



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Administrators

Blue Dental PPO Plus 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 Blue Dental PPO network.¹

Blue Dental PPO network – Blue Dental members have unmatched access to PPO dentists through the Blue Dental PPO network, which offers more than 260,000 dentist locations² nationwide. PPO dentists agree to accept our approved amount as full payment for covered services – members pay only their applicable coinsurance and deductible amounts. Members also receive discounts on noncovered services when they use PPO dentists (in states where permitted by law). To find a PPO dentist near you, please visit mibluedentist.com or call 1-888-826-8152.

¹Blue Dental uses the Dental Network of America (DNoA) Preferred Network for its dental plans.

²A dentist location is any place a member can see a dentist to receive high-quality dental care. For example, one dentist practicing in two offices would be two dentist locations.

Blue Par SelectSM arrangement – Most non-PPO 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 coinsurance and deductibles. To find a dentist who may participate with BCBSM, please visit mibluedentist.com.

Note: Members who go to nonparticipating dentists are responsible for any difference between our approved amount and the dentist's charge.

Member's responsibility (deductible, coinsurance and dollar maximums)

Deductible	None
Coinsurance (percentage of BCBSM's approved amount for covered services)	
• Class I services	None (covered at 100% of approved amount)
• Class II services	None (covered at 100% of approved amount)
• Class III services	20% of approved amount
• Class IV services	50% of approved amount
Dollar maximums	
• Annual maximum for Class I, II and III services	\$1,500 per member
• Lifetime maximum for Class IV services	\$1,500 per member

Class I services

Oral exams	100% of approved amount, twice per contract year
A set (up to 4 films) of bitewing x-rays	100% of approved amount, twice per contract year
Full-mouth and panoramic x-rays	100% of approved amount, once every 60 months
Dental prophylaxis (teeth cleaning)	100% of approved amount, twice per contract year
Pit and fissure sealants – for members age 19 and younger	100% of approved amount, once per tooth every 36 months when applied to the first and second permanent molars
Palliative (emergency) treatment	100% of approved amount
Fluoride treatments – for members under age 19	100% of approved amount, two per contract year
Space maintainers – missing posterior (back) primary teeth – for members under age 19	100% of approved amount, once per quadrant per lifetime

Class II services

Fillings – permanent (adult) teeth	100% of approved amount, replacement fillings covered after 24 months or more after initial filling
Fillings – primary (baby) teeth	100% of approved amount, replacement fillings covered after 12 months or more after initial filling
Recementation of crowns, veneers, inlays, onlays and bridges	100% of approved amount, three times per tooth per contract year after six months from original restoration
Oral surgery including extractions	100% of approved amount
Root canal treatment – permanent tooth	100% of approved amount, once every 12 months for tooth with one or more canals
Scaling and root planing	100% of approved amount, once every 24 months per quadrant
Limited occlusal adjustments	100% of approved amount, limited occlusal adjustments covered up to five times in a 60-month period
Occlusal biteguards	100% of approved amount, once every 12 months
General anesthesia or IV sedation	100% of approved amount, when medically necessary and performed with oral surgery
Repairs and adjustments of a partial or complete denture	100% of approved amount, six months or more after it is delivered
Relining or rebasing of a partial or complete denture	100% of approved amount, once every 36 months per arch
Tissue conditioning	100% of approved amount, once every 36 months per arch

Class III services

Onlays, crowns and veneer fillings – permanent teeth – for members age 12 and older	80% of approved amount, once every 60 months per tooth
Removable dentures (complete and partial)	80% of approved amount, once every 60 months
Bridges (fixed partial dentures) – for members age 16 and older	80% of approved amount, once every 60 months after original was delivered
Endosteal implants – for members age 16 and older who are covered at the time of the actual implant placement	80% of approved amount, once per tooth per 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	50% of approved amount
Minor treatment to control harmful habits	50% of approved amount
Interceptive and comprehensive orthodontic treatment	50% of approved amount
Post-treatment stabilization	50% of approved amount
Cephalometric film (skull) and diagnostic photos	50% of approved amount

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.