



# Laborers' Metropolitan Detroit Health Care Fund Dental Care Coverage (Blue Dental PPO Plus) Effective April 1, 2013

Actives, Self-Pay, Retirees

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 to covered services. For a complete description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificates and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copayment amounts required by your plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and will be construed under the jurisdiction of and according to the laws of the state of Michigan.

## Network access information

With Blue Dental PPO Plus, 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](http://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 Select<sup>SM</sup> 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 copayments and deductibles, along with any fees for noncovered services. To find a dentist who may participate with BCBSM, please visit [BCBSM.com/bluedental](http://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.

## Member's responsibility (copayments and dollar maximums)

<b>Copayments</b>	Class I services	None
	Class II services	20% of approved amount
	Class III services	50% of approved amount
	Class IV services	100% after lifetime maximum of \$1,000
<b>Dollar maximums</b>	Annual maximum (for Class I, II and III services)	\$1,000 per individual
	Lifetime maximum (for Class IV services)	\$1,500 for dependents under 19

## Dental Benefit Payments/Limits for Services

### Class I services

Oral exams	100% of approved amount, twice per calendar year
A set (up to 4 films) of bitewing x-rays	100% of approved amount, twice per calendar year
Full-mouth and panoramic x-rays	100% of approved amount, once every 60 months
Dental prophylaxis (teeth cleaning)	100% of approved amount, twice per calendar year
Pit and fissure sealants – for members age 19 or under	100% of approved amount, once per tooth every 36 months when applied to the first and second permanent molars

[bcbsm.com](http://bcbsm.com)



**Class I services, *continued***

Palliative (emergency) treatment	100% of approved amount
Fluoride treatments	100% of approved amount, two per calendar year
Space maintainers – missing posterior (back) primary teeth – for members under age 19	100% of approved amount, once per quadrant per lifetime

**Class II services**

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

**Class III services**

Removable dentures (complete and partial)	50% of approved amount, once every 60 months
Bridges (fixed partial dentures) – for members age 16 or older	50% of approved amount, 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, once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31

**Class IV services**

Minor treatment for tooth guidance appliances	Covered Under Lifetime Maximum of \$1,000
Minor treatment to control harmful habits	Covered Under Lifetime Maximum of \$1,000
Interceptive and comprehensive orthodontic treatment	Covered Under Lifetime Maximum of \$1,000
Post-treatment stabilization	Covered Under Lifetime Maximum of \$1,000
Cephalometric film (skull) and diagnostic photos	Covered Under Lifetime Maximum of \$1,000

**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.