



Delta Dental Medicare Advantage™ Dental Plan Our Medicare Advantage Supplemental Dental Program

Welcome!

Delta Dental Plan of Michigan, Inc. is a nonprofit dental care corporation doing business as Delta Dental of Michigan. Delta Dental of Michigan is the state's leading dental benefits specialist. Good oral health is a vital part of good general health, and your Delta Dental program is designed to promote regular dental visits. We encourage you to take advantage of this program by calling your Dentist today for an appointment.

This Certificate, along with your Summary of Dental Plan Benefits, describes the specific benefits of your Delta Dental program and how to use them. If you have any questions about this program, please call our Customer Service department at (800) 330-2732 (TTY Users call 711) or access our website at www.DeltaDentalMI.com.

You can easily verify your own benefit, claims and eligibility information online 24 hours a day, seven days a week by visiting www.DeltaDentalMI.com and selecting the link for our Consumer Toolkit. The Consumer Toolkit will also allow you to print claim forms and ID cards, select paperless Explanation of Benefits statements (EOBs), search our Dentist directories, and read oral health tips.

We look forward to serving you!

Upper Peninsula Health Plan Medicare Advantage Supplemental Dental (HMO) Plan Benefit Year 2021

Supplemental Dental Plan Client #2256

TABLE OF CONTENTS

	Summary of Dental Plan Benefits	3
I.	Delta Dental Certificate	4
II.	Definitions	4
III.	Selecting a Dentist	6
IV.	Accessing Your Benefits	6
V.	How Payment is Made	7
VI.	Benefit Categories	7
VII.	Exclusions and Limitations	7
VIII.	Coordination of Benefits	11
IX.	Grievance and Appeals Procedure	12
X.	Termination of Coverage	12
XI.	General Conditions	12
XII.	Covered Code List	15

Note: Please read this Certificate together with the Summary of Dental Plan Benefits and Covered Code List. The Summary of Dental Plan Benefits and Covered Code List provides the specific provisions of your dental plan.

NOTICE: IF YOU ARE COVERED BY MORE THAN ONE HEALTH CARE AND/OR DENTAL CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DENTISTS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. READ ALL OF THE RULES VERY CAREFULLY, INCLUDING THE COORDINATION OF BENEFITS SECTION, AND COMPARE THEM WITH THE RULES OF ANY OTHER PLAN THAT COVERS YOU.

Summary of Dental Plan Benefits

For Client #2256 UPHP

Medicare Advantage Supplemental Dental Plan

This Summary of Dental Plan Benefits should be read along with this Certificate. This 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.

***Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier network are NOT covered benefits. Please note Delta Dental's Medicare Advantage PPO and Delta Dental's Medicare Advantage Premier Networks only consist of dentists in the states of Michigan, Indiana and Ohio. If you receive services from a dentist that DOES NOT participate in either Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier network YOU WILL BE RESPONSIBLE for the full amount charged for those services and no payment will be made by Delta Dental.**

Control Plan - Delta Dental of Michigan

Benefit Year - January 1, 2021 through December 31, 2021

Covered Services -

	Delta Dental Medicare Advantage PPO Dentist	Delta Dental Medicare Advantage Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive Services			
Diagnostic and Preventive Services - exams, cleanings and fluoride	100%	100%	0%
Radiographs -X-rays	100%	100%	0%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	0%
Brush Biopsy - to detect oral cancer	100%	100%	0%

Maximum Payment - None

Deductible - None

Eligible People - All UPHP Medicare Advantage enrollees. The Subscriber pays the full cost of this plan.

If at any time coverage is terminated, you may not re-enroll until the following annual enrollment period (AEP) or during a special enrollment period (SEP).

Benefits will cease on the last day of the month in which eligibility is terminated.

I. Delta Dental Certificate

Delta Dental Plan of Michigan, Inc., referred to herein as Delta Dental, issues this Certificate to you, the Member. The Certificate is a summary of your dental benefits coverage. It reflects and is subject to a contract between Delta Dental and your Medicare Advantage Organization, Upper Peninsula Health Plan, ("UPHP").

The Benefits provided under This Plan may change if any federal laws changes. Delta Dental agrees to provide Benefits as described in this Certificate and the Summary of Dental Plan Benefits. All the provisions in the following pages form a part of this document as fully as if they were stated over the signature below.

IN WITNESS WHEREOF, this Certificate is executed at Delta Dental's home office by an authorized officer.



Goran M. Jurkovic, CPA, CGMA
President and CEO
Delta Dental Plan of Michigan, Inc.

