



**Blue Cross
Blue Shield**
of Michigan

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

Professionals

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)

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| 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 | \$1,200 per member |
| • Lifetime maximum for Class IV services | \$1,500 per member |

Class I services

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| 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 |



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Class II services

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| 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

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| 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

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| 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.