



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

Flint Community Schools Blue Dental PPOSM Benefits-at-a-Glance

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 any other plan documents your group uses, 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

With Blue Dental PPO Plus MAC, members can choose any licensed dentist anywhere. However, BCBSM's payment for covered services is always based on our approved amount for Blue PPO dentists, even when the treating dentist isn't a PPO dentist. This means members will save the most money when they choose a dentist who is a member of the Dental Network of America (DNOA) Preferred Network of PPO dentists.

DNOA Preferred Network – Blue Dental members have unmatched access to PPO dentists through the DNOA Preferred Network, which offers more than 250,000 dentist locations* nationwide. PPO dentists agree to accept our approved amount for PPO dentists as full payment for covered services and participate on all claims, which means members are responsible only for applicable coinsurance and deductible amounts when they see PPO dentists. Members also receive discounts on noncovered services when they visit PPO dentists. To find a Blue PPO dentist near you, please visit BCBSM.com/bluedental or call **1-888-826-8152**.

* A dentist location is any place a member can see a dentist to receive high-quality dental care. For example, one dentist practicing in two offices would be two dentist locations.

Blue Par SelectSM arrangement – Members who see non-PPO dentists can still save money by choosing a dentist who participates with BCBSM on a per-claim basis through our Blue Par Select (BPS) arrangement. Blue Par Select dentists agree to accept our approved amount for BPS dentists—our MAC—as full payment for covered services. Members are responsible for applicable coinsurance and deductible amounts, along with any difference between our approved amount for PPO dentists and the MAC, when they see BPS dentists. They are not responsible for any difference between the MAC and the dentist's charge.

To find a dentist who may participate with BCBSM, please visit BCBSM.com/bluedental. Members should ask their dentists if they participate with BCBSM before every treatment.

Note: Members who go to nonparticipating dentists (non-PPO dentists who don't participate through our Blue Par Select arrangement) are responsible for any difference between our payment and the dentist's charge.

	PPO (In-network) Dentist	Non-PPO (Blue Par Select or Nonparticipating) Dentist
Member's responsibility (deductible, copays and dollar maximums)		
Deductible – applies to Class I, II and III services	None	None
Copays		
• Class I services	None (covered at 100% of approved amount)	20% of approved amount
• Class II services	20% of approved amount	20% of approved amount
• Class III services	50% of approved amount	50% of approved amount
• Class IV services	50% of approved amount	50% of approved amount
Dollar maximums		
• Annual maximum for Class I, II and III services	Combined \$1,000 per member	
• Lifetime maximum for Class IV services	Combined \$750 per member	

**PPO (In-network)
Dentist**

**Non-PPO (Blue Par Select or
Nonparticipating) Dentist**

Class I services

Oral exams	100% of approved amount after deductible	80% of approved amount after deductible
	Twice per calendar year	
A set (up to 4 films) of bitewing x-rays	100% of approved amount after deductible	80% of approved amount after deductible
	Twice per calendar year	
Full-mouth and panoramic x-rays	100% of approved amount after deductible	80% of approved amount after deductible
	Once every 60 months	
Dental prophylaxis (teeth cleaning)	100% of approved amount after deductible	80% of approved amount after deductible
	Twice per calendar year	
Pit and fissure sealants – for members age 19 and younger	100% of approved amount after deductible	80% of approved amount after deductible
	Once per tooth every 36 months when applied to the first and second permanent molars	
Palliative (emergency) treatment	100% of approved amount after deductible	80% of approved amount after deductible
Fluoride treatment	100% of approved amount after deductible	80% of approved amount after deductible
	Twice per calendar year	
Space maintainers – missing posterior (back) primary teeth – for members under age 19	100% of approved amount after deductible	80% of approved amount after deductible
	Once per quadrant per lifetime	

Class II services

Fillings – permanent (adult) teeth	80% of approved amount after deductible	80% of approved amount after deductible
	Replacement fillings covered after 24 months or more after initial filling	
Fillings – primary (child) teeth	80% of approved amount after deductible	80% of approved amount after deductible
	Replacement fillings covered after 12 months or more after initial filling	
Recementation of crowns, veneers, inlays, onlays and bridges	80% of approved amount after deductible	80% of approved amount after deductible
	Three times per tooth per calendar year after six months from original restoration	
Oral surgery including extractions	80% of approved amount after deductible	80% of approved amount after deductible
Root canal treatment – permanent tooth	80% of approved amount after deductible	80% of approved amount after deductible
	Once every 12 months for tooth with one or more canals	
Scaling and root planing	80% of approved amount after deductible	80% of approved amount after deductible
	Once every 24 months per quadrant	
Limited occlusal adjustments	80% of approved amount after deductible	80% of approved amount after deductible
	Limited occlusal adjustments covered up to five times in a 60-month period	
Occlusal biteguards	80% of approved amount after deductible	80% of approved amount after deductible
	Once every 12 months	
General anesthesia or IV sedation	80% of approved amount after deductible	80% of approved amount after deductible
	When medically necessary and performed with oral surgery	
Repairs and adjustments of a partial or complete denture	80% of approved amount after deductible	80% of approved amount after deductible
	Six months or more after it is delivered	
Relining or rebasing of a partial or complete denture	80% of approved amount after deductible	80% of approved amount after deductible
	Once every 36 months per arch	
Tissue conditioning	80% of approved amount after deductible	80% of approved amount after deductible
	Once every 36 months per arch	



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**PPO (In-network)
Dentist**

**Non-PPO (Blue Par Select or
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Class III services

Removable dentures (complete and partial)	50% of approved amount after deductible	50% of approved amount after deductible
	Once every 60 months	
Onlays, crowns and veneer fillings – permanent teeth – for members age 12 and older	50% of approved amount after deductible	50% of approved amount after deductible
	Once every 60 months per tooth	
Bridges (fixed partial dentures) – for members age 16 and older	50% of approved amount after deductible	50% of approved amount 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 placement	50% of approved amount after deductible	50% of approved amount after deductible
	Once per tooth per 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	50% of approved amount	50% of approved amount
Minor treatment to control harmful habits	50% of approved amount	50% of approved amount
Interceptive and comprehensive orthodontic treatment	50% of approved amount	50% of approved amount
Post-treatment stabilization	50% of approved amount	50% of approved amount
Cephalometric film (skull) and diagnostic photos	50% of approved amount	50% of approved amount

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.