



Traditional Plus Dental Coverage (Non-Coordinating) Benefits-at-a-Glance for Lake Orion Schools

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 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, 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.

Network access information

- **DenteMax PPO network** – DenteMax PPO dentists agree to accept our approved amount as payment in full and participate on all claims. DenteMax is an independent company that leases its network to BCBSM to provide access to Blues members. You'll also receive discounts on noncovered services when you use PPO dentists. You can choose from more than 83,000 dentist access points* nationwide where dental services are available through our partnership with the **DenteMax** PPO network. To find a **DenteMax** dentist, please call 800-752-1547 or go to the DenteMax Web site at dentemax.com.

* 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** – Most dentists participate with the Blues on a “per claim” basis, so you should ask your dentist if he or she participates before every procedure. These dentists accept payment in full from BCBSM for covered services and you pay the dentist only applicable copays and deductibles, and any fees for noncovered services. You won't be balanced billed for any difference between our approved amount and the dentist's charge. We call this arrangement “Blue Par Select.” To find a dentist who may participate with BCBSM, go to bcbsm.com. Select the **Dental Professionals** subsection of “**Where You Can Go for Care**” page.

Note: If you receive care from a nonparticipating dentist, you may be billed for the difference between our approved amount and the dentist's charge.

Member's responsibility (copays and dollar maximums)

Copays	20% for all class services
Dollar maximums	
• Annual maximum (for Class I, II and III services)	\$1,000 per member
• Lifetime maximum (for Class IV services)	\$800 per member

Class I services

Oral exams	Covered – 80%, twice per calendar year
A set (up to 4) of bitewing x-rays	Covered – 80%, twice per calendar year
Full-mouth and panoramic x-rays	Covered – 80%, once every 60 months
Prophylaxis (teeth cleaning)	Covered – 80%, twice per calendar year
Pit and fissure sealants – for members age 19 or under	Covered – 80%, once per tooth every 36 months when applied to the first and second permanent molars
Palliative (emergency) treatment	Covered – 80%
Fluoride treatment	Covered – 80%, two per calendar year
Space maintainers – missing posterior (back) primary teeth	Covered – 80%, once per quadrant per lifetime, for members under age 19

Class II services

Fillings – permanent teeth	Covered – 80%, replacement fillings covered after 24 months or more after initial filling
Fillings – primary teeth	Covered – 80%, replacement fillings covered after 12 months or more after initial filling
Onlays, crowns and veneer fillings – permanent teeth	Covered – 80%, once every 60 months per tooth, payable for members age 12 and older
Recementing of crowns, veneers, inlays, onlays and bridges	Covered – 80%, three times per tooth per calendar year after six months from original restoration

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Class II services, *continued*

Oral surgery including extractions	Covered – 80%
Root canal treatment – permanent tooth	Covered – 80%, once every 12 months for tooth with one or more canals
Scaling and root planing	Covered – 80%, once every 24 months per quadrant
Limited occlusal adjustments	Covered – 80%, limited occlusal adjustments covered up to five times in a 60-month period
Occlusal biteguards	Covered – 80%, once every 12 months
General anesthesia or IV sedation	Covered – 80%, when medically necessary and performed with oral or dental surgery
Repairs and adjustments of partial or complete dentures	Covered – 80%, six months or more after it is delivered
Relining or rebasing of partial or complete dentures	Covered – 80%, once every 36 months per arch
Tissue conditioning	Covered – 80%, once every 36 months per arch

Class III services

Removable dentures (complete and partial)	Covered – 80%, once every 60 months
Bridges (fixed partial dentures) – for members age 16 or older	Covered – 80%, once every 60 months after original was delivered
Endosteal implants – for members age 16 or older who are covered at the time of the actual implant placement	Covered – 80%, once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31

Class IV services – Orthodontic services for dependents under age 19

Minor treatment for tooth guidance appliances	Covered – 80%
Minor treatment to control harmful habits	Covered – 80%
Interceptive and comprehensive orthodontic treatment	Covered – 80%
Post-treatment stabilization	Covered – 80%
Cephalometric film (skull) and diagnostic photos	Covered – 80%

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.