Final

a healthy work force.



Traditional Plus Dental 1 Western Michigan Health Insurance Pool Group Number: 71565; Package Code(s): 031 Section Code(s): 1000, 1100 Class L Services

Oral Surgery including extractions (excludes removal of impacted teeth) Covered - 80% after deductible Relining or Rebasing of Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 36 months per arch Repair to Existing Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Repair to Existing Partials or Dentures Covered - 80% after deductible Class III Services Removal Dentures - Complete and Partials Fixed Bridges Covered - 50% after deductible, once every 60 months Implants Covered - 50% after deductible - once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or older Class IV Services – Orthodontic services for dependents No age limits Habit Breaking Appliances Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Full Banding Treatment Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums S50 Individual, No Deductible Family – Applies to Class II & Class IV Member Coinsurance Covered 0% for Class I services, Covered 20% for Class II services, Sovered 50% for Class II services	Class I Services	-
Bitewing X-Rays Covered - 100%, twice per calendar year Full-mouth and Panoramic X-Rays Covered - 100%, once every 36 months Fluoride Treatment Covered - 100%, once per quadrant per lifetime, through age 18 Palliative Emergency Treatment Covered - 100%, once per quadrant per lifetime, through age 19 Class II Services Filings - permanent teeth Covered - 80% after deductible, once every 24 months Filings - permanent teeth Covered - 80% after deductible, once every 60 months, payable for members age 12 and older Recementing of Crowns, Inlays, Onlays and Bridges Covered - 80% after deductible, once every 60 months, payable for members age 12 and older Recementing of Crowns, Inlays, Onlays and Bridges Covered - 80% after deductible, once every 24 months Occlasal Adjustment Covered - 80% after deductible, once every 24 months Occlusal Adjustment Covered - 80% after deductible, once every 24 months Occlusal Guards/Biteguards Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, once every 12 months Relining or Rebasing of Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 36 months per arch Tis		
Full-mouth and Panoramic X-Rays Covered - 100%, once every 36 months Fluoride Treatment Covered - 100%, once every 36 months Palliative Emergency Treatment Covered - 100%, once per quadrant per lifetime, through age 18 Palliative Emergency Treatment Covered - 100%, once per tooth every 36 months, through age 19 Class II Services	Prophylaxis (Teeth Cleaning)	Covered - 100%, twice per calendar year
Elioride Treatment Covered - 100% Space Maintainers Covered - 100%, once per quadrant per lifetime, through age 18 Pallitative Emergency Treatment Covered - 100%, once per tooth every 36 months, through age 19 Class II Services Fillings - primary teeth Covered - 80% after deductible, once every 24 months Fillings - primary teeth Covered - 80% after deductible, once every 12 months Inlays, Onlays and Crowns, - permanent teeth Covered - 80% after deductible, once every 60 months, payable for members age 12 and older Recementing of Crowns, Inlays, Onlays and Bridges Covered - 80% after deductible, once every 24 months Root Canal Therapy Covered - 80% after deductible, once every 24 months Occlusal Adjustment Covered - 80% after deductible, once every 24 months Occlusal Adjustment Covered - 80% after deductible, once every 24 months General Anesthesia or IV Sedation Covered - 80% after deductible, when medically necessary and with oral or dental surgery Oral Surgery including extractions (excludes removal of impacted teeth) Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Readow after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 36 months per arch Tissue Co		Covered - 100%, twice per calendar year
Space Maintainers Covered - 100%, once per quadrant per lifetime, through age 18 Palliative Emergency Treatment Covered - 100% Sealants Covered - 100%, once per tooth every 36 months, through age 19 Class II Services Fillings - primary teeth Fillings - primary teeth Covered - 80% after deductible, once every 12 months Inlays, Onlays and Crowns - permanent teeth Covered - 80% after deductible, once every 24 months Cass II Services Covered - 80% after deductible, once every 60 months, payable for members age 12 and older Recementing of Crowns, Inlays, Onlays and Bridges Covered - 80% after deductible, once per tooth, per lifetime Periodontal Scaling and Planing Covered - 80% after deductible, once every 24 months Occlusal Adjustment Covered - 80% after deductible, once every 12 months Occlusal Adjustment Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, once every 12 months Consel of impacted teeth) Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible Removal Dentures Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 50% after	Full-mouth and Panoramic X-Rays	Covered - 100%, once every 36 months
