Blue Cross Blue Shield of Michigan

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Blue Dental℠ PPO Plus 100/80/50/50 $1000 SG
Dental Coverage
Benefits-at-a-glance
Effective for groups on their plan year

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. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Note: Pediatric members are members who are 18 years of age or younger on the group's renewal date. They will receive pediatric dental benefits up to the group's renewal date after they turn age 19.

Network access information
With Blue Dental PPO, members can choose any licensed dentist anywhere. However, they'll have the greatest coverage and savings when they choose a dentist who is a member of the Blue Dental PPO network.

Blue Dental PPO network-Blue Dental members have unmatched access to PPO (in-network) dentists through the Blue Dental PPO network, which offers more than 535,000 dentist locations* nationwide. PPO dentists agree to accept our approved amount as full payment for covered services, and 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.**

*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 is two dentist locations.

Members who go to non-PPO dentists can still save money through our Blue Par Select arrangement.

Blue Par Select℠ arrangement-Most non-PPO (out-of-network) 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, and members pay only applicable coinsurance and deductible amounts. 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)

Benefits	Coverage
Deductibles • Applies to Class II and Class III services only	$25 per member, $50 for two members, $75 per family per calendar year
Coinsurance (percentage of BCBSM's approved amount for covered services) • Class I services	None (covered at 100%)
• Class II services	20%
• Class III services	50%
• Class IV services	50%

Benefits	Coverage
Dollar maximums • Annual maximum for Class I, II and III services	$1,000 per non-pediatric member per calendar year. The annual benefit maximum **does not** apply to pediatric members.
• Lifetime maximum for Class IV services	$1,000 per member up to the member's 19th birthday
Out-of-pocket maximum • The maximum out-of-pocket expense pediatric members will pay in a calendar year for deductible and coinsurance amounts applied to most covered in-network dental services. The out-of-pocket maximum **does not** apply to charges that exceed our approved PPO fee, services provided by non-PPO dentists, non-covered services, or orthodontic services.	$375 for one pediatric member or $750 for two or more pediatric members per calendar year. There is no out-of-pocket maximum for non-pediatric members. **Note:** This out-of-pocket maximum is separate from the annual out-of-pocket maximum that applies under your hospital and medical coverage (if any).

Plan's responsibility

The plan's responsibility is subject to a review of the reported diagnosis, dental necessity verification and the availability of dental benefits at the time the claim is processed, as well as the conditions, exclusions and limitations, and deductible and coinsurance requirements under the applicable BCBSM certificates and riders.

Class I services

Benefits	Coverage
Most diagnostic and preventive services: • Routine oral examinations/evaluations - twice per calendar year	100% of approved amount
• Prophylaxes (cleanings) three times per calendar year for pediatric members; two times per calendar year for all other members	100% of approved amount
• Fluoride treatments or topical fluoride varnishes - twice every calendar year for members to the end of the month of their 19th birthday	100% of approved amount
• Sealants - once per first permanent molar every 36 months for members to the end of the month of their ninth birthday; once per second permanent molar every 36 months for members to the end of the month of their 14th birthday	100% of approved amount
Bitewing X-rays - one set (up to four films) per calendar year	100% of approved amount
Oral brush biopsy sample collection - twice per calendar year	100% of approved amount

Class II services

Benefits	Coverage
Other diagnostic and preventive services: • Diagnostic tests and laboratory examinations	80% of approved amount after deductible
• Space maintainers - for missing posterior primary teeth for members to the end of the month of their 15th birthday	80% of approved amount after deductible
Panoramic or full-mouth X-rays - once per 60 months	80% of approved amount after deductible
Emergency palliative treatment	80% of approved amount after deductible
Minor restorative services: • Amalgam and resin-based composite fillings and fillings of similar materials - once per tooth and surface per 48 months for permanent teeth; once per tooth and surface per 24 months for primary teeth	80% of approved amount after deductible
• Recementation or repair of posts, crowns, veneers, inlays and onlays - three times per tooth per calendar year	80% of approved amount after deductible
Simple and surgical extractions of non-impacted teeth	80% of approved amount after deductible

