



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

PPO Dental Plan MEP Services

Benefits-at-a-Glance

Class I Services	In-Network	Out-of-Network
Periodic Oral Exams - twice per calendar year	Covered - 100%	Covered - 100%
Prophylaxis (Teeth Cleaning) - twice per calendar year	Covered - 100%	Covered - 100%
Bitewing X-Rays - twice per calendar year	Covered - 100%	Covered - 100%
Full-mouth and Panoramic X-Rays - once every 60 months	Covered - 100%	Covered - 100%
Fluoride Treatment - through	Covered - 100%	Covered - 100%
Space Maintainers - once per quadrant per lifetime, through age 18	Covered - 100%	Covered - 100%
Palliative Emergency Treatment	Covered - 100%	Covered - 100%
Sealants - once per tooth every 36 months, through age 19	Covered - 100%	Covered - 100%
Class II Services		
Fillings - permanent teeth - once every 24 months, No age restrictions	Covered - 90% after deductible	Covered - 80% after deductible
Fillings - primary teeth - once every 12 months, No age restrictions	Covered - 90% after deductible	Covered - 80% after deductible
General Anesthesia or IV Sedation -	Covered - 90% after deductible	Covered - 80% after deductible
Occlusal Adjustment -	Not Covered	Not Covered
Occlusal Guards/Biteguards - No age restrictions	Not Covered	Not Covered
Class III Services		
Removable Dentures - Complete and Partials - once every 60 months	Covered - 60% after deductible	Covered - 50% after deductible
Fixed Bridges - once every 60 months for age 16 and older	Covered - 60% after deductible	Covered - 50% after deductible
Implants - OtherOnce per tooth, per lifetime for age 16 and older	Covered - 60% after deductible	Covered - 50% after deductible
Inlays, onlays and crowns - permanent teeth - once every 60 months for age 12 and older	Covered - 60% after deductible	Covered - 50% after deductible
Recementing of Inlays, Onlays, Crowns and Bridges - three per calendar year	Covered - 60% after deductible	Covered - 50% after deductible
Root Canal Therapy - OtherOnce every 12 months for teeth with one or more canals.	Covered - 60% after deductible	Covered - 50% after deductible
Periodontal Scaling and Planning - once every 24 months	Covered - 60% after deductible	Covered - 50% after deductible
Oral Surgery including extractions -	Covered - 60% after deductible	Covered - 50% after deductible
Relining or Rebased of Partials or Dentures - once every 36 months per arch	Covered - 60% after deductible	Covered - 50% after deductible
Tissue Conditioning - once every 36 months per arch	Covered - 60% after deductible	Covered - 50% after deductible
Repairs to Existing Partials or Dentures - OtherSix months or more after delivery of complete dentures	Covered - 60% after deductible	Covered - 50% after deductible
Class IV Services – Orthodontic services for dependents up to and including age 18		
Habit Breaking Appliances	Covered - 50%	Covered - 50%
Minor Tooth Guidance Appliances	Covered - 50%	Covered - 50%
Full Banding Treatment	Covered - 50%	Covered - 50%

Benefit Period, Copays and Dollar Maximum		
Benefit Period	Calendar Year	
Deductible	\$50 Individual, Other \$50 Per Person Family – Applies to Class II & Class III	\$50 Individual, Other \$50 Per Person Family – Applies to Class II & Class III
Member Coinsurance		
• Class I Services	0%	0%
• Class II Services	10%	20%
• Class III Services	40%	50%
• Class IV Services	50%	50%
Dollar Maximums - Annual Maximum	\$1,000 per member Class I, II and III Services	
• Lifetime Orthodontic Maximum	\$1,000 per member	

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 non-participating dentists may be billed for any difference between our approved amount and the dentist's charge