

Traditional Plus Dental Coverage Benefits-at-a-Glance Bay County Plan 3 Suffix 660

Class I Services

Oral Exams	Covered – 100%, twice per calendar year
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	Covered – 100%, once per quadrant per lifetime, up to age 19

Class II Services

Fillings - permanent teeth	Covered – 50%, once every 24 months
Fillings - primary teeth	Covered – 50%, once every 12 months
Inlays, Onlays, Crowns and Gold Fillings – permanent teeth	Covered – 50%, once every 60 months, payable for members age 12 and older
Recementing of Inlays, Onlays, Crowns and Bridges	Covered – 50%, three per calendar year
Root Canal Therapy	Covered – 50%, once every 12 months for teeth with one or more canals
Periodontal Scaling and Planning	Covered – 50%, once every 24 months
Occlusal Adjustment	Covered – 50%, up to five times a 60-month period
Periodontic Appliances or Biteguards	Covered – 50%, once every 12 months
General Anesthesia or IV Sedation	Covered – 50%, when medically necessary and performed with oral or dental surgery
Oral Surgery including extractions	Covered – 50%
Relining or Rebasing of Partials or Dentures	Covered – 50%, once every 36 months per arch
Tissue Conditioning	Covered – 50%, once every 36 months per arch
Repairs to Existing Partials or Dentures	Covered – 50%, up to one-half the approved amount for a new denture in any 12-month period
Palliative Emergency Treatment	Covered – 50%

Class III Services

Removable Dentures and Partials	Covered – 50%, once every 60 months
Fixed Bridges	Covered – 50%, once every 60 months, payable for members age 16 and older

Class IV Services – Orthodontic services for dependents under age 19

Habit Breaking Appliances	Covered – 50%
Minor Tooth Guidance Appliances	Covered – 50%
Full-Banding Treatment	Covered – 50%
Monthly, Active Treatment Visits	Covered – 50%

Copays and Dollar Maximums

Copays	50% for class II services and 50% for class III and IV services
Dollar Maximums	
• Annual Maximum	\$1,000 per member for covered class I, II and III services
• Lifetime Maximum	\$1,000 per member for covered class IV services

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.

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.