



# Certified EHB Dental Benefit Plans 2022 McLaren Health Plan



The following benefits include <i>Certified EHB Dental Benefits</i> covered by Delta Dental of Michigan.  Please mark the plan of your choice. Effective 1/1/2022 - 12/31/2022	Delta Dental PPO™ (Point-of-Service)							
	<input type="checkbox"/> Plan A including High Pediatric Dental Plan				<input type="checkbox"/> Plan B including Low Pediatric Dental Plan			
	Non-EHB		EHB (age 18 and under)		Non-EHB		EHB (age 18 and under)	
	Delta Dental PPO Dentist	Delta Dental Premier® / Nonparticipating	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating
<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>Oral Surgery Services</b> - extractions and dental surgery	90%	80%	80%	60%	75%	50%	50%	50%
<b>Minor Restorative Services</b> - fillings and crown repair	90%	80%	80%	60%	75%	50%	50%	50%
<b>Periodontics</b> - to treat gum disease	90%	80%	80%	60%	75%	50%	50%	50%
<b>Endodontics</b> - root canals	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>Prosthodontics</b> - bridges, dentures, 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%	50%	0%	0%	50%	50%	0%	0%
<b>Orthodontic Age Limit</b> -	19	19	N/A	N/A	19	19	N/A	N/A
<b>Maximum Payment</b> - per person per calendar year on Diagnostic & Preventive, Basic Services and Major Services	\$1,000		None		\$1,000		None	
Per person lifetime maximum payment for Orthodontic Services	\$1,000		N/A		\$1,000		N/A	
<b>Deductible</b> - per person / per family per calendar year applies to Basic Services and Major Services.	\$50/\$150		N/A		None		N/A	
<b>Deductible</b> - per person / per family per calendar year. The Deductible does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, and sealants.	N/A		None		N/A		\$25 / \$75	
<b>RATE PER SUBSCRIBER PER MONTH</b> -	<u>With Ortho</u>		<u>Without Ortho</u>		<u>With Ortho</u>		<u>Without Ortho</u>	
▪ Employee only	\$36.06		\$36.06		\$29.37		\$29.37	
▪ Employee and one dependent	\$71.43		\$70.66		\$58.30		\$57.65	
▪ Employee and two or more dependents	\$133.88		\$125.81		\$110.43		\$103.54	
(Guaranteed for a one-year non-retention contract for any effective date prior to 12/31/22)								

<p>The following benefits include <b><i>Certified EHB Dental Benefits</i></b> covered by Delta Dental of Michigan.  Please mark the plan of your choice.  Effective 1/1/2022 – 12/31/2022</p>	Delta Dental PPO™ (Point-of-Service)					
	<input type="checkbox"/> Plan C including Low Pediatric Dental Plan				<input type="checkbox"/> Plan D Low Pediatric Dental Plan	
	Non-EHB		EHB (age 18 and under)		EHB (age 18 and under)	
	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating	Delta Dental PPO Dentist	Delta Dental Premier / Nonparticipating
<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>Oral Surgery Services</b> – extractions and dental surgery	60%	50%	50%	50%	50%	50%
<b>Minor Restorative Services</b> – fillings and crown repair	60%	50%	50%	50%	50%	50%
<b>Periodontics</b> – to treat gum disease	60%	50%	50%	50%	50%	50%
<b>Endodontics</b> – root canals	60%	50%	50%	50%	50%	50%
<b>Major Services</b>						
<b>Major Restorative Services</b> – crowns	60%	50%	50%	50%	50%	50%
<b>Prosthodontics</b> – bridges, dentures, 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%	50%	0%	0%	0%	0%
<b>Orthodontic Age Limit</b> -	19	19	N/A	N/A	N/A	N/A
<b>Maximum Payment</b> – per person per calendar year on Diagnostic & Preventive, Basic Services and Major Services	\$1,000		None		None	
Per person lifetime maximum payment for Orthodontic Services	\$1,000		N/A		N/A	
<b>Deductible</b> – per person / per family per calendar year applies to Basic Services and Major Services.	None		N/A		N/A	
<b>Deductible</b> – per person / per family per calendar year. The Deductible does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, and sealants.	N/A		\$25 / \$75		\$25 / 75	
<b>RATE PER SUBSCRIBER PER MONTH –</b>	<b>With Ortho</b>		<b>Without Ortho</b>		<b>Rates</b>	
▪ Employee only	\$22.71		\$22.71		\$30.20	
▪ Employee and one dependent	\$45.73		\$45.21		\$60.40	
▪ Employee and two or more dependents	\$91.87		\$86.43		\$90.60	
(Guaranteed for a one-year non-retention contract for any effective date prior to 12/31/22)						

**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, 2022 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.