



# Ann Arbor Public Schools Traditional Plus Dental Coverage Benefits-at-a-Glance

Group: 66641

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 your summary plan description 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.

### 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 110,000 locations nationwide where dental services are available through our partnership with the **DenteMax** PPO network. To find a **DenteMax** dentist, please call 1-800-752-1547 or go to the DenteMax Web site at **dentemax.com**.
- Blue Par Select<sup>SM</sup>** – 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)

<b>Copays</b>	
• Class I services	None
• Class II services	25% of approved amount
• Class III services	25% of approved amount
• Class IV services	50% of approved amount
<b>Dollar maximums</b>	
• Annual maximum (for Class I, II and III services)	\$2,000 per member
• Lifetime maximum (for Class IV services)	\$2,000 per member

### Class I services

Oral exams	Covered – 100%, twice per calendar year
A set (up to 4) of bitewing x-rays	Covered – 100%, twice per calendar year
Full-mouth and panoramic x-rays	Covered – 100%, once every 60 months
Prophylaxis (teeth cleaning)	Covered – 100%, twice per calendar year
Pit and fissure sealants – for members age 19 or under	Covered – 100%, once per tooth every 36 months when applied to the first and second permanent molars
Palliative (emergency) treatment	Covered – 100%
Fluoride treatment	Covered – 100%, two per calendar year
Space maintainers – missing posterior (back) primary teeth	Covered – 100%, once per quadrant per lifetime, for members under age 19

### Class II services

Fillings – permanent teeth	Covered – 75%, replacement fillings covered after 24 months or more after initial filling
Fillings – primary teeth	Covered – 75%, replacement fillings covered after 12 months or more after initial filling
Onlays, crowns and veneer fillings – permanent teeth	Covered – 75%, once every 60 months per tooth, payable for members age 12 and older

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**Class II services, *continued***

Recementing of crowns, veneers, inlays, onlays and bridges	Covered – 75%, after deductible, three times per tooth per calendar year after six months from original restoration
Oral surgery including extractions	Covered – 75%, after deductible
Root canal treatment – permanent tooth	Covered – 75%, after deductible, once every 12 months for tooth with one or more canals
Scaling and root planing	Covered – 75%, after deductible once every 24 months per quadrant
Limited occlusal adjustments	Covered – 75%, after deductible, <b>limited</b> occlusal adjustments covered up to five times in a 60-month period
Occlusal biteguards	Covered – 75%, after deductible, once every 12 months
General anesthesia or IV sedation	Covered – 75%, after deductible, when medically necessary and performed with oral or dental surgery
Adjustment of dentures	Covered – 75%, after deductible, six months or more after it is delivered
Relining or rebasing of partials or complete dentures	Covered – 75%, after deductible, once every 36 months per arch
Tissue conditioning	Covered – 75%, after deductible, once every 36 months per arch
Repair and adjustments of partial or complete dentures	Covered – 75%, after deductible

**Class III services**

Removable dentures (complete and partial)	Covered – 75%, after deductible
Bridges (fixed partial dentures) – for members age 16 or older	Covered – 75%, after deductible, 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 replacement	Covered – 75%, after deductible, 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 – 50%
Minor treatment to control harmful habits	Covered – 50%
Interceptive and comprehensive orthodontic treatment	Covered – 50%
Post-treatment stabilization	Covered – 50%
Cephalometric film (skull) and diagnostic photos	Covered – 50%

**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.