II. Definitions

Adverse Benefit Determination

Any denial, reduction or termination of the benefits for which you filed a claim. Or a failure to provide or to make payment (in whole or in part) of the benefits you sought, including any such determination based on eligibility, application of any utilization review criteria, or a determination that the item or service for which benefits are otherwise provided was experimental or investigational, or was not medically necessary or appropriate.

Allowed Amount

The amount permitted under the Medicare Advantage Dentist Fee Schedule which Delta Dental will base its payment for a Covered Service.

Appeal

The procedures that deal with the review of adverse initial determination for payment of services.

Benefit Year

The calendar year.

Benefits

Payment for the Covered Services that have been selected under This Plan.

Certificate

This document. Delta Dental will provide Benefits as described in this Certificate. Any changes in this Certificate will be based on changes to the contract between Delta Dental and UPHP.

Completion Dates

The date that treatment is complete. Some procedures may require more than one appointment before they can be completed. Treatment is complete:

- ◆ For dentures and partial dentures, on the delivery dates;
- ◆ For crowns and bridgework, on the permanent cementation date;
- ◆ For root canals and periodontal treatment, on the date of the final procedure that completes treatment.

Coinsurance

The percentage of the charge, if any, that you must pay for Covered Services.

Copayment

A fixed amount of money that you must pay for Covered Services, if any.

Covered Code List

The unique list of the ADA dental codes that are covered services under This Plan. These codes are subject to the terms of this Certificate.

Covered Services

The unique dental services selected for coverage as described in the Summary of Dental Plan Benefits and subject to the terms of this Certificate.

Deductible

The amount a person and/or a family must pay toward Covered Services before Delta Dental begins paying for those services under this Certificate. The Summary of Dental Plan Benefits lists the Deductible that applies to you, if any.

Delta Dental

Delta Dental Plan of Michigan, Inc., which provides dental benefits. Delta Dental is not an insurance company. Delta Dental of Michigan, Inc. has been delegated by UPHP Medicare Advantage to provide dental benefits for This Plan.

Dental Emergency

A Dental Emergency is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child; Serious impairment to bodily functions; or Serious dysfunction of any bodily organ or part.

Dentist

A person licensed to practice dentistry in the state or jurisdiction in which dental services are performed.

- ◆ **Delta Dental Medicare Advantage PPO Dentist** - a Dentist located in Michigan, Indiana or Ohio who has signed an agreement with Delta Dental for This Plan that is part of Delta Dental's Medicare Advantage PPO Network.
- ◆ **Delta Dental Medicare Advantage Premier Dentist** - a Dentist located in Michigan, Indiana or Ohio who has signed an agreement with Delta Dental for This Plan that is part of Delta Dental's Medicare Advantage Premier Network.
- ◆ **Nonparticipating Dentist** - a Dentist who has not signed an agreement with Delta Dental to become part of the Delta Dental Medicare Advantage Premier or Delta Dental Medicare Advantage PPO Network or is located in a state other than Michigan, Indiana or Ohio. **Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier network are NOT covered benefits. If you receive services from a dentist that DOES NOT participate in either Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier network, YOU WILL BE RESPONSIBLE for the full amount charged for those services and no payment will be made by Delta Dental.**

Delta Dental Medicare Advantage PPO and Delta Dental Medicare Advantage Premier Dentists are sometimes collectively referred to as "Medicare Advantage Participating Dentists."

Grievance

An expression of dissatisfaction with any aspect of the operations, activities or behavior of Delta Dental, UPHP Medicare Advantage or a Dentist that has provided dental services under This Plan.

Inquiry

A verbal or written request for information that does not involve a grievance, coverage or appeals process, such as a routine question about a benefit.

Maximum Approved Fee

The maximum fee that Delta Dental approves for a given procedure in a given region and/or specialty, under normal circumstances, based upon applicable Medicare Advantage Participating Dentist schedules and internal procedures.

Maximum Payment

The maximum dollar amount Delta Dental will pay in any Benefit Year or lifetime for Covered Services. (See the Summary of Dental Plan Benefits.)

Medicare Advantage Dentist Fee Schedule

The maximum fee allowed per procedure for services rendered by a Delta Dental Medicare Advantage Dentist as determined by Delta Dental.

Member

A person with coverage under This Plan.

Open Enrollment Period

The period of time, as determined by UPHP, during which you may enroll or be enrolled for Benefits.

