



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%                 |
| <b>Class II Services</b>   |                                |                                |
| 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                    |
| <b>Class III Services</b>  |                                |                                |
| 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 |
| <b>Class IV Services – Orthodontic services for dependents up to and including age 18</b>              |                                |                                |
| Habit Breaking Appliances  | Covered - 50%                  | Covered - 50%                  |
| Minor Tooth Guidance Appliances  | Covered - 50%                  | Covered - 50%                  |
| Full Banding Treatment   | Covered - 50%                  | Covered - 50%                  |

| <b>Benefit Period, Copays and Dollar Maximum</b> |   |   |
|--|---|---|
| Benefit Period                                   | Calendar Year   |   |
| <b>Deductible</b>                                | \$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 |
| <b>Member Coinsurance</b>                        |   |   |
| • Class I Services                               | 0%  | 0%  |
| • Class II Services                              | 10%   | 20%   |
| • Class III Services                             | 40%   | 50%   |
| • Class IV Services                              | 50%   | 50%   |
| <b>Dollar Maximums - Annual Maximum</b>          | \$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](http://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 Select<sup>SM</sup> 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](http://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