



**Blue Cross
Blue Shield**
of Michigan

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

Usui International Corporation

Group Number: 71505

Dental Coverage - Blue Dental PPO Plus

Effective Date: 01/01/2019

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. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Network access information - With Blue Dental PPO Plus, 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 Blue Dental PPO network.

Blue Dental PPO network - Blue Dental members have unmatched access to PPO dentists through the Blue Dental PPO network, which offers more than 260,000 dentist locations nationwide. PPO dentists agree to accept our approved amount as full payment for covered services - members pay only their applicable coinsurance and deductible amounts. Members also receive discounts on noncovered services when they use PPO dentists (in states where permitted by law). To find a PPO dentist near you, please visit mibluedentist.com or call **1-888-826-8152**. Blue Dental uses the Dental Network of America (DNoA) Preferred Network for its dental plans. 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 offices would be two dentist locations.

Blue Par SelectSM arrangement - Most non-PPO 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. To find a dentist who may participate with BCBSM, please visit mibluedentist.com.

Note: Members who go to non-participating dentists are responsible for any difference between our approved amount and the dentist's charge.

Member's responsibility (deductible, coinsurance and dollar maximums)	
Benefits	Coverage
Benefit Period	Calendar Year
Deductible	\$50 Individual - Applies to Class II & Class III
Class I services	0%
Class II services	20%
Class III services	50%
Class IV services	50%
Dollar Maximums - Annual Maximum	\$1,500 per member Class I, II & III services
Lifetime Orthodontic Maximum	\$1,500 per member

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Class I services

Benefits	Coverage
Periodic Oral Exams	Covered - 100%, twice per calendar year
Prophylaxis (Teeth Cleaning)	Covered - 100%, twice per calendar year
Bitewing X-Rays	Covered - 100%, twice per calendar year
Full-mouth or Panoramic X-Rays	Covered - 100%, once every 36 months
Fluoride Treatment	Covered - 100%, twice per calendar year
Space Maintainers	Covered - 100%, once per quadrant per lifetime, up to and including age 18
Sealants	Not Covered

Class II services

Benefits	Coverage
Fillings - permanent teeth	Covered - 80% after deductible, once per tooth per surface every 24 months
Fillings - primary teeth	Covered - 80% after deductible, once per tooth per surface every 12 months
Recementing of Inlays, Onlays, Crowns and Bridges	Covered - 80% after deductible, unlimited
Root Canal Therapy	Covered - 80% after deductible, once every 12 months for teeth with one or more canals
Periodontal Scaling and Root Planing	Covered - 80% after deductible, once per quadrant every 24 months
Occlusal Adjustment	Covered - 80% after deductible, up to five times in a 60 month period
Occlusal Biteguards	Covered - 80% after deductible, once every 12 months
General Anesthesia or IV Sedation with oral surgery	Covered - 80% after deductible
Oral Surgery including extractions	Covered - 80% after deductible, unlimited
Palliative Emergency Treatment	Covered - 80% after deductible, unlimited

Class III services

Benefits	Coverage
Removable Dentures - Complete and Partials	Covered - 50% after deductible, once per arch every 60 months
Fixed Bridges	Covered - 50% after deductible, once every 60 months
Implants	Not Covered
Inlays, Onlays and Crowns - permanent teeth	Covered - 50% after deductible, unlimited
Relining or Rebasing of Partials or Dentures	Covered - 50% after deductible, unlimited
Repair to Existing Partials or Dentures	Covered - 50% after deductible, unlimited
Tissue Conditioning	Covered - 50% after deductible, unlimited

Class IV services - Orthodontic services for dependents up to and including age 18

Benefits	Coverage
Orthodontic Services	Covered - 50%
Cephalometric Films and Oral Facial Photos	Covered - 50%