Post-Service Claims

Claims for Benefits that are not conditioned on your seeking advance approval, certification, or authorization to receive the full amount for any Covered Services. In other words, Post-Service Claims arise when you receive the dental service or treatment before you file a claim for Benefits.

Pre-Service Organization Determination

A determination that is made prior to receiving dental services based on your benefits and coverage. This decision will determine whether a dental service will be covered and will provide information on how much you may have to pay for this service. This is a request submitted by you or your Dentist.

Processing Policies

Delta Dental's policies and guidelines used for Pre-Service Organization Determinations and payment of claims. The Processing Policies may be amended from time to time.

Submitted Amount

The amount a Dentist bills to Delta Dental for a specific treatment or service. A Medicare Advantage Participating Dentist cannot charge you for the

difference between this amount and the amount Delta Dental approves for the treatment.

Summary of Dental Plan Benefits

A description of the specific provisions of your group dental coverage. The Summary of Dental Plan Benefits is and should be read as a part of this Certificate, and supersedes any contrary provision of this Certificate.

This Plan

The dental coverage established for you pursuant to this Certificate.

III. Selecting a Dentist

To receive Benefits under This Plan you must receive services from a Medicare Advantage Participating Dentist. Services received from dentists who do **NOT** participate in Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier network are **NOT** covered benefits. If you receive services from a dentist that **DOES NOT** participate in either Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier network, **YOU WILL BE RESPONSIBLE** for the full amount charged for those services and no payment will be made by Delta Dental. Please note Delta Dental's Medicare Advantage PPO and Delta Dental's Medicare Advantage Premier Networks only consist of dentists in the states of Michigan, Indiana and Ohio.

To verify that a Dentist is a Medicare Advantage Participating Dentist, you can use Delta Dental's online Dentist Directory at <http://deltadentalmi.com/Find-a-Dentist.aspx> or call (800) 330-2732 (TTY Users call 711). **When accessing Delta Dental's online Dentist Directory, you must select the link labeled Medicare Advantage PPO and Medicare Advantage Premier.**

If the Dentist you select is not a Delta Dental Medicare Advantage Participating Dentist, services are not covered. You will be responsible for the full cost of the services and no payment will be made by Delta Dental.

The provider network may change at any time. You will receive notice when necessary.

IV. Accessing Your Benefits

To utilize your dental benefits, follow these steps:

1. Please read this Certificate and the Summary of Dental Plan Benefits carefully so you are familiar with your benefits, payment methods, and terms of This Plan.
2. Make an appointment with one of Delta Dental's Medicare Advantage Dentists and tell him or her that you have dental benefits with Delta Dental Medicare Advantage Dental Plan. If your Dentist is not familiar with This Plan or has any questions, have him or her

contact Delta Dental by writing to Delta Dental CMS Inquiries, PO Box 9230, Farmington Hills, Michigan 48333-9230, or calling the toll-free number at (800) 330-2732.

3. After you receive your dental treatment, you or the dental office staff will file a claim form, completing the information portion with:
 - a. Your full name and address
 - b. Your Member ID number
 - c. Your date of birth
 - d. UPHP's name and number

Notice of Claim Forms

Your Dentist should submit your dental claims form using the most recent American Dental Association ("ADA") approved claim form. Medicare Advantage Participating Dentists will fill out and submit your dental claims for you.

Mail claims and completed information requests to:

**Delta Dental CMS Claims,
PO Box 9298,
Farmington Hills, Michigan 48333-9298.**

Pre- Service Organization Determination

Your Dentist can submit a request for a coverage decision to determine whether you qualify for a dental service that may be covered under This Plan through the Dental Office Toolkit® (DOT). You can also request a coverage decision to determine whether you qualify for a dental service that may be covered under This Plan by calling the Customer Service department toll-free at (800) 330-2732 or in writing at:

Delta Dental
P.O. Box 9230
Farmington Hills, MI 48333

For a standard coverage decision, Delta Dental will provide an answer within 14 calendar days after receiving your request. To file a fast coverage decision the standard deadlines must potentially cause serious harm to your health or hurt your ability to function. If Delta Dental approves the fast request, an answer will be provided within 72 hours. For both standard and fast requests, Delta Dental may take up to 14 additional calendar days under certain circumstances. If additional time is taken, Delta Dental will notify you in writing and explain the reasons for the extension.

