



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

Washtenaw Technical Middle College

Blue DentalSM PPO Plus 100/80/50 SG – Non-voluntary \$25/\$75 deductible; \$1,000 annual maximum 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. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Note: Pediatric members are members who are age 18 or younger on the plan's effective date. They remain pediatric members through the end of the calendar year in which they turn 19.

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.¹

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 locations² 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**.

¹Blue Dental uses the Dental Network of America (DNoA) Preferred Network for its dental plans.

²A 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 nonparticipating dentists are responsible for any difference between our approved amount and the dentist's charge.

Member's responsibility (deductible, coinsurance and dollar maximums)

Deductible <ul style="list-style-type: none"> Applies to Class II and Class III services only 	\$25 per member limited to a maximum of \$75 per family per calendar year
Coinsurance (percentage of BCBSM's approved amount for covered services) <ul style="list-style-type: none"> Class I services Class II services Class III services Class IV services 	None (covered at 100%) 20% 50% Not covered
Dollar maximums <ul style="list-style-type: none"> Annual maximum for Class I, II and III services Lifetime maximum for Class IV services 	\$1,000 per non-pediatric member per calendar year. The annual benefit maximum does not apply to pediatric members. Not applicable
Out-of-pocket maximum <ul style="list-style-type: none"> The maximum out-of-pocket expense pediatric members will pay in a calendar year for deductible and coinsurance amounts applied to most covered in-network dental services. The out-of-pocket maximum does not apply to charges that exceed our approved PPO fee, services provided by non-PPO dentists, or non-covered services. 	\$350 for one pediatric member or \$700 for two or more pediatric members per calendar year. There is no out-of-pocket maximum for non-pediatric members. Note: This out-of-pocket maximum is separate from the annual out-of-pocket maximum that applies under your hospital and medical coverage (if any).

Plan's responsibility

The plan's responsibility is subject to a review of the reported diagnosis, dental necessity verification and the availability of dental benefits at the time the claim is processed, as well as the conditions, exclusions and limitations, and deductible and coinsurance requirements under the applicable BCBSM certificates and riders.

Class I services

Most diagnostic and preventive services:	
<ul style="list-style-type: none"> Routine oral examinations/evaluations – twice per calendar year 	100% of approved amount
<ul style="list-style-type: none"> Routine prophylaxes (cleanings) – three times per calendar year for pediatric members; two times per calendar year for all other members 	100% of approved amount
<ul style="list-style-type: none"> Fluoride treatments – twice per calendar year for pediatric members only 	100% of approved amount
<ul style="list-style-type: none"> Topical fluoride varnish for moderate- to high-risk caries patients – four times per calendar year for members age 3 and younger only and two times per calendar year for members age 4 to 14 only in combination with fluoride treatments For example, two fluoride treatments or two topical fluoride varnishes or one fluoride treatment and one topical fluoride varnish are payable in a calendar year for high-risk members between the ages of 4 and 14. However, two fluoride treatments and two topical fluoride varnishes are not payable for these members. 	100% of approved amount
<ul style="list-style-type: none"> Dental sealants – once per tooth per 36 months for first and second permanent molars for pediatric members only 	100% of approved amount
Bitewing X-rays – one set (up to four films) per calendar year	100% of approved amount
Oral brush biopsy sample collection – twice per calendar year	100% of approved amount

Class II services

Other diagnostic and preventive services:	
<ul style="list-style-type: none"> Diagnostic tests and laboratory examinations 	80% of approved amount after deductible
<ul style="list-style-type: none"> Space maintainers – once per quadrant per lifetime for missing posterior primary teeth for pediatric members only (recementation of a space maintainer is payable three times per quadrant per lifetime) 	80% of approved amount after deductible
Panoramic or full-mouth X-rays – once per 60 months	80% of approved amount after deductible
Emergency palliative treatment	80% of approved amount after deductible
Minor restorative services:	
<ul style="list-style-type: none"> Amalgam and resin-based composite fillings and fillings of similar materials – once per tooth and surface per 48 months for permanent teeth; once per tooth and surface per 24 months for primary teeth 	80% of approved amount after deductible
<ul style="list-style-type: none"> Recementation or repair of posts, crowns, veneers, inlays and onlays – three times per tooth per calendar year 	80% of approved amount after deductible
Extractions and surgical removal of non-impacted teeth	80% of approved amount after deductible
Non-surgical endodontic services:	
<ul style="list-style-type: none"> Root canal treatments – once per tooth per lifetime (retreatment of a root canal 12 or more months after the initial root canal treatment is payable once per tooth per lifetime) 	80% of approved amount after deductible
<ul style="list-style-type: none"> Therapeutic pulpotomies or pulpal debridement 	80% of approved amount after deductible
<ul style="list-style-type: none"> Vital pulpotomies on primary teeth 	80% of approved amount after deductible
<ul style="list-style-type: none"> Apexification 	80% of approved amount after deductible

