



Group #17305-001
Effective March 1, 2011

Traditional Plus Dental Coverage – Plan 2 w/DO-FACR

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 to covered services. For a complete description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificates and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by your plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and will be construed under the jurisdiction of and according to the laws of the state of Michigan.

Network access information

- **DenteMax PPO network** – DenteMax PPO dentists agree to accept our approved amount as payment in full and participate on all claims. DenteMax is an independent company that leases its network to BCBSM to provide access to Blues members. You'll also receive discounts on noncovered services when you use PPO dentists. You can choose from more than 83,000 dentist access points* nationwide where dental services are available through our partnership with the **DenteMax** PPO network. To find a **DenteMax** dentist, please call 800-752-1547 or go to the DenteMax Web site at dentemax.com.

** 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** – Most dentists participate with the Blues on a “per claim” basis, so you should ask your dentist if he or she participates before every procedure. These dentists accept payment in full from BCBSM for covered services and you pay the dentist only applicable copays and deductibles, and any fees for noncovered services. You won't be balance billed for any difference between our approved amount and the dentist's charge. We call this arrangement “Blue Par Select.” To find a dentist who may participate with BCBSM, go to bcbsm.com. Select the **Dental Professionals** subsection of “**Where You Can Go for Care**” page.

Note: If you receive care from a nonparticipating dentist, you may be billed for the difference between our approved amount and the dentist's charge.

Member's responsibility (copays and dollar maximums)

Copays	
• Class I services	None
• Class II services	25% of approved amount
• Class III services	50% of approved amount
• Class IV services	Not applicable
Dollar maximums	
• Annual maximum (for Class I, II and III services)	\$1,000 per member for all covered services
• Lifetime maximum (for Class IV services)	Not applicable



Class I services

Oral exams	Covered – 100%, twice per calendar year
A set (up to 4 films) of bitewing x-rays <ul style="list-style-type: none"> • For members age 15 and younger • For members age 16 and older 	Covered – 100%, once in a calendar year Covered – 100%, once every 24 months
Panoramic or full-mouth x-rays	Covered – 100%, once every 84 months
Diagnostic x-rays	Covered – 100%, any combination of 6 individual or sets of films each calendar year
Prophylaxis (teeth cleaning)	Covered – 100%, twice per calendar year
Pit and fissure sealants – for members age 16 and younger	Covered – 100%, once per tooth every 36 months when applied to the first and second permanent molars
Palliative (emergency) treatment	Covered – 100%
Fluoride treatment – for members age 14 and younger	Covered – 100%, once per calendar year
Space maintainers – missing posterior (back) primary teeth – for members age 16 and younger	Covered – 100%, once per quadrant per lifetime

Class II services

Fillings – permanent (adult) teeth	Covered – 75%, replacement fillings covered after 48 months or more after initial filling
Fillings – primary (baby) teeth	Covered – 75%, replacement fillings covered after 24 months or more after initial filling
Recementing of crowns, veneers, inlays, onlays and bridges	Covered – 75%, three times per tooth per calendar year after six months from original restoration
Oral surgery including extractions	Covered – 75%
Root canal treatment – permanent tooth	Covered – 75%, once every 36 months for tooth with one or more canals
Scaling and root planing	Covered – 75%, once every 36 months per quadrant
Limited occlusal adjustments	Covered – 75%, limited occlusal adjustments covered up to five times in a 60-month period
Occlusal biteguards	Covered – 75%, once every 60 months (repair and reline to occlusal biteguards covered once every 60 months)
General anesthesia or IV sedation	Covered – 75%, when medically necessary and performed with oral or dental surgery
Repairs and adjustments of partial or complete dentures	Covered – 75%, six months or more after it is delivered
Relining or rebasing of partial or complete dentures	Covered – 75%, once every 36 months per arch
Tissue conditioning	Covered – 75%, once every 36 months per arch
Periodontic maintenance	Covered – 75%

Class III services

Onlays, crowns and veneer restorations – permanent teeth – for members age 12 and older	Covered – 50%, once every 84 months per tooth
Removable dentures (complete and partial)	Covered – 50%, once every 84 months
Bridges (fixed partial dentures) – for members age 16 and older	Covered – 50%, once every 84 months after original was delivered
Endosteal implants – for members age 16 and older who are covered at the time of the actual implant placement	Covered – 50%, 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

Orthodontic related services	Not covered
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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.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.