



Personal Blue DentalSM

Personal Blue Dental PlusSM

	Personal Blue Dental (No Out-of-Network Coverage)	Personal Blue Dental Plus
	In-Network	In-Network and Out-of-Network
Copays		
Class I – Preventive services	25%	25%
Class II – Basic restorative services	50%	50%
Class III – Major restorative services	50%	50%
Dollar maximums, deductibles and waiting period		
Annual maximum	\$1,250 per member for all covered services	\$1,000 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.	

Benefits-at-a-Glance

Personal Blue Dental: In-Network (No Out-of-Network coverage)

Personal Blue Dental Plus: In-Network and Out-of-Network

Class I – Preventive Services

Oral Exam	Covered - 75%, two per calendar year
Bitewing X-rays	Covered - 75%, one set every 24 months for Personal Blue Dental Covered - 75%, one set every 12 months for Personal Blue Dental Plus
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%, once per quadrant of the mouth per lifetime, 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

* Blue Cross Blue Shield of Michigan uses the DenteMax network for its dental plans. *Dentemax is an independent company.*

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Benefits-at-a-Glance *continued*

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%, once every 12 months for tooth with one or more canals
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%.

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 replacement	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 are not covered by these plans.

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. **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.



**Blue Cross
Blue Shield**
of Michigan

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