complete dentures.	70%	50%	50%
<b>Prosthodontics</b> – Includes bridges, implants, partial dentures, and complete dentures.	70%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services (no age limit)</b> – Services, treatment, and procedures to correct malposed teeth.	75%	60%	60%
<b>Maximum Payment</b>			
<b>Annual Maximum:</b> \$2,000 per person total per Plan Year (January–December) on Diagnostic & Preventive Services, Basic Services and Major Services.			
<b>Lifetime Orthodontic Maximum:</b> \$1,750 per person total per lifetime on Orthodontic Services (separate from the Annual Maximum).			

\* 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. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

The level of dental coverage is determined by the provider you choose. To verify a dentist is a participating dentist, you can use Delta Dental's online Dentist Directory at [deltadental.com/us/en/member/find-a-dentist.html](http://deltadental.com/us/en/member/find-a-dentist.html) or call (800) 524-0150. This document is intended as a supplement to your State Dental Plan Booklet. Please refer to your booklet for policy exclusions and limitations.