If Delta Dental does not approve your standard or fast coverage request, you have the right to file an appeal. Please see the Appeal section for more information. Availability of dental benefits at the time your request is completed is dependent on several

factors. These factors include, but are not limited to, medical necessity, your continued eligibility for benefits, your available annual or lifetime Maximum Payments, any coordination of benefits, the status of your Dentist, This Plan's limitations and any other provisions, together with any additional information or changes to your dental treatment. To determine whether a service may be covered under This Plan, please review the benefits included in this document

Written Notice of Claim and Time of Payment

All claims for Benefits must be filed with Delta Dental within one year of the date the services were completed. Once a claim for payment is filed, Delta Dental will decide it within 30 days of receiving it, if it is a clean claim. If there is not enough information to decide your claim, Delta Dental will notify you or your Dentist within 30 days. The notice will (a) describe the information needed, (b) explain why it is needed, (c) request an extension of time in which to decide the claim, and (d) inform you or your Dentist that the information must be received within 60 days or your claim will be denied. You will receive a copy of any notice sent to your Dentist. Once Delta Dental receives the requested information, it will decide your claim and send you notice of that decision. If you or your Dentist does not supply the requested information, Delta Dental will have no choice but to deny your claim. Once Delta Dental decides your claim, it will notify you within five days.

Authorized Representative

You may also appoint an authorized representative to deal with Delta Dental on your behalf with respect to any benefit claim you file or any review of a denied claim you wish to pursue (see the Grievances and Appeals Procedure section). Call Delta Dental's Customer Service department, toll-free, at (800) 330-2732, or write them at PO Box 9230, Farmington Hills, Michigan, 48333, to request a form to designate the person you wish to appoint as your representative or you may use the CMS Appointment of Representative Form (Form CMS-1696). While in some circumstances your Dentist is treated as your authorized representative, generally Delta Dental only recognizes the person whom you have authorized on the last dated form filed with Delta Dental. Once you have appointed an authorized representative, Delta Dental will communicate directly with your representative and will not inform you of the status of your claim. You will have to get that information from your representative. If you have not designated a representative, Delta Dental will communicate directly with you.

Questions and Assistance

Questions regarding your coverage should be directed to Delta Dental's Customer Service department, toll-free,

at (800) 330-2732. You may also write to Delta Dental CMS Inquiries PO Box 9230, Farmington Hills, Michigan, 48333-9230. When writing to Delta Dental, please include your name, UPHP's number, your Member ID number, and your daytime telephone number.

V. How Payment is Made

If your Dentist is a Medicare Advantage Participating Dentist, Delta Dental will base payment on the Maximum Approved Fee for Covered Services.

Delta Dental will send payment directly to the Medicare Advantage Participating Dentists and you will be responsible for any applicable Coinsurance, Copayments or Deductibles.

Services you receive from dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier network are NOT covered benefits. Please note Delta Dental's Medicare Advantage PPO and Delta Dental's Medicare Advantage Premier Networks only consist of dentists in the states of Michigan, Indiana and Ohio. If you receive services from a dentist that DOES NOT participate in either Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier network, YOU WILL BE RESPONSIBLE for the full amount charged for those services and no payment will be made by Delta Dental.

VI. Benefit Categories

Important

ONLY the dental services listed in your Summary of Dental Plan Benefits and Covered Code List are covered by This Plan. Covered Services are also subject to exclusions and limitations. You will want to review this section of this Certificate carefully.

VII. Exclusions and Limitations

Exclusions

Delta Dental will make no payment for the following services or supplies, unless otherwise specified in the Summary of Dental Plan Benefits or Covered Code List. All charges for the same will be your responsibility (though your payment obligation may be satisfied by insurance or some other arrangement for which you are eligible):

1. Services or supplies, as determined by Delta Dental, for correction of congenital or developmental malformations.
2. Cosmetic surgery or dentistry for aesthetic reasons, as determined by Delta Dental.

