



Welcome to Blue DentalSM

bcbsm.com/myblue

You selected **Personal Blue DentalSM** as your new dental plan. Now you can smile all the way to total health.

It may surprise you to know that the condition of your mouth can reflect the condition of your overall health. That's right — your lips, tongue, gums, salivary glands and oral tissue can all warn of health trouble. In fact, your dentist may be the first health care professional to notice signs of health problems. Regular trips to your dentist can help you maintain good health.

Your opinions are important to us. Please help us continuously improve our enrollment process by giving us your feedback.

Tell us about your enrollment experience at bcbsm.com/mybluewelcome.

Selecting a dentist

Your Personal Blue Dental plan gives you access to thousands of dentists nationwide through the DenteMax PPO dental network.* Your plan requires that you visit a network dentist any time you need care. If you go to an out-of-network dentist, you are responsible for all costs.

Personal Blue Dental also offers network discounts of up to 40 percent on noncovered services.

To find a DenteMax network dentist, visit bcbsm.com/dentists or call 800-752-1547.



**Blue Cross Blue Shield of Michigan uses the DenteMax network for its dental plans.*



Your benefits

In-Network (No Out-of-Network coverage)

Copays

Class I – Preventive services	25%
Class II – Basic restorative services	50%
Class III – Major restorative services	50%

Dollar maximums, deductibles and waiting period

Annual maximum	\$1,250 per member for all covered services
Deductible (Applied to basic and major restorative services; preventive services are not subject to the deductible.)	Per calendar year \$50 single/\$100 family (two or more people)
Waiting period	6-month waiting period is applied on the effective date of dental coverage for basic and major restorative services; preventive services are not subject to a waiting period

Class I – Preventive Services

Oral Exam	Covered - 75%, two per calendar year
Bitewing X-rays	Covered - 75%, one set every 24 months
Full-mouth or Panoramic X-rays	Covered - 75%, full mouth series once every 60 months; panoramic X-ray once every 84 months
Prophylaxis (teeth cleaning)	Covered - 75%, twice per calendar year
Fluoride Treatment	Covered - 75%, once per calendar year through age 14
Space Maintainers	Covered - 75%, limited to a once per quadrant of the mouth lifetime maximum, under age 19
Palliative Emergency Treatment	Covered - 75%
Pit and Fissure Sealants – for members age 16 or under	Covered - 75%, once per tooth every 36 months when applied to the first and second permanent molars

Class II – Basic Restorative Services

Fillings – permanent teeth	Covered – 50%, once every 48 months
Fillings – primary teeth	Covered – 50%, once every 24 months
Onlays, crowns and veneer fillings – permanent teeth	Covered – 50%, once every 84 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%, limited to a once per tooth lifetime maximum, one retreatment per tooth allowed 12 months after the initial treatment, retreatment limited to a once per tooth lifetime maximum
Scaling and root planing	Covered – 50%, once every 36 months per quadrant of the mouth
Limited occlusal adjustments	Covered – 50%, limited occlusal adjustments covered up to five times in a 60-month period
Occlusal biteguards	Covered – 50%, one every 60 months
General anesthesia or IV sedation	Covered – 50%, when medically necessary and performed with oral or dental surgery
Relining or rebasing of partials or complete dentures	Covered – 50%, once every 36 months per arch six months or more after initial delivery
Tissue conditioning	Covered – 50%, once every 36 months per arch
Repair and adjustment of partial or complete dentures	Covered – Included in fee for a new denture or partial within six months of initial delivery. After six months – covered at 50%.

In-Network (No Out-of-Network coverage)

Class III – Major Restorative Services

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

Class IV – Orthodontic Services are not covered

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificates and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount or the fee negotiated for this program, less any applicable deductible and/or copay amounts required by your plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and will be construed under the jurisdiction of and according to the laws of the state of Michigan.

Note: For non-urgent, complex or expensive dental treatment such as crowns, bridges or dentures, members should encourage their dentist to submit the claim to Blue Cross for predetermination before treatment begins. If you receive care from a non-network dentist, you will be billed for the entire charge.

Get the most out of your coverage

- Your dentist can tell you what your copayment will be before your scheduled treatment.
- To know if your planned treatment is a covered expense, ask your dentist to contact us.
- It is important that you ask before every service whether the dentist participates with us.

If you have questions about your coverage, give us a call at the number on back of your Blues ID card.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

