

## Traditional Plus Dental Coverage Benefits-at-a-Glance Plan 5

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.

### 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
Fluoride treatment	Covered – 100%, twice per calendar year
Space maintainers – missing posterior (back) primary teeth	Covered – 100%, once per quadrant per lifetime, up to age 19

### Class II Services

Fillings – permanent teeth	Covered – 75% after deductible, once every 24 months
Fillings – primary teeth	Covered – 75% after deductible, once every 12 months
Recementing of crowns, veneers, onlays and bridges	Covered – 75% after deductible, three times 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
Occlusal adjustments	Covered – 75% after deductible, 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
Palliative (emergency) treatment	Covered – 75% after deductible
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

Onlays, crowns and veneer fillings – permanent teeth	Covered – 50% after deductible, once every 60 months per tooth restored, payable for members age 12 and older
Removable dentures (complete and partial)	Covered – 50% after deductible
Bridges (fixed partial dentures)	Covered – 50% after deductible, 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
Minor treatment to control harmful habits	Not covered
Interceptive and comprehensive orthodontic treatment	Not covered
Post-treatment stabilization	Not covered
Cephalometric film (skull) and diagnostic photos	Not covered

### Deductible, Copays and Dollar Maximums

<b>Deductible</b> (per calendar year)	\$50 per member or \$100 per family for Class II and Class III services
<b>Copays</b>	25% for Class II services and 50% for Class III services
<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.