3. Services started or appliances started before a person became eligible under This Plan. This exclusion does not apply to orthodontic treatment in progress (if a Covered Service).
4. Prescription drugs (except intramuscular injectable antibiotics), premedication, medicaments/ solutions, and relative analgesia.
5. General anesthesia and intravenous sedation for (a) surgical procedures, unless medically necessary, or (b) restorative dentistry.
6. Charges for hospitalization, laboratory tests, and histopathological examinations.
7. Charges for failure to keep a scheduled visit with the Dentist.
8. Services or supplies, as determined by Delta Dental, for which no valid dental need can be demonstrated.
9. Services or supplies, as determined by Delta Dental that are investigational in nature, including services or supplies required to treat complications from investigational procedures.
10. Services or supplies, as determined by Delta Dental, which are specialized techniques.
11. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist or other dental professional, as determined by Delta Dental, under the scope of his or her license as permitted by applicable state law.
12. Services or supplies excluded by the policies and procedures of Delta Dental, including the Processing Policies.
13. Services or supplies received due to an act of war, declared or undeclared.
14. Services or supplies covered under a hospital, surgical/medical, (including Medicare Advantage), or prescription drug program.
15. Services or supplies that are not within the categories of Benefits selected by your Medicare Advantage Organization and that are not covered under the terms of this Certificate.
16. Fluoride rinses, self-applied fluorides, or desensitizing medicaments.
17. Interim caries arresting medicament
18. Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, home care medicaments, etc.).
19. Sealants.
20. Space maintainers.
21. Endodontic Services.
22. Periodontal services including periodontal maintenance and full mouth debridement.
23. Removable and fixed prosthetic services such as bridges, partials, dentures and any related services.
24. Restorative Services, such as fillings and crowns.
25. Cast restorations (including jackets, crowns and onlays) and associated procedures (such as core buildups, post substructures, crown repairs and re-cement of cast restorations). Gold foil restorations and stainless steel crowns.
26. Implants and related implant services.
27. Orthodontic services.
28. Oral surgery services.
29. Lost, missing, or stolen appliances of any type and replacement or repair of orthodontic appliances or space maintainers.
30. Cosmetic dentistry, including repairs to facings posterior to the second bicuspid position.
31. Veneers.
32. Prefabricated crowns used as final restorations on permanent teeth.
33. Appliances, surgical procedures, and restorations for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting.
34. Paste-type root canal fillings on permanent teeth.
35. Implant/abutment supported interim fixed denture for edentulous arch.
36. Soft occlusal guard appliances.
37. Replacement, repair, relines, or adjustments of occlusal guards.
38. Chemical curettage.
39. Services associated with overdentures.
40. Metal bases on removable prostheses.
41. The replacement of teeth beyond the normal complement of teeth.
42. Personalization or characterization of any service or appliance.
43. Temporary crowns used for temporization during crown or bridge fabrication.
44. Posterior bridges in conjunction with partial dentures in the same arch.

This section provides a list of dental procedures covered by your plan. If a procedure is not on this list, it is not a standard covered benefit under your plan. Standard benefit limitations under these programs are listed where applicable in the Benefit Limitations column. Some services share frequencies. Additional information on the frequency limitations can be found in Section VII of your Delta Dental Certificate. The May Require Review or Documentation column identifies whether a procedure may require diagnostic information or may be routinely reviewed.

*Please note, procedures in the following code ranges may require routine review or diagnostic information such as radiographs or patient treatment records for claims processing and final payment determinations: D7111-7999 Oral and Maxillofacial Surgery

Code	Description	Plan pay for Delta Dental Medicare Advantage Dentist	Plan pay for Nonparticipating (out-of-network) Dentist	Benefit Limitations	If yes, this procedure may require review or documentation	Documentation Required
D0100-D0999 Diagnostic						
D0120	periodic oral evaluation - established patient	100%	0%	Twice per calendar year		
D0140	limited oral evaluation - problem focused	100%	100%	As needed for diagnosis of emergency condition		
D0150	comprehensive oral evaluation - new or established patient	100%	0%	Once per 36 months		
D0160	detailed and extensive oral evaluation - problem focused, by report	100%	0%	Once per 36 months		
D0180	comprehensive periodontal evaluation - new or established patient	100%	0%	Once per calendar year		
D0190	screening of a patient	100%	0%	Once per calendar year		
D0270	bitewing - single image	100%	0%	Once per calendar year		
D0272	bitewings - two images	100%	0%	Once per calendar year		
D0273	bitewings - three images	100%	0%	Once per calendar year		
D0274	bitewings - four images	100%	0%	Once per calendar year		
D0277	vertical bitewings - 7 to 8 images	100%	0%	Once per calendar year		
D1000-D1999 Preventive						
D1110	prophylaxis - adult	100%	0%	Twice per calendar year		
D1206	topical application of fluoride varnish	100%	0%	Once per calendar year		
D1208	topical application of fluoride - excluding varnish	100%	0%	Once per calendar year		
Surgery						
D7288*	brush biopsy - transepithelial sample collection	100%	0%	Covered service		
D9000-D9999 Adjunctive General Services						
D9110	palliative (emergency) treatment of dental pain - minor procedure	100%	100%	As needed for diagnosis of emergency condition		