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of the Blue Cross and Blue Shield Association

## NORTHERN MICHIGAN UNIVERSITY

### All Employee Groups

### Dental Coverage

### Effective Date: On or after January 2017 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, 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 Blue Dental PPO network.<sup>1</sup>

**Blue Dental PPO network-** Blue Dental members have unmatched access to PPO dentists through the Blue Dental PPO network, which offers more than 260,000 dentist locations<sup>2</sup> nationwide. PPO dentists agree to accept our approved amount as full payment for covered services - members pay only their applicable coinsurance and deductible amounts. Members also receive discounts on noncovered services when they use PPO dentists (in states where permitted by law). To find a PPO dentist near you, please visit [mibluedentist.com](http://mibluedentist.com) or call **1-888-826-8152**.

<sup>1</sup>Blue Dental uses the Dental Network of America (DNoA) Preferred Network for its dental plans.

<sup>2</sup>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 Select<sup>SM</sup> arrangement-** Most non-PPO 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 coinsurance and deductibles. To find a dentist who may participate with BCBSM, please visit [mibluedentist.com](http://mibluedentist.com).

**Note:** Members who go to nonparticipating dentists are responsible for any difference between our approved amount and the dentist's charge.

### Member's responsibility (deductible, coinsurance and dollar maximums)

Benefits	Coverage
<b>Deductible</b>	None
Class I services	None (covered at 100%)
Class II services	None (covered at 100%)
Class III services	20%
Class IV services	50%
Annual maximum for Class I, II and III services	\$1,000 per member
Lifetime maximum for Class IV services	\$1,500 per member

### Class I services

Benefits	Coverage
Oral exams	100% of approved amount <b>Note:</b> Twice per calendar year
A set (up to 4 films) of bitewing x-rays	100% of approved amount <b>Note:</b> Twice per calendar year
Panoramic or full-mouth x-rays	100% of approved amount <b>Note:</b> Once every 60 months
Dental prophylaxis (teeth cleaning)	100% of approved amount <b>Note:</b> Twice per calendar year

**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.

Pit and fissure sealants- for members age 19 and younger	100% of approved amount <b>Note:</b> Once per tooth in any 36 consecutive months when applied to the first and second
Palliative (emergency) treatment	100% of approved amount
Fluoride treatments	100% of approved amount <b>Note:</b> Two per calendar year
Space maintainers - missing posterior (back) primary teeth - for members under age 19	100% of approved amount <b>Note:</b> Once per quadrant per lifetime

## Class II services

Benefits	Coverage
Fillings -permanent (adult) teeth	100% of approved amount <b>Note:</b> Replacement fillings covered after 24 months or more after initial filling
Fillings- primary (child) teeth	100% of approved amount <b>Note:</b> Replacement fillings covered after 12 months or more after initial filling
Recementation of crowns, veneers, inlays, onlays and bridges	100% of approved amount <b>Note:</b> Three times per tooth per calendar year after six months from original restoration
Oral surgery including extractions	100% of approved amount
Root canal treatment- permanent tooth	100% of approved amount <b>Note:</b> Once every 12 months for tooth with one or more canals
Scaling and root planing	100% of approved amount <b>Note:</b> Once every 24 months per quadrant
Limited occlusal adjustments	100% of approved amount <b>Note:</b> <b>Limited</b> occlusal adjustments covered up to five times in any 60 consecutive months
Occlusal biteguards	100% of approved amount <b>Note:</b> Once every 12 months
General anesthesia or IV sedation	100% of approved amount <b>Note:</b> When medically necessary and performed with oral surgery
Repairs and adjustments of a partial or complete denture	100% of approved amount <b>Note:</b> Six months or more after denture is delivered
Relining or rebasing of a partial or complete denture	100% of approved amount <b>Note:</b> Once per arch in any 36 consecutive months
Tissue conditioning	100% of approved amount <b>Note:</b> Once per arch in any 36 consecutive months

## Class III services

Benefits	Coverage
Removable dentures (complete and partial)	80% of approved amount <b>Note:</b> Once every 60 months
Bridges (fixed partial dentures) -for members age 16 and older	80% of approved amount <b>Note:</b> 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	80% of approved amount <b>Note:</b> Once per tooth per lifetime when implant placement is for teeth numbered 2
Onlays, crowns and veneer restorations - permanent teeth - for members age 12 and older	80% of approved amount <b>Note:</b> Once every 60 months per tooth

## Class IV services

Benefits	Coverage
Minor treatment for tooth guidance appliances	50% of approved amount
Minor treatment to control harmful habits	50% of approved amount
Interceptive and comprehensive orthodontic treatment	50% of approved amount
Post-treatment stabilization	50% of approved amount
Cephalometric film (skull) and diagnostic photos	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.