

Traditional Plus Dental Coverage Plan 1

Benefits-at-a-Glance

This is intended as an easy-to-read summary. **It is not a contract.** Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificate 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 the plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.

Copays and dollar maximums

Copays	50% for all covered services
Dollar maximums	
• Annual maximum (for Class I, II and III services)	\$800 per member for all covered services
• Lifetime maximum (for Class IV services)	Not applicable

Class I services

Oral exams	Covered – 50%, twice per calendar year
A set (up to 4) of bitewing x-rays	Covered – 50%, twice per calendar year
Full-mouth and panoramic x-rays	Covered – 50%, once every 60 months
Prophylaxis (teeth cleaning)	Covered – 50%, twice per calendar year
Pit and fissure sealants – for members age 19 or under	Covered – 50%, once per tooth every 36 months when applied to the first and second permanent molars
Palliative (emergency) treatment	Covered – 50%
Fluoride treatment	Covered – 50%, two per calendar year
Space maintainers – missing posterior (back) primary teeth	Covered – 50%, once per quadrant per lifetime, for members under age 19

Class II services

Fillings – permanent teeth	Covered – 50%, replacement fillings covered after 24 months or more after initial filling
Fillings – primary teeth	Covered – 50%, replacement fillings covered after 12 months or more after initial filling
Onlays, crowns and veneer fillings – permanent teeth	Covered – 50%, once every 60 months per tooth, payable for members age 12 or older
Recementing of crowns, veneers, inlays, onlays and bridges	Covered – 50%, three times per tooth per calendar year after six months from original restoration
Oral surgery including extractions	Covered – 50%
Root canal treatment – permanent tooth	Covered – 50%, once every 12 months for tooth with one or more canals
Scaling and root planing	Covered – 50%, once every 24 months per quadrant
Occlusal adjustments	Covered – 50%, up to five times in a 60-month period
Occlusal biteguards	Covered – 50%, once every 12 months
General anesthesia or IV sedation	Covered – 50%, when medically necessary and performed with oral or dental surgery
Adjustment of dentures	Covered – 50%, six months or more after it is delivered
Relining or rebasing of partials or complete dentures	Covered – 50%, once every 36 months per arch
Tissue conditioning	Covered – 50%, once every 36 months per arch
Repair and adjustments of partial or complete dentures	Covered – 50%

Class III services

Removable dentures (complete and partial)	Covered – 50%
Bridges (fixed partial dentures) – for members age 16 or older	Covered – 50%, once every 60 months after original was delivered
Endosteal implants – for members age 16 or older who are covered at the time of the actual implant replacement	Covered – 50%, once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31