Palliative Emergency Treatment Covered - 100% Covered - 100%, once per tooth every 36 months, through age 19 Class II Services Fillings - primary teeth Covered - 80% after deductible, once every 24 months Fillings - primary teeth Covered - 80% after deductible, once every 12 months Inlays, Onlays and Crowns - permanent teeth Covered - 80% after deductible, once every 12 months Recementing of Crowns, Inlays, Onlays and Bridges Covered - 80% after deductible, once every 12 months Recementing of Crowns, Inlays, Onlays and Bridges Covered - 80% after deductible, once every 24 months Occlusal Adjustment Covered - 80% after deductible, once every 24 months Occlusal Guards/Biteguards Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, when medically necessary and with oral or dental surger; Oral Surgery including extractions (excludes Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 36 months per arch Repair to Existing Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 60 months Repair to Existing Partials or Dentures Covered - 80% after deductible, once every 60 months	Fluoride Treatment	Covered - 100%
Sealants Covered - 100%, once per tooth every 36 months, through age 19 Class II Services Fillings - permanent teeth Covered - 80% after deductible, once every 24 months Fillings - primary teeth Covered - 80% after deductible, once every 12 months Inlays, Onlays and Crowns - permanent teeth Covered - 80% after deductible, once every 60 months, payable for members age 12 and older Recementing of Crowns, Inlays, Onlays and Bridges Covered - 80% after deductible, once per tooth, per lifetime Periodontal Scaling and Planing Covered - 80% after deductible, once every 24 months Occlusal Adjustment Covered - 80% after deductible, once every 24 months Occlusal Adjustment Covered - 80% after deductible, once every 24 months Oral Surgery including extractions (excludes removal of impacted teeth) Covered - 80% after deductible, when medically necessary and with oral or dental surgery Oral Surgery including extractions (excludes removal of impacted teeth) Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 50% after deductible, once every 60 months Removal Dentures Complete and Partials Covered - 50% after deductible, once every 60 months for members age 16 and older Tissue Conditioning Covered - 50% after deductible, once every 60 months for members age 16 and older <	Space Maintainers	Covered - 100%, once per quadrant per lifetime, through age 18
Class II Services Fillings - permanent teeth Covered - 80% after deductible, once every 24 months Fillings - primary teeth Covered - 80% after deductible, once every 12 months Inlays, Onlays and Crowns - permanent teeth Covered - 80% after deductible, once every 60 months, payable for members age 12 and older Recementing of Crowns, Inlays, Onlays and Bridges Covered - 80% after deductible, once every 60 months, payable for members age 12 and older Root Canal Therapy Covered - 80% after deductible, once every 24 months Occlusal and Briagea Covered - 80% after deductible, once every 24 months Occlusal and Guards/Biteguards Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, once every 12 months Relining or Rebasing of Partials or Dentures Covered - 80% after deductible, once every 12 months per arch Tissue Conditioning Covered - 80% after deductible, once every 60 months per arch Repair to Existing Partials or Dentures Covered - 50% after deductible, once every 60 months Class III Services Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months	Palliative Emergency Treatment	Covered - 100%
Fillings - permanent teeth Covered - 80% after deductible, once every 24 months Fillings - primary teeth Covered - 80% after deductible, once every 12 months Inlays, Onlays and Crowns - permanent teeth Covered - 80% after deductible, once every 60 months, payable for members age 12 and older Recementing of Crowns, Inlays, Onlays and Bridges Covered - 80% after deductible, once every 60 months, payable for members age 12 and older Root Canal Therapy Covered - 80% after deductible, once every 12 months Occlusal Adjustment Covered - 80% after deductible, once every 12 months Occlusal Guards/Biteguards Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, once every 12 months Graing or Rebasing of Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 36 months per arch Repair to Existing Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 50% after deductible, once every 60 months Removal Dentures - Complete and Partials Covered - 50% after deductible, once every 60 months Tissue Conditioning Covered - 50% after deductible, once every 60 months Removal Dentures - Complete and Partials <t< td=""><td>Sealants</td><td>Covered - 100%, once per tooth every 36 months, through age 19</td></t<>	Sealants	Covered - 100%, once per tooth every 36 months, through age 19
