



Delta Dental PPO™ (Point-of-Service)

Summary of Dental Plan Benefits

For Group #14000-00002, 00006, 00008, 00010, 00014, 00024, 09002, 09006, 09008, 09010, 09014, 09024

Lineage Logistics, LLC – Premium Plus Plan

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the Dentist's network participation.*

Control Plan – Delta Dental of Michigan

Benefit Year – July 1 through June 30

Covered Services –

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Palliative Treatment – to temporarily relieve pain	80%	80%	80%
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Root Canals – to treat teeth with diseased or damaged nerves	80%	80%	80%
Periodontic Services – to treat gum disease	80%	80%	80%
Simple Extractions – non-surgical removal of teeth	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Relines and Repairs – to prosthetic appliances	80%	80%	80%
Major Services			
Other Endodontic Services – treatment other than root canals	50%	50%	50%
Occlusal Guards/Adjustments – bite guards and occlusal adjustments	50%	50%	50%
Other Oral Surgery – dental surgery	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Prosthetic Services – bridges, implants, dentures, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	No Age Limit	No Age Limit	No Age Limit

* 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 and you are responsible for that difference.

- Oral exams (including those limited to a specific problem or complaint and evaluations by a specialist) are payable twice per Benefit Year. Oral evaluations for patients under the age of three are payable once per lifetime. Comprehensive exams, detailed and extensive oral evaluations, and comprehensive periodontal evaluations are payable once per lifetime.
- Prophylaxes (cleanings) are payable twice per Benefit Year. Full mouth debridement is payable once in any three-year period.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable once per benefit year for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 25 and under. Re-cement or re-bond of space maintainers are payable once per area per lifetime for people age 25 and under.
- Bitewing X-rays are payable twice per Benefit Year for people age 17 and under and once Benefit Year for people age 18 and older. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- 2D cephalometric films are payable once per lifetime in conjunction with orthodontics. 2D oral/facial photographic images are not Covered Services.
- Bacteriologic cultures are payable once per Benefit Year. Salivary flow assessment is payable without limitation. Collection and preparation of genetic sample material for laboratory analysis and report is payable once per lifetime. Diagnostic casts are payable one per lifetime for orthodontic treatment. Caries risk assessments are payable without limitation.
- Sealants, preventive resin restoration, and sealant repair are payable for first and second permanent molars once per tooth in any three-year period for people age 15 and under. The surface must be free from decay and restorations. Interim caries arresting medicament application is payable twice per benefit year.
- Crowns, inlays, onlays, substructures, and veneers are payable once per tooth per five-year period for people age 16 and older. Stainless steel crowns are payable once per tooth in any five-year period for people age 15 and under. Crown repair due to restorative material failure is payable twice per tooth in any five-year period.
- Composite resin (white) restorations are payable on all teeth, including posterior teeth.
- Inlays (any material) are Covered Services.
- Apexification/recalcification is payable once per lifetime for people age 18 and under. Pulpal regeneration is payable once per lifetime. Bone grafts in conjunction with periradicular surgery, biologic materials to aid in tissue regeneration, and guided tissue regeneration are payable once in any two-year period.
- Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue is payable once per tooth in any two-year period.
- Exposure of unerupted tooth, placement of device to facilitate eruption of impacted tooth, surgical repositioning of teeth, and transseptal fiberotomy is payable once per lifetime with orthodontic treatment for people age 25 and under. Bone replacement graft for ridge preservation are payable once per lifetime. Excisional biopsy of minor salivary glands and incisional biopsy of oral soft tissue are not Covered Services.
- Full and partial dentures are payable once in any five-year period. Interim partial dentures are payable once in any five-year period. Tissue conditioning is payable once in any three-year period.
- Bridges are payable once in any five-year period. Re-cement or re-bond of bridges are payable once per lifetime. Stress breakers are payable once in any five-year period. Repair of bridges are payable twice in any five-year period.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any ten-year period. Services related to crowns over implants are payable.
- Consultations (by dentist or physician other than requesting dentist or physician) are payable once per provider. Occlusal guards are payable once in any three-year period. Application of desensitizing medicament and occlusal adjustments are payable once in any 12-month period.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$2,000 per Member total per Benefit Year on all services, except exposure of an unerupted tooth, placement of a device to facilitate eruptions of impacted tooth, surgical repositioning of teeth, transseptal fiberotomy/supra crestal fiberotomy, cephalometric films, diagnostic casts and orthodontic services. \$2,000 per Member total per lifetime on exposure of an unerupted tooth, placement of a device to facilitate eruptions of impacted tooth, surgical repositioning of teeth, transseptal fiberotomy/supra crestal fiberotomy, cephalometric film, diagnostic casts, and orthodontic services.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows:

Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

Deductible – Delta Dental PPO™ Dentist - \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, brush biopsy, X-rays, exposure of an unerupted tooth, placement of a device to facilitate eruption of impacted tooth, surgical repositioning of teeth, transseptal fiberotomy/supra crestal fiberotomy, cephalometric films, diagnostic casts, and orthodontic services.

Delta Dental Premier® Dentist or Nonparticipating Dentist - \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to exposure of an unerupted tooth, placement of a device to facilitate eruption of impacted tooth, surgical repositioning of teeth, transseptal fiberotomy/supra crestal fiberotomy, cephalometric films, diagnostic casts, and orthodontic services.

Waiting Period – Enrollees who are eligible for Benefits are covered on the date defined by Lineage Logistics, LLC.

Eligible People – All eligible subscribers and their dependents as defined by Lineage Logistics, LLC.

Also eligible are your Spouse and your Children to the end of the calendar year in which they turn 26, including your Children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled.

Enrollees and Dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Should an Enrollee or a Dependent choose to drop dental coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may enroll only if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the date defined by Lineage Logistics, LLC.

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)

<https://www.DeltaDentalMI.com>

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