



**Blue Cross  
Blue Shield**  
of Michigan

A nonprofit corporation and independent licensee  
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## Blue Dental<sup>SM</sup> PPO Plus 100/80/50/50 \$50/\$150 Deductible; \$1,250 Annual Maximum LG 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.<sup>1</sup>

**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 locations<sup>2</sup> 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](http://mibluedentist.com) or call 1-888-826-8152.

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

<sup>2</sup>A 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 Select<sup>SM</sup> 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](http://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)

<b>Deductible</b> • Applies to Class II and Class III services only	\$50 per member limited to a maximum of \$150 per family per calendar year
<b>Coinsurance (percentage of BCBSM's approved amount for covered services)</b> • Class I services	None (covered at 100%)
• Class II services	20%
• Class III services	50%
• Class IV services	50%
<b>Dollar maximums</b> • Annual maximum for Class I, II and III services	\$1,250 per member per calendar year
• Lifetime maximum for Class IV services	\$1,250 per member

### Class I services

Oral exams	100% of approved amount, twice per calendar year
A set (up to 4 films) of bitewing x-rays • For members age 15 and younger	100% of approved amount, once per calendar year
• For members age 16 and older	100% of approved amount, once in any 24 consecutive months
Panoramic or full-mouth x-rays	100% of approved amount, once in any 84 consecutive months
Diagnostic x-rays	100% of approved amount, any combination of 6 individual or sets of films each calendar year
Dental prophylaxis (teeth cleaning)	100% of approved amount, twice per calendar year
Pit and fissure sealants – for members age 16 and younger	100% of approved amount, once per tooth in any 36 consecutive months when applied to the first and second permanent molars



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**Class I services, continued**

Palliative (emergency) treatment	100% of approved amount
Fluoride treatment – for members age 14 and younger	100% of approved amount, once per calendar year
Space maintainers – missing posterior (back) primary teeth – for members age 16 and younger	100% of approved amount, once per quadrant per lifetime

**Class II services**

Fillings – permanent (adult) teeth	80% of approved amount after deductible, replacement fillings covered after 48 months or more after initial filling
Fillings – primary (baby) teeth	80% of approved amount after deductible, replacement fillings covered after 24 months or more after initial filling
Recementation of crowns, veneers, inlays, onlays and bridges	80% of approved amount after deductible, three times per tooth per calendar year after six months from original restoration
Oral surgery including extractions	80% of approved amount after deductible
Root canal treatment – permanent tooth	80% of approved amount after deductible, 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	80% of approved amount after deductible, once per quadrant in any 36 consecutive months
Limited occlusal adjustments	80% of approved amount after deductible, <b>limited</b> occlusal adjustments covered up to five times in any 60 consecutive months
Occlusal biteguards	80% of approved amount after deductible, once in any 60 consecutive months (Repairs and relines to occlusal biteguards covered once in any 60 consecutive months)
General anesthesia or IV sedation	80% of approved amount after deductible, when medically necessary and performed with oral surgery
Repairs and adjustments of a partial or complete denture	80% of approved amount after deductible, six months or more after denture is delivered
Relining or rebasing of a partial or complete denture	80% of approved amount after deductible, once per arch in any 36 consecutive months
Tissue conditioning	80% of approved amount after deductible, once per arch in any 36 consecutive months
Periodontic maintenance	80% of approved amount after deductible

**Class III services**

Onlays, crowns and veneer restorations – permanent teeth – for members age 12 and older	50% of approved amount after deductible, once per tooth in any 84 consecutive months
Removable dentures (complete and partial)	50% of approved amount after deductible, once in any 84 consecutive months
Bridges (fixed partial dentures) – for members age 16 and older	50% of approved amount after deductible, 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	50% of approved amount after deductible, 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	50% of approved amount after deductible
Minor treatment to control harmful habits	50% of approved amount after deductible
Interceptive and comprehensive orthodontic treatment	50% of approved amount after deductible
Post-treatment stabilization	50% of approved amount after deductible
Cephalometric film (skull) and diagnostic photos	50% of approved amount after deductible

**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.