Fillings - primary teeth Covered - 80% after deductible, once every 12 months Inlays, Onlays and Crowns - permanent teeth Covered - 80% after deductible, once every 60 months, payable for members age 12 and older Recementing of Crowns, Inlays, Onlays and Bridges Covered - 80% after deductible, once every 60 months, payable for members age 12 and older Periodontal Scaling and Planing Covered - 80% after deductible, once per tooth, per lifetime Occlusal Adjustment Covered - 80% after deductible, once every 24 months Occlusal Guards/Biteguards Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, when medically necessary and with oral or dental surger Oral Surgery including extractions (excludes Covered - 80% after deductible covered - 80% after deductible Relining or Rebasing of Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Repair to Existing Partials or Dentures Covered - 80% after deductible, once every 60 months fer and older Removal Dentures - Complete and Partials Covered - 50% after deductible, once every 60 months for members age 16 and older Implants Covered - 50% after deductible, once every 60 months for members age 16 and older Implants Covered - 50% after deductible, o	Class II Services	
Inlays, Onlays and Crowns - permanent teeth Covered - 80% after deductible, once every 60 months, payable for members age 12 and older Recementing of Crowns, Inlays, Onlays and Bridges Covered - 80% after deductible, three per calendar year Root Canal Therapy Covered - 80% after deductible, once every 24 months Occlusal Adjustment Covered - 80% after deductible, once every 24 months Occlusal Quards/Biteguards Covered - 80% after deductible, up to five times in a 60-month period Occlusal Quards/Biteguards Covered - 80% after deductible, up to five times in a 60-month period Occlusal Quards/Biteguards Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, when medically necessary and with oral or dental surgery Oral Surgery including extractions (excludes removal of impacted teeth) Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 60 months Repair to Existing Partials or Dentures Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months <	Fillings - permanent teeth	Covered - 80% after deductible, once every 24 months
older older Recementing of Crowns, Inlays, Onlays and Bridges Covered - 80% after deductible, three per calendar year Root Canal Therapy Covered - 80% after deductible, once per tooth, per lifetime Periodontal Scaling and Planing Covered - 80% after deductible, once every 24 months Occlusal Adjustment Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, once every 12 months Corery including extractions (excludes Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 36 months per arch Repair to Existing Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Class III Services Removal Dentures - Complete and Partials Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months for members age 16 and older Implants Covered - 50% after deductible Covered - 150% after deductible Fixed Bridges Covered - 50% after deductible Covered - 160 months Fixed Bridges Covered - 50% after deductible, once	Fillings - primary teeth	Covered - 80% after deductible, once every 12 months
Root Canal Therapy Covered - 80% after deductible, once per tooth, per lifetime Periodontal Scaling and Planing Covered - 80% after deductible, once every 24 months Occlusal Adjustment Covered - 80% after deductible, once every 24 months Occlusal Guards/Biteguards Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, when medically necessary and with oral or dental surgery Oral Surgery including extractions (excludes removal of impacted teeth) Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 60 months Repair to Existing Partials or Dentures Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible - once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or older Implants Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Fuel Banding Treatment Covered -	Inlays, Onlays and Crowns - permanent teeth	
Periodontal Scaling and Planing Covered - 80% after deductible, once every 24 months Occlusal Adjustment Covered - 80% after deductible, once every 12 months Occlusal Guards/Biteguards Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, when medically necessary and with oral or dental surgery Oral Surgery including extractions (excludes removal of impacted teeth) Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 36 months per arch Repair to Existing Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Class III Services Covered - 80% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months Implants Covered - 50% after deductible, once every 60 months Minor Tooth Guidance Appliances Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Fuel Banding Treatment Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums Sol Individual, No Deductible Fa	Recementing of Crowns, Inlays, Onlays and Bridges	Covered - 80% after deductible, three per calendar year
