

## Community Dental Coverage Benefits-at-a-Glance Plan 2

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificate 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 the plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.

### In-Network

### Out-of-Network

#### Class I Services

Oral exams	Covered – 100%	Covered – 50%
	Twice per calendar year	
A set (up to 4) of bitewing X-rays	Covered – 100%	Covered – 50%
	Twice per calendar year	
Full-mouth and panoramic X-rays	Covered – 100%	Covered – 50%
	Once every 60 months	
Prophylaxis (teeth cleaning)	Covered – 100%	Covered – 50%
	Twice per calendar year	
Fluoride treatment	Covered – 100%	Covered – 50%
	Twice per calendar year	
Space maintainers – missing posterior (back) primary teeth	Covered – 100%	Covered – 50%
	Once per quadrant per lifetime, up to age 19	

#### Class II Services

Fillings – permanent teeth	Covered – 75%	Covered – 50%
	Once every 24 months	
Fillings – primary teeth	Covered – 75%	Covered – 50%
	Once every 12 months	
Onlays, crowns and veneer fillings – permanent teeth	Covered – 75%	Covered – 50%
	Once every 60 months, payable for members age 12 and older	
Recementing of crowns, veneers, onlays and bridges	Covered – 75%	Covered – 50%
	Three times per calendar year after six months from original restoration	
Oral surgery including extractions	Covered – 75%	Covered – 50%
Root canal treatment – permanent tooth	Covered – 75%	Covered – 50%
	Once every 12 months for tooth with one or more canals	
Scaling and root planing	Covered – 75%	Covered – 50%
	Once every 24 months per quadrant	
Occlusal adjustments	Covered – 75%	Covered – 50%
	Up to five times in a 60-month period	
Occlusal biteguards	Covered – 75%	Covered – 50%
	Once every 12 months	
General anesthesia or IV sedation	Covered – 75%	Covered – 50%
	When medically necessary and performed with oral or dental surgery	
Palliative (emergency) treatment	Covered – 75%	Covered – 50%
Adjustment of dentures	Covered – 75%	Covered – 50%
	Six months or more after it is delivered	
Relining or rebasing of partials or complete dentures	Covered – 75%	Covered – 50%
	Once every 36 months per arch	
Tissue conditioning	Covered – 75%	Covered – 50%
	Once every 36 months per arch	
Repair and adjustments of partial or complete dentures	Covered – 75%	Covered – 50%

**In-Network****Out-of-Network****Class III Services**

Removable dentures (complete and partial)	Covered – 50%	Covered – 50%
Bridges (fixed partial dentures)	Covered – 50%	Covered – 50%
	Once every 60 months after original was delivered	

**Class IV Services – Orthodontic services for dependents under age 19**

Minor treatment for tooth guidance appliances	Not covered	Not covered
Minor treatment to control harmful habits	Not covered	Not covered
Interceptive and comprehensive orthodontic treatment	Not covered	Not covered
Pos-treatment stabilization	Not covered	Not covered
Cephalometric film (skull) and diagnostic photos	Not covered	Not covered

**Copays and Dollar Maximum**

<b>Copays</b>		
• Class I Services	0%	50%
• Class II Services	25%	50%
• Class III Services	50%	50%
<b>Dollar Maximums</b>		
• Annual Maximum	\$1,000 per member for all covered services	
• Lifetime Maximum	Not applicable	

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