

Personal Blue Dental Options

Benefits-at-a-Glance



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.

Copays and dollar maximums	Personal Blue Dental		Personal Blue Dental Plus	
Copays	In-Network		In-Network	Out-of-Network
• Class I services	25%		25%	25%
• Class II services	50%		50%	50%
• Class III services	50%		50%	50%
• Class IV services	Not applicable			
Dollar maximums, deductibles & panel options				
• Annual maximum (for Class I, II and III services)	\$1,250 per member for all covered services		\$1,000 per member for all covered services	
• Lifetime maximum (for Class IV services)	Not applicable			
• Deductible (For Class II and III services)	Per calendar year \$50 single/\$100 family (two or more people)			
• Panel Option	Closed – DenteMax only		Open – Any dentist	
• Waiting Period	6-month waiting period on Class II & III - applied on the effective date of dental coverage			

	Personal Blue Dental		Personal Blue Dental Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Class I – Preventive Services				
Oral Exam	Covered - 75%, two per calendar year	Not covered	Covered - 75%, two per calendar year	Covered - 75%, two per calendar year
Bitewing X-rays	Covered - 75%, one set every 24 months	Not covered	Covered - 75%, one set every 12 months	Covered - 75%, one set every 12 months
Full-mouth or Panoramic X-rays	Covered - 75%, Full mouth series once every 60 mos.; panoramic X-ray once every 84 months	Not covered	Covered - 75%, Full mouth series once every 60 months; panoramic X-ray once every 84 months	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	Not covered	Covered - 75%, twice per calendar year	Covered - 75%, twice per calendar year
Fluoride Treatment	Covered - 75%, once per calendar year through age 14	Not covered	Covered - 75%, once per calendar year through age 14	Covered - 75%, once per calendar year through age 14
Space Maintainers	Covered - 75%, once per quadrant per lifetime, under age 19	Not covered	Covered - 75%, once per quadrant per lifetime, under age 19	Covered - 75%, once per quadrant per lifetime, under age 19
Palliative Emergency Treatment	Covered - 75%	Not covered	Covered - 75%	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	Not covered	Covered - 75%, once per tooth every 36 months when applied to the first and second permanent molars	Covered - 75%, once per tooth every 36 months when applied to the first and second permanent molars



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Class II – Basic Restorative Services	Personal Blue Dental		Personal Blue Dental Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<i>Note: 6-month waiting period on Class II Services - applied on the effective date of your dental coverage</i>				
Fillings – permanent teeth	Covered – 50%, once every 48 months	Not covered	Covered – 50%, once every 48 months	Covered – 50%, once every 48 months
Fillings – primary teeth	Covered – 50%, once every 24 months	Not covered	Covered – 50%, once every 24 months	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	Not covered	Covered – 50%, once every 84 months per tooth, payable for members age 12 or older	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	Not covered	Covered – 50%, three times per tooth per calendar year after six months from original restoration	Covered – 50%, three times per tooth per calendar year after six months from original restoration
Oral surgery including extractions	Covered – 50%	Not covered	Covered – 50%	Covered – 50%
Root canal treatment – permanent tooth	Covered – 50%, once every 12 months for tooth with one or more canals	Not covered	Covered – 50%, once every 12 months for tooth with one or more canals	Covered – 50%, once every 12 months for tooth with one or more canals
Scaling and root planing	Covered – 50%, once every 36 months per quadrant	Not covered	Covered – 50%, once every 36 months per quadrant	Covered – 50%, once every 36 months per quadrant
Limited occlusal adjustments	Covered – 50%, limited occlusal adjustments covered up to five times in a 60-month period	Not covered	Covered – 50%, limited occlusal adjustments covered up to five times in a 60-month period	Covered – 50%, limited occlusal adjustments covered up to five times in a 60-month period
Occlusal biteguards	Covered – 50%, one every 60 months	Not covered	Covered – 50%, one every 60 months	Covered – 50%, one every 60 months
General anesthesia or IV sedation	Covered – 50%, when medically or dentally necessary and performed with oral or dental surgery	Not covered	Covered – 50%, when medically or dentally necessary and performed with oral or dental surgery	Covered – 50%, when medically or dentally 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	Not covered	Covered – 50%, once every 36 months per arch six months or more after initial delivery	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	Not covered	Covered – 50%, once every 36 months per arch	Covered – 50%, once every 36 months per arch
Repair and adjustments 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%.	Not covered	Covered – Included in fee for a new denture or partial within six months of initial delivery. After six months - covered at 50%.	Covered – Included in fee for a new denture or partial within six months of initial delivery. After six months - covered at 50%.



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Class III – Major Restorative Services	Personal Blue Dental		Personal Blue Dental Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<i>Note: 6-month waiting period on Class III Services - applied on the effective date of your dental coverage</i>				
Removable dentures (complete and partial)	Covered – 50% once every 60 months	Not covered	Covered – 50% once every 60 months	Covered – 50% once every 60 months
Bridges (fixed partial dentures) – for members age 16 or older	Covered – 50%, once every 60 months	Not covered	Covered – 50%, once every 60 months	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%, once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31	Not covered	Covered – 50%, once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31	Covered – 50%, once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31

Class IV – Orthodontic Services	Personal Blue Dental		Personal Blue Dental Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Minor treatment for tooth guidance appliances	Not covered	Not covered	Not covered	Not covered
Minor treatment to control harmful habits	Not covered	Not covered	Not covered	Not covered
Interceptive and comprehensive orthodontic treatment	Not covered	Not covered	Not covered	Not covered
Post-treatment stabilization	Not covered	Not covered	Not covered	Not covered
Cephalometric film (skull) and diagnostic photos	Not covered	Not covered	Not covered	Not covered

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. **Personal Blue Dental members:** If you receive care from a non-network dentist, you will be billed for the entire charge. **Personal Blue Dental Plus members:** If you receive care from a nonparticipating dentist, you may be billed for the difference between our approved amount and the dentist's charge.