

Blue Dental ChoiceSM Benefits-at-a-Glance Plan 3

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.

Note: Out-of-network providers are paid the same fee as in-network providers.

Class I Services

Oral exams	Covered – 100% of BCBSM fee, twice per calendar year
A set (up to 4) of bitewing X-rays	Covered – 100% of BCBSM fee, twice per calendar year
Full-mouth and panoramic X-rays	Covered – 100% of BCBSM fee, once every 60 months
Prophylaxis (teeth cleaning)	Covered – 100% of BCBSM fee, twice per calendar year
Fluoride treatment	Covered – 100% of BCBSM fee, two per calendar year
Space maintainers – missing posterior (back) primary teeth	Covered – 100% of BCBSM fee, once per quadrant per lifetime, for members under age 19
Palliative (emergency) treatment	Covered – 100% of BCBSM fee

Class II Services

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

Class III Services

Note: There is a 12 month waiting period for Class III benefits. The waiting period will be satisfied on the last day of the 12-month period with benefits becoming effective on the first date following. For example, if the member's coverage becomes effective on March 1, 2006 the last date of the waiting period will be February 28, 2007, with benefits becoming active on March 1, 2007.

Onlays, crowns and veneer fillings – permanent teeth	Covered – 50% of BCBSM fee after deductible, once every 60 months per tooth, payable for members age 12 or older
Removable dentures (complete and partial)	Covered – 50% of BCBSM fee after deductible
Bridges (fixed partial dentures) – for members age 16 or older	Covered – 50% of BCBSM fee after deductible, once every 60 months after original was delivered

Class IV Services – Orthodontic services for dependents under age 19

Note: There is a 12 month waiting period for Class IV benefits. The waiting period will be satisfied on the last day of the 12-month period with benefits becoming effective on the first date following. For example, if the member's coverage becomes effective on March 1, 2006 the last date of the waiting period will be February 28, 2007, with benefits becoming active on March 1, 2007.

Minor treatment for tooth guidance appliances	Covered – 50% of BCBSM fee
Minor treatment to control harmful habits	Covered – 50% of BCBSM fee
Interceptive and comprehensive orthodontic treatment	Covered – 50% of BCBSM fee
Post-treatment stabilization	Covered – 50% of BCBSM fee
Cephalometric film (skull) and diagnostic photos	Covered – 50% of BCBSM fee

Deductible, Copays and Dollar Maximums

Deductible (per calendar year)	\$50 per member or \$100 per family for Class II and III services
Copays	25% of BCBSM fee for Class II services and 50% of BCBSM fee for Class III and IV services (no copay for Class I services)
Dollar Maximums	
• Annual Maximum (for Class I, II and III services)	\$1,000 per member
• Lifetime Maximum (for Class IV services)	\$1,000 per member

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.