

## Blue Dental PPO Plus – 90/90/90-1500 90-1500 Benefits-at-a-Glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

### Network access information

With Blue Dental PPO Plus, members can choose any licensed dentist anywhere. However, they'll save the most money when they choose a dentist who is a member of the Dental Network of America (DNoA) Preferred Network of PPO dentists.

**DNoA Preferred Network** – Blue Dental members have unmatched access to PPO dentists through the DNoA Preferred Network, which offers nearly 200,000 dentist access points\* nationwide. DNoA Preferred Network dentists agree to accept our approved amount as payment in full and participate on all claims. Members also receive discounts on noncovered services when they use PPO dentists. To find a DNoA Preferred Network dentist near you, please visit [BCBSM.com/bluedental](http://BCBSM.com/bluedental) or call 1-888-826-8152.

\* A dentist access point is any place a member can see a dentist to receive high-quality dental care. For example, one dentist practicing in two locations would be two access points.

**Blue Par Select<sup>SM</sup> arrangement** – Most dentists accept our Blue Par Select arrangement, which means they participate with the Blues on a “per claim” basis. Members should ask their dentists if they participate with BCBSM before every treatment. Blue Par Select dentists accept our approved amount as full payment for covered services – members pay only applicable copays and deductibles, along with any fees for noncovered services. To find a dentist who may participate with BCBSM, please visit [BCBSM.com/bluedental](http://BCBSM.com/bluedental).

**Note:** Members who go to nonparticipating dentists may be billed for any difference between our approved amount and the dentist's charge.

### Member's responsibility (copays and dollar maximums)

<b>Copays</b>	
• Class I services	10% of approved amount
• Class II services	10% of approved amount
• Class III services	10% of approved amount
• Class IV services	10% of approved amount, but only when combination rider package with Class IV (orthodontic) services is selected by your group
<b>Dollar maximums</b>	
• Annual maximum (for Class I, II and III services)	\$1,500 per member
• Lifetime maximum (for Class IV services)	\$1,500 per member orthodontic lifetime dollar maximum, but only when combination rider package with Class IV (orthodontic) services is selected by your group

### Class I services

Oral exams	90% of approved amount, twice per calendar year
A set (up to 4 films) of bitewing x-rays	
• For members age 15 and younger	90% of approved amount, once per calendar year
• For members age 16 and older	90% of approved amount, once in any 24 consecutive months
Panoramic or full-mouth x-rays	90% of approved amount, once in any 84 consecutive months
Diagnostic x-rays	90% of approved amount, any combination of 6 individual or sets of films each calendar year
Dental prophylaxis (teeth cleaning)	90% of approved amount, twice per calendar year
Pit and fissure sealants – for members age 16 and younger	90% of approved amount, once per tooth in any 36 consecutive months when applied to the first and second permanent molars
Palliative (emergency) treatment	90% of approved amount
Fluoride treatment – for members age 14 and younger	90% of approved amount, once per calendar year
Space maintainers – missing posterior (back) primary teeth – for members age 16 and younger	90% of approved amount, once per quadrant per lifetime

### Class II services

Fillings – permanent (adult) teeth	90% of approved amount, replacement fillings covered after 48 months or more after initial filling
Fillings – primary (baby) teeth	90% of approved amount, replacement fillings covered after 24 months or more after initial filling
Recementation of crowns, veneers, inlays, onlays and bridges	90% of approved amount, three times per tooth per calendar year after six months from original restoration
Oral surgery including extractions	90% of approved amount
Root canal treatment – permanent tooth	90% of approved amount, once per tooth per lifetime; retreatment of previous root canal therapy (after 36 months from the date of the original therapy) once per tooth per lifetime.
Scaling and root planing	90% of approved amount, once per quadrant in any 36 consecutive months
Limited occlusal adjustments	90% of approved amount, <b>limited</b> occlusal adjustments covered up to five times in any 60 consecutive months
Occlusal biteguards	90% of approved amount, once in any 60 consecutive months (Repairs and relines to occlusal biteguards covered once in any 60 consecutive months)
General anesthesia or IV sedation	90% of approved amount, when medically necessary and performed with oral surgery
Repairs and adjustments of a partial or complete denture	90% of approved amount, six months or more after denture is delivered
Relining or rebasing of a partial or complete denture	90% of approved amount, once per arch in any 36 consecutive months
Tissue conditioning	90% of approved amount, once per arch in any 36 consecutive months
Periodontic maintenance	90% of approved amount

### Class III services

Onlays, crowns and veneer restorations – permanent teeth – for members age 12 and older	90% of approved amount, once per tooth in any 84 consecutive months
Removable dentures (complete and partial)	90% of approved amount, once in any 84 consecutive months
Bridges (fixed partial dentures) – for members age 16 and older	90% of approved amount, once in any 84 consecutive months
Endosteal implants – for members age 16 and older who are covered at the time of the actual implant placement	90% of approved amount, once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31

### Class IV services – Orthodontic services for dependents under age 19

Minor treatment for tooth guidance appliances	90% of approved amount, but only when combination rider package with Class IV (orthodontic) services is selected by your group
Minor treatment to control harmful habits	90% of approved amount, but only when combination rider package with Class IV (orthodontic) services is selected by your group
Interceptive and comprehensive orthodontic treatment	90% of approved amount, but only when combination rider package with Class IV (orthodontic) services is selected by your group
Post-treatment stabilization	90% of approved amount, but only when combination rider package with Class IV (orthodontic) services is selected by your group
Cephalometric film (skull) and diagnostic photos	90% of approved amount, but only when combination rider package with Class IV (orthodontic) services is selected by your group

**Note:** For non-urgent, complex or expensive dental treatment such as crowns, bridges or dentures, members should encourage their dentist to submit the claim to Blue Cross for predetermination **before** treatment begins.