Occlusal Adjustment Covered - 80% after deductible, up to five times in a 60-month period Occlusal Guards/Biteguards Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, when medically necessary and with oral or dental surgery Oral Surgery including extractions (excludes removal of impacted teeth) Covered - 80% after deductible Relining or Rebasing of Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 36 months per arch Repair to Existing Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Removal Dentures - Complete and Partials Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months for members age 16 and older Implants Covered - 50% after deductible - once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or older Class IV Services - Orthodontic services for dependents No age limits Minor Tooth Guidance Appliances Minor Tooth Guidance Appliances Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums Soo Individual, No Deductible Family – Applies to Class II & Class III & Class IV	Root Canal Therapy	Covered - 80% after deductible, once per tooth, per lifetime
Occlusal Guards/Biteguards Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, when medically necessary and with oral or dental surgery Oral Surgery including extractions (excludes removal of impacted teeth) Covered - 80% after deductible Relining or Rebasing of Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 36 months per arch Repair to Existing Partials or Dentures Covered - 80% after deductible, once every 60 months per arch Removal Dentures - Complete and Partials Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months for members age 16 and older Implants Covered - 50% after deductible, once every 60 months for members age 16 and older Class IV Services - Orthodontic services for dependents No age limits Placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or older Habit Breaking Appliances Covered - 50% after deductible Orelete - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Orelete - 50% after deductible Fuel Brefid Covered - 50% after deductible Covered - 50% after deductible <td< td=""><td>Periodontal Scaling and Planing</td><td>Covered - 80% after deductible, once every 24 months</td></td<>	Periodontal Scaling and Planing	Covered - 80% after deductible, once every 24 months
Occlusal Guards/Biteguards Covered - 80% after deductible, once every 12 months General Anesthesia or IV Sedation Covered - 80% after deductible, when medically necessary and with oral or dental surgery Oral Surgery including extractions (excludes removal of impacted teeth) Covered - 80% after deductible Relining or Rebasing of Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 36 months per arch Repair to Existing Partials or Dentures Covered - 80% after deductible, once every 60 months per arch Removal Dentures - Complete and Partials Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months for members age 16 and older Implants Covered - 50% after deductible, once every 60 months for members age 16 and older Class IV Services - Orthodontic services for dependents No age limits Placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or older Habit Breaking Appliances Covered - 50% after deductible Orelete - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Orelete - 50% after deductible Fuel Brefid Covered - 50% after deductible Covered - 50% after deductible <td< td=""><td>Occlusal Adjustment</td><td></td></td<>	Occlusal Adjustment	
Oral Surgery including extractions (excludes removal of impacted teeth) Covered - 80% after deductible Relining or Rebasing of Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 36 months per arch Repair to Existing Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Repair to Existing Partials or Dentures Covered - 80% after deductible Class III Services Removal Dentures - Complete and Partials Removal Dentures - Complete and Partials Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months for members age 16 and older Implants Covered - 50% after deductible - once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or older Habit Breaking Appliances Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Full Banding Treatment Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums S50 Individual, No Deductible Family – Applies to Class II & Class IV Member Coinsurance Covered 0% for Class I services, Covered 20% for Class II services, Covered 50% for Class II services	Occlusal Guards/Biteguards	Covered - 80% after deductible, once every 12 months
