



**Traditional Plus Dental 1
Western Michigan Health Insurance Pool**

Final

Group Number: 71565; Package Code(s): 031

Section Code(s): 1000, 1100

Class I Services

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|---------------------------------|--|
| Periodic Oral Exams | Covered - 100%, twice per calendar year |
| Prophylaxis (Teeth Cleaning) | 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 36 months |
| Fluoride Treatment | Covered - 100% |
| Space Maintainers | Covered - 100%, once per quadrant per lifetime, through age 18 |
| Palliative Emergency Treatment | Covered - 100% |
| Sealants | Covered - 100%, once per tooth every 36 months, through age 19 |

Class II Services

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| Fillings - permanent teeth | Covered - 80% after deductible, once every 24 months |
| Fillings - primary teeth | Covered - 80% after deductible, once every 12 months |
| Inlays, Onlays and Crowns - permanent teeth | Covered - 80% after deductible, once every 60 months, payable for members age 12 and older |
| Recementing of Crowns, Inlays, Onlays and Bridges | Covered - 80% after deductible, three per calendar year |
| Root Canal Therapy | Covered - 80% after deductible, once per tooth, per lifetime |
| Periodontal Scaling and Planing | Covered - 80% after deductible, once every 24 months |
| Occlusal Adjustment | Covered - 80% after deductible, up to five times in a 60-month period |
| Occlusal Guards/Biteguards | Covered - 80% after deductible, once every 12 months |
| General Anesthesia or IV Sedation | Covered - 80% after deductible, when medically necessary and with oral or dental surgery |
| Oral Surgery including extractions (excludes removal of impacted teeth) | Covered - 80% after deductible |
| Relining or Rebasement of Partial or Dentures | Covered - 80% after deductible, once every 36 months per arch |
| Tissue Conditioning | Covered - 80% after deductible, once every 36 months per arch |
| Repair to Existing Partial or Dentures | Covered - 80% after deductible |

Class III Services

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| Removal Dentures - Complete and Partial | Covered - 50% after deductible, once every 60 months |
| Fixed Bridges | Covered - 50% after deductible, once every 60 months for members age 16 and older |
| Implants | Covered - 50% after deductible - once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31, age 16 or older |

Class IV Services – Orthodontic services for dependents No age limits

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|---------------------------------|--------------------------------|
| Habit Breaking Appliances | Covered - 50% after deductible |
| Minor Tooth Guidance Appliances | Covered - 50% after deductible |
| Full Banding Treatment | Covered - 50% after deductible |

Benefit Period, Copays and Dollar Maximums

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| Benefit Period | Calendar Year |
| Deductible | \$50 Individual, No Deductible Family – Applies to Class II & Class III & Class IV |
| Member Coinsurance | Covered 0% for Class I services, Covered 20% for Class II services, Covered 50% for Class III services and Covered 50% for Class IV services |
| Dollar Maximums - Annual Maximum | \$1000 per member for covered Class II & III services |
| • Lifetime Orthodontic Maximum | \$1500 per member |

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.

With Traditional Plus Dental, members can choose any licensed dentist anywhere. However, they'll 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 nearly 200,000 dentist access points* nationwide. DNoA Preferred Network dentists agree to accept our approved amount as payment in full and participate on all claims. Members also receive discounts on noncovered services when they use PPO dentists. To find a DNoA Preferred Network dentist near you, please visit BCBSM.com/bluedental or call 1-888-826-8152.

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

Blue Par SelectSM arrangement – Most dentists accept our Blue Par Select arrangement, which means they participate with the Blues on a “per claim” basis. Members should ask their dentists if they participate with BCBSM before every treatment. Blue Par Select dentists accept our approved amount as full payment for covered services — members pay only applicable copays and deductibles, along with any fees for noncovered services. To find a dentist who may participate with BCBSM, please visit BCBSM.com/bluedental.

Note: Members who go to nonparticipating dentists may be billed for any difference between our approved amount and the dentist's charge