Benefits	Coverage
Non-surgical endodontic services: • Root canal treatments - once per tooth per lifetime (retreatment of a root canal 12 or more months after the initial root canal treatment is payable once per tooth per lifetime)	80% of approved amount after deductible
• Therapeutic pulpotomies or pulpal debridement	80% of approved amount after deductible
• Vital pulpotomies on primary teeth	80% of approved amount after deductible
• Apexification	80% of approved amount after deductible
Periodontal maintenance - three times per calendar year in place of routine dental prophylaxis for pediatric members; two times per calendar year in place of routine dental prophylaxis for all other members	80% of approved amount after deductible
• Periodontal scaling and root planing - once per quadrant per 36 months	80% of approved amount after deductible
• Localized delivery of antimicrobial agents - one surface per tooth and three teeth per quadrant with a maximum of 12 teeth per year **for non-pediatric members only**	80% of approved amount after deductible
• Limited occlusal adjustments - up to five times per 60 month **for non-pediatric members only**	80% of approved amount after deductible
• Occlusal biteguards (and relines and repairs to occlusal biteguards) - once per 60 months **for non-pediatric members only**	80% of approved amount after deductible
Adjustments, repairs, relines, rebases and tissue conditioning for removable prosthetic appliances: • Relines or rebases of partial dentures or complete denture - once per 36 months per arch	80% of approved amount after deductible
• Tissue conditioning - once per 36 months per arch	80% of approved amount after deductible
Adjunctive general services: • General anesthesia or IV sedation	80% of approved amount after deductible
• Office visits for observation (during regularly scheduled hours) **for non-pediatric members only**	80% of approved amount after deductible
• Office visits after regularly scheduled hours	80% of approved amount after deductible
• House and hospital calls **for non-pediatric members only**	80% of approved amount after deductible
• Antibiotic injections **for non-pediatric members only**	80% of approved amount after deductible

Class III services

Benefits	Coverage
Major restorative services: • Onlays, crowns and veneers - once per permanent tooth per 60 months **for members age 12 and older only**	50% of approved amount after deductible
• Substructures, including cores and posts	50% of approved amount after deductible
Surgical exposure and facilitation of eruption of unerupted teeth	50% of approved amount after deductible
• Incision and drainage of cellulitis or fascial space abscesses of intraoral soft tissue	50% of approved amount after deductible
• Removal of exostoses (excess bony growths of the upper and lower jaw)	50% of approved amount after deductible
• Excision of hyperplastic tissue per arch	50% of approved amount after deductible
• Frenulectomies	50% of approved amount after deductible
Surgical endodontic services:	50% of approved amount after deductible
Apical surgery on permanent teeth	50% of approved amount after deductible
Surgical periodontic services:	50% of approved amount after deductible

Benefits	Coverage
• Gingivectomy and gingivoplasty	50% of approved amount after deductible
• Osseous surgery	50% of approved amount after deductible
• Gingival flap procedures	50% of approved amount after deductible
• Soft tissue grafts	50% of approved amount after deductible
• Bone replacement grafts - **for non-pediatric members only**	50% of approved amount after deductible
Prosthodontic services: • Complete dentures - once per 84 months	50% of approved amount after deductible
• Removable partial dentures and fixed partial dentures (bridges), including abutment crowns and pontics - once per 84 months **for members age 16 and older only**	50% of approved amount after deductible
• Recementation and repairs of bridges	50% of approved amount after deductible
• Stayplates to replace recently extracted permanent anterior (front) teeth	50% of approved amount after deductible
• Endosteal implants and implant-related services - once per tooth per lifetime for teeth numbered 2 through 15 and 18 through 31 **for non-pediatric members only**	50% of approved amount after deductible

Class IV services - For members up to their 19th birthday

Benefits	Coverage
Orthodontics and related services	50% of approved amount