removal of impacted teeth) Relining or Rebasing of Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Tissue Conditioning Covered - 80% after deductible, once every 36 months per arch Repair to Existing Partials or Dentures Covered - 80% after deductible, once every 36 months per arch Repair to Existing Partials or Dentures Covered - 80% after deductible Class III Services Removal Dentures - Complete and Partials Removal Dentures - Complete and Partials Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible - once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or older Class IV Services - Orthodontic services for dependents No age limits Habit Breaking Appliances Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums Benefit Period, Copays and Dollar Maximums Benefit Period Calendar Year Deductible \$50 Individual, No Deductible Family - Applies to Class II & Class IV & Class IV & Class III & Class IV Member Coinsurance Covered 0% for Class I services, Covered 50% for Class II services, Covered 50% for Class II services <td>General Anesthesia or IV Sedation</td> <td>Covered - 80% after deductible, when medically necessary and with oral or dental surgery</td>	General Anesthesia or IV Sedation	Covered - 80% after deductible, when medically necessary and with oral or dental surgery
Tissue Conditioning Covered - 80% after deductible, once every 36 months per arch Repair to Existing Partials or Dentures Covered - 80% after deductible Class III Services Removal Dentures - Complete and Partials Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months for members age 16 and older Implants Covered - 50% after deductible - once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or older Class IV Services – Orthodontic services for dependents No age limits Habit Breaking Appliances Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Full Banding Treatment Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums Benefit Period Benefit Period Calendar Year Deductible \$50 Individual, No Deductible Family – Applies to Class II & Class III & Class IV Member Coinsurance Covered 0% for Class I services, Covered 50% for Class IV services		Covered - 80% after deductible
Repair to Existing Partials or Dentures Covered - 80% after deductible Class III Services Removal Dentures - Complete and Partials Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months for members age 16 and older Implants Covered - 50% after deductible - once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or older Class IV Services – Orthodontic services for dependents No age limits Endertite Habit Breaking Appliances Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Full Banding Treatment Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums Enefit Period Calendar Year Deductible \$50 Individual, No Deductible Family – Applies to Class II & Class III & Class IV Member Coinsurance Covered 0% for Class I services, Covered 20% for Class II services, Covered 50% for Class III services	Relining or Rebasing of Partials or Dentures	Covered - 80% after deductible, once every 36 months per arch
Class III Services Removal Dentures - Complete and Partials Covered - 50% after deductible, once every 60 months Fixed Bridges Covered - 50% after deductible, once every 60 months for members age 16 and older Implants Covered - 50% after deductible - once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or older Class IV Services - Orthodontic services for dependents No age limits Habit Breaking Appliances Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Full Banding Treatment Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums Benefit Period Calendar Year S50 Individual, No Deductible Family – Applies to Class II & Class III & Class IV Member Coinsurance Covered 0% for Class I services, Covered 20% for Class II services, Covered 50% for	Tissue Conditioning	Covered - 80% after deductible, once every 36 months per arch
Removal Dentures - Complete and PartialsCovered - 50% after deductible, once every 60 monthsFixed BridgesCovered - 50% after deductible, once every 60 months for members age 16 and olderImplantsCovered - 50% after deductible - once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or olderClass IV Services - Orthodontic services for dependents No age limitsHabit Breaking AppliancesCovered - 50% after deductibleMinor Tooth Guidance AppliancesCovered - 50% after deductibleFull Banding TreatmentCovered - 50% after deductibleBenefit Period, Copays and Dollar MaximumsBenefit PeriodCalendar YearDeductible\$50 Individual, No Deductible Family - Applies to Class II & Class IV & Covered 50% for Class II services, Covered 50% for Class II services, Covered 50% for Class II services	Repair to Existing Partials or Dentures	Covered - 80% after deductible
Fixed Bridges Covered - 50% after deductible, once every 60 months for members age 16 and older Implants Covered - 50% after deductible - once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or older Class IV Services – Orthodontic services for dependents No age limits Habit Breaking Appliances Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Full Banding Treatment Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums Benefit Period Deductible \$50 Individual, No Deductible Family – Applies to Class II & Class III & Class IV Member Coinsurance Covered 0% for Class I services, Covered 50% for Class IV services	Class III Services	
