



Small Group Dental Solutions

Michigan
2026 Effective Dates
One-year contract

2-9 Employees Enrolled

Delta Dental PPO™ (Point-of-Service)

Non-EHB Benefits	<input type="checkbox"/> MI - Plan F #7774	<input type="checkbox"/> MI - Plan A #7775	<input checked="" type="checkbox"/> MI - Plan B #7776	<input type="checkbox"/> MI - Plan C #7777
Network Access	Delta Dental PPO™ Premier* / Nonpar	Covered Services	Delta Dental PPO™ Premier* / Nonpar	Delta Dental PPO™ Premier* / Nonpar
Diagnostic & Preventive Services	100%	Exams, cleanings, fluoride, space maintainers, palliative treatment, brush biopsy, and radiographs	100%	Exams, cleanings, fluoride, space maintainers, palliative treatment, and brush biopsy
Basic Services	80%	Minor restorative services, periodontal maintenance, simple extractions, relines and repairs	60%	Minor restorative services, periodontal maintenance, relines and repairs
Major Services	50%	Endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants	40%	Simple extractions, endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants
Maximum (per person, per calendar year)	\$1,000	\$1,000	\$1,000	\$1,000
Deductible (per person/per family, per calendar year)	\$75/Unlimited Applies to basic and major services	\$75/Unlimited Applies to basic and major services	\$75/Unlimited Applies to basic and major services	\$75/Unlimited Applies to basic services
EHB Plan Required**	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rates^{1,2} - Area 1 Counties: Charlevoix, Clinton, Eaton, Genesee, Grand Traverse, Ingham, Jackson, Lapeer, Leelanau, Livingston, Macomb, Midland, Montcalm, Oakland, Saginaw, St. Clair, Washtenaw, and Wayne	<input type="checkbox"/> Standard \$46.52 <input type="checkbox"/> High \$51.67	<input type="checkbox"/> Standard \$38.62 <input type="checkbox"/> High \$42.90	<input type="checkbox"/> Standard \$35.53 <input type="checkbox"/> High \$39.49	<input type="checkbox"/> Standard \$24.48 <input type="checkbox"/> High \$27.17
Occupational Risk²	Two Party \$86.41 Family \$153.03	Two Party \$71.49 Family \$123.23	Two Party \$66.09 Family \$116.76	Two Party \$46.92 Family \$95.31
Rates^{1,2} - Area 2 Counties: All other counties not in Area 1	<input type="checkbox"/> Standard \$40.06 <input type="checkbox"/> High \$44.52	<input type="checkbox"/> Standard \$33.26 <input type="checkbox"/> High \$36.96	<input type="checkbox"/> Standard \$31.61 <input type="checkbox"/> High \$35.12	<input type="checkbox"/> Standard \$20.67 <input type="checkbox"/> High \$22.96
Occupational Risk²	Two Party \$75.05 Family \$138.59	Two Party \$62.08 Family \$119.56	Two Party \$59.21 Family \$108.30	Two Party \$40.23 Family \$82.41

Participation Requirements: Immediate family members must be enrolled on one application and count as one eligible member. At least 75 percent of the employees must be physically located in the state where the contract is held.

Participation Requirements									
Number Eligible	2	3	4	5	6	7	8	9	10+
Minimum Insured	2	3	3	4	4	4	5	5	50%

**Certified EHB plan information is on the next page.

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2-9 Employees Enrolled



Certified EHB Benefits (for members age 18 and under)

EHB Note: If EHB is selected, any non-EHB covered services that are not covered in the pediatric plan 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™ (Point-of-Service) or Delta Dental Premier® dentist, the maximum out-of-pocket payments are \$450 per calendar year for one person age 18 and under or \$900 per calendar year per family with two or more people age 18 and under. 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.

Certified EHB Low Plan Delta Dental PPO™ (Point-of-Service)

Network Access	Delta Dental PPO™	Delta Dental Premier®/Nonpar	Covered Services
Diagnostic & Preventive Services	100%	80%	Exams, cleanings, fluoride, space maintainers, palliative treatment, brush biopsy, radiographs, and sealants
Basic Services	50%	50%	Minor restorative services, endodontics, periodontics, oral surgery, other basic services, and relines and repairs to prosthetic appliances
Major Services	50%	50%	Major restorative services, bridges, dentures, and crowns over implants
Maximum (per person, per calendar year)	None See above for maximum out-of-pocket details		
Deductible (per person/per family, per calendar year)	\$25/\$75 Applies to radiographs, basic, and major services		

¹ Rates do not include any applicable claims taxes.

² Rates are for both non-EHB plans and plans that require EHB benefits for members age 18 and under.

High Risk Occupations: * Amusement/entertainment groups (amusement parks, casinos, movie theater, pool halls) * Auto sales and service (new and used auto sales, car washes, repair shops) * Bars/taverns * Caterers * Employment placement agencies * Full/Limited-service Restaurants (Restaurants, Bakeries, Cafes) * Gas stations * Health/sport/country clubs * Hotels/motels * Insurance agencies * Janitorial services * Laundry/dry cleaning * Lessors (residential/nonresidential buildings) * Liquor stores * Nursing Care Facilities * Parking lot facilities * Pawn shops/used merchandise stores * Professional offices (doctors, lawyers, architects) * Real estate agencies * Religious organizations * Security guard services * Studios (dance, theatrical groups, photography)

Industries Not Eligible (the following industry groups are not eligible for coverage, however they may be eligible for coverage through our individual product offerings. Contact your Delta Dental sales representative for more information): * 1099 Contractors * Beauty/barber shops * Leased employees * Private households * Seasonal work (farming and agricultural labor)

To enroll, complete the Group Information Form and return to your Account Manager at Delta Dental along with enrollment information and proof of prior dental coverage (if applicable) and first month's premium. Group Information Form: To download, visit the Producers section of our website at www.deltadentalmi.com

Questions? Call us at 877-335-8264