Class II services, *continued*

Non-surgical periodontic services:	
<ul style="list-style-type: none"> Periodontal maintenance – three times per calendar year in place of routine dental prophylaxis for pediatric members; two times per calendar year in place of routine dental prophylaxis for all other members 	80% of approved amount after deductible
<ul style="list-style-type: none"> Periodontal scaling and root planing – once per quadrant per 24 months for pediatric members; once per quadrant per 36 months for all other members 	80% of approved amount after deductible
<ul style="list-style-type: none"> Localized delivery of antimicrobial agents – one surface per tooth and three teeth per quadrant with a maximum of 12 teeth per year for non-pediatric members only 	80% of approved amount after deductible
<ul style="list-style-type: none"> Limited occlusal adjustments – up to five times per 60 months for non-pediatric members only 	80% of approved amount after deductible
<ul style="list-style-type: none"> Occlusal biteguards (and relines and repairs to occlusal biteguards) – once per 60 months for non-pediatric members only 	80% of approved amount after deductible
Adjustments, repairs, relines, rebases and tissue conditioning for removable prosthetic appliances:	
<ul style="list-style-type: none"> Reelines or rebases of partial dentures or complete dentures – once per 36 months per arch 	80% of approved amount after deductible
<ul style="list-style-type: none"> Tissue conditioning – once per 36 months per arch 	80% of approved amount after deductible
Adjunctive general services:	
<ul style="list-style-type: none"> General anesthesia or IV sedation 	80% of approved amount after deductible
<ul style="list-style-type: none"> Office visits for observation (during regularly scheduled hours) for non-pediatric members only 	80% of approved amount after deductible
<ul style="list-style-type: none"> Office visits after regularly scheduled hours 	80% of approved amount after deductible
<ul style="list-style-type: none"> House and hospital calls for non-pediatric members only 	80% of approved amount after deductible
<ul style="list-style-type: none"> Antibiotic injections for non-pediatric members only 	80% of approved amount after deductible

Class III services

Major restorative services:	
<ul style="list-style-type: none"> Onlays, crowns and veneers – once per permanent tooth per 60 months for members age 12 and older only 	50% of approved amount after deductible
<ul style="list-style-type: none"> Substructures, including cores and posts 	50% of approved amount after deductible
Oral surgery services other than extractions of non-impacted teeth:	
<ul style="list-style-type: none"> Surgical exposure and facilitation of eruption of unerupted teeth 	50% of approved amount after deductible
<ul style="list-style-type: none"> Incision and drainage of cellulitis or fascial space abscesses of intraoral soft tissue 	50% of approved amount after deductible
<ul style="list-style-type: none"> Removal of exostoses (excess bony growths of the upper and lower jaw) 	50% of approved amount after deductible
<ul style="list-style-type: none"> Excision of hyperplastic tissue per arch 	50% of approved amount after deductible
<ul style="list-style-type: none"> Soft tissue biopsies for pediatric members only 	50% of approved amount after deductible
<ul style="list-style-type: none"> Frenulectomies 	50% of approved amount after deductible
Surgical endodontic services:	
<ul style="list-style-type: none"> Apical surgeries on permanent teeth 	50% of approved amount after deductible
Surgical periodontic services:	
<ul style="list-style-type: none"> Gingivectomies and gingivoplasties 	50% of approved amount after deductible
<ul style="list-style-type: none"> Osseous surgeries for non-pediatric members only 	50% of approved amount after deductible
<ul style="list-style-type: none"> Gingival flap procedures 	50% of approved amount after deductible
<ul style="list-style-type: none"> Soft tissue grafts 	50% of approved amount after deductible
<ul style="list-style-type: none"> Bone replacement grafts for non-pediatric members only 	50% of approved amount after deductible
Prosthodontic services:	
<ul style="list-style-type: none"> Complete dentures – once per 84 months 	50% of approved amount after deductible
<ul style="list-style-type: none"> Removable partial dentures and fixed partial dentures (bridges), including abutment crowns and pontics – once per 84 months for members age 16 and older only 	50% of approved amount after deductible
<ul style="list-style-type: none"> Recementation and repairs of bridges 	50% of approved amount after deductible
<ul style="list-style-type: none"> Stayplates to replace recently extracted permanent anterior (front) teeth 	50% of approved amount after deductible
<ul style="list-style-type: none"> Endosteal implants and implant-related services – once per tooth per lifetime for teeth numbered 2 through 15 and 18 through 31 for non-pediatric members only 	50% of approved amount after deductible