Fixed Bridges Covered - 50% after deductible, once every 60 months for members age 16 and older Implants Covered - 50% after deductible - once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or older Class IV Services – Orthodontic services for dependents No age limits Habit Breaking Appliances Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Full Banding Treatment Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums Ealendar Year Deductible \$50 Individual, No Deductible Family – Applies to Class II & Class III & Class IV Member Coinsurance Covered 0% for Class I services, Covered 50% for Class IV services	Removal Dentures - Complete and Partials	Covered - 50% after deductible, once every 60 months
Image: Placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or older Class IV Services – Orthodontic services for dependents No age limits Habit Breaking Appliances Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Full Banding Treatment Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums Benefit Period Calendar Year Deductible \$50 Individual, No Deductible Family – Applies to Class II & Class III & Class IV Member Coinsurance Covered 0% for Class I services, Covered 50% for Class II services, Covered 50% for Class II services		Covered - 50% after deductible, once every 60 months for members age 16 and older
Class IV Services – Orthodontic services for dependents No age limits Habit Breaking Appliances Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Full Banding Treatment Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums Ender fully after deductible Benefit Period Calendar Year Deductible \$50 Individual, No Deductible Family – Applies to Class II & Class III & Class IV Member Coinsurance Covered 0% for Class I services, Covered 20% for Class II services, Covered 50% for Class II services and Covered 50% for Class IV services	Implants	Covered - 50% after deductible - once per tooth in a member lifetime when implant
Habit Breaking Appliances Covered - 50% after deductible Minor Tooth Guidance Appliances Covered - 50% after deductible Full Banding Treatment Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums Benefit Period Benefit Period Calendar Year Deductible \$50 Individual, No Deductible Family – Applies to Class II & Class III & Class IV Member Coinsurance Covered 0% for Class I services, Covered 20% for Class II services, Covered 50% for Class II services		
Minor Tooth Guidance Appliances Covered - 50% after deductible Full Banding Treatment Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums Calendar Year Benefit Period Calendar Year Deductible \$50 Individual, No Deductible Family – Applies to Class II & Class III & Class IV Member Coinsurance Covered 0% for Class I services, Covered 20% for Class II services, Covered 50% for Class III services and Covered 50% for Class IV services		
Full Banding Treatment Covered - 50% after deductible Benefit Period, Copays and Dollar Maximums Calendar Year Benefit Period Calendar Year Deductible \$50 Individual, No Deductible Family – Applies to Class II & Class III & Class IV Member Coinsurance Covered 0% for Class I services, Covered 20% for Class II services, Covered 50% for Class III services and Covered 50% for Class IV services	Habit Breaking Appliances	Covered - 50% after deductible
Benefit Period, Copays and Dollar Maximums Benefit Period Calendar Year Deductible \$50 Individual, No Deductible Family – Applies to Class II & Class III & Class IV Member Coinsurance Covered 0% for Class I services, Covered 20% for Class II services, Covered 50% for Class III services and Covered 50% for Class IV services		
Benefit Period Calendar Year Deductible \$50 Individual, No Deductible Family – Applies to Class II & Class III & Class IV Member Coinsurance Covered 0% for Class I services, Covered 20% for Class II services, Covered 50% for Class II services and Covered 50% for Class IV services		
Benefit Period Calendar Year Deductible \$50 Individual, No Deductible Family – Applies to Class II & Class III & Class IV Member Coinsurance Covered 0% for Class I services, Covered 20% for Class II services, Covered 50% for Class II services and Covered 50% for Class IV services		
Member Coinsurance Covered 0% for Class I services, Covered 20% for Class II services, Covered 50% for Class II services and Covered 50% for Class IV services		
Class III services and Covered 50% for Class IV services	Deductible	
	Member Coinsurance	
Dellan Marimung Annual Marimung		
	Dollar Maximums - Annual Maximum	\$1000 per member for covered Class II & III services
Lifetime Orthodontic Maximum \$1500 per member	Lifetime Orthodontic Maximum	\$1500 per member

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.

With Traditional Plus Dental, 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 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 SelectSM 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.

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