Blue Dental℠ PPO Extra

An individual dental plan from Blue Cross Blue Shield of Michigan.

	In-network	Out-of-network and Blue Par Select℠
Member's responsibility (deductible, coinsurances and dollar maximums)		
Deductibles	None	$50 for one member, $100 for 2 members, $150 for 3 or more members Applies to class II & III services only
Coinsurance		
Class I — Preventive and diagnostic services	None (covered at 100%)	20%
Class II — Minor restorative services	30%	40%
Class III — Major restorative services	50%	50%
Class IV — Orthodontic services	Not covered	Not covered
Waiting periods		
Class II — Minor restorative services	Six-month waiting period (except for sealants and emergency palliative care) for nonpediatric members	
Class III — Major restorative services	12-month waiting period for non-pediatric members	
Dollar maximums		
Annual maximum (for Class I, II and III services)	$1,200 for nonpediatric members	$1,000 for nonpediatric members
	$1,200 annual maximum, of which no more than $1,000 can be used for services provided by non-PPO dentists for nonpediatric members	
Lifetime maximum for TMD benefits	N/A	
Out-of-pocket maximum	$350 for one member or $700 for two or more members Applies only to essential health benefits for pediatric members	N/A
Class I — Preventive and diagnostic services		
Oral exams	Covered — 100% of approved amount	Covered — 80% of approved amount
	Twice per calendar year	
A set (up to 4 films) of bitewing X-rays	Covered — 100% of approved amount	Covered — 80% of approved amount
	Once per calendar year	
Dental prophylaxis (teeth cleaning)	Covered — 100% of approved amount	Covered — 80% of approved amount
	Three times per calendar year for pediatric members Twice per calendar year for nonpediatric members (we will cover one additional routine cleaning or periodontal maintenance procedure per calendar year with documentation of specific concurrent adverse medical conditions from the provider for nonpediatric members)	
Fluoride treatment for pediatric members	Covered — 100% of approved amount	Covered — 80% of approved amount
	Two times per calendar year	
Oral brush biopsy sample collection	Covered — 100% of approved amount	Covered — 80% of approved amount
	Two times per calendar year	

Find other important information about Blues benefits and membership at **bcbsm.com/importantinfo**.

Call a health plan advisor at 1-877-469-2583 if you have any questions.

MyBlue℠

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Class II — Minor restorative services*		
Fillings — permanent (adult) teeth	Covered — 70% of approved amount	Covered — 60% of approved amount
	Replacement fillings covered after 48 months or more after initial filling	
Fillings — primary (child) teeth	Covered — 70% of approved amount	Covered — 60% of approved amount
	Replacement fillings covered after 24 months or more after initial filling	
Recementation of crowns, veneers, inlays, onlays and bridges	Covered — 70% of approved amount	Covered — 60% of approved amount
	Three times per tooth per calendar year after six months from original restoration	
Simple extractions	Covered — 70% of approved amount	Covered — 60% of approved amount
Root canal treatment — permanent tooth	Covered — 70% of approved amount	Covered — 60% of approved amount
	Once per tooth per lifetime for a tooth with one or more canals	
Periodontal maintenance	Covered — 70% of approved amount	Covered — 60% of approved amount
	No more than two prophylaxes [cleanings] and/or periodontal prophylaxes or maintenance procedures will be payable in a calendar year for nonpediatric members. No more than three will be payable in a calendar year for pediatric members. We will cover one additional routine cleaning or periodontal maintenance procedure per calendar year with documentation of specific concurrent adverse medical conditions from the provider for nonpediatric members	
General anesthesia or intravenous sedation	Covered — 70% of approved amount	Covered — 60% of approved amount
	In connection with oral surgery when medically or dentally necessary as determined by BCBSM	
Repairs and adjustments of partial or complete dentures	Covered — 70% of approved amount	Covered — 60% of approved amount
	Six months or more after it is delivered	
Relining or rebasing of partials or complete dentures	Covered — 70% of approved amount	Covered — 60% of approved amount
	Once every 36 months per arch	
Tissue conditioning	Covered — 70% of approved amount	Covered — 60% of approved amount
	Once every 36 months per arch	
Full-mouth and panoramic X-rays	Covered — 70% of approved amount	Covered — 60% of approved amount
	Once every 60 months	
Pit and fissure sealants — for pediatric members	Covered — 70% of approved amount	Covered — 60% of approved amount
	Once per tooth every 36 months when applied to the first and second permanent molars	
Palliative (emergency) treatment	Covered — 70% of approved amount	Covered — 60% of approved amount
Space maintainers — missing posterior (back) primary teeth — for pediatric members	Covered — 70% of approved amount	Covered — 60% of approved amount
	Once per quadrant per lifetime	
Class III — Major restorative services*		
Complete dentures	Covered — 50% of approved amount	Covered — 50% of approved amount
	Once every 84 months	
Partial dentures (removable and fixed) for members age 16 or older	Covered — 50% of approved amount	Covered — 50% of approved amount
	Once every 84 months	
Endodontic surgical procedures	Covered — 50% of approved amount	Covered — 50% of approved amount

*Amounts are covered after deductible

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Class III — Major restorative* services *continued*		
Onlays, crowns and veneer fillings — permanent teeth — for members age 12 or older	Covered — 50% of approved amount	Covered — 50% of approved amount
	Once every 84 months per tooth	
Scaling and root planing — for members age 12 or older	Covered — 50% of approved amount	Covered — 50% of approved amount
	Once every 36 months per quadrant for non-pediatric members. Once every 24 months per quadrant for pediatric members.	
All other oral surgery	Covered — 50% of approved amount	Covered — 50% of approved amount
All other periodontal surgery	Covered — 50% of approved amount	Covered — 50% of approved amount
Class IV — Orthodontic services		
Orthodontic services	Not covered	

Network access information

With Blue Dental℠ PPO Extra, 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 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 locations** 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**, click *Find a Doctor* and select *Blue Dental* or call **1-888-826-8152**.

Blue Par Select℠ 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 coinsurance and deductibles, along with any fees for noncovered services. To find a dentist who participates with BCBSM, please visit **bcbsm.com**, click *Find a Doctor* and select *Blue Dental* or call **1-888-826-8152.**

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

Note: Pediatric members are members who are under age 19 on the plan's effective date. They remain pediatric members through the end of the calendar year in which they turn 19.

Note: For nonurgent or complex dental treatment such as crowns, bridges or dentures, members should encourage their dentists to submit the claims to Blue Cross for approval before treatment begins.

**Amounts are covered after deductible

**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 locations would be two locations.

Blue Cross
Blue Shield
of Michigan