

Community Dental Coverage Benefits-at-a-Glance for Roseville Public Schools #68557-007



This is intended as an easy-to-read summary. 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 copay 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.

In-network

Out-of-network

Copays and dollar maximum

Copays		
• Class I services	0%	0%
• Class II services	0%	15%
• Class III services	15%	15%
• Class IV services	50%	50%
Dollar maximums		
• Annual maximum (for Class I, II and III services)	\$1,000 per member	
• Lifetime maximum (for Class IV services)	\$1,000 per member	

Class I services

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

Class II services

Fillings – permanent teeth	Covered – 100%	Covered – 85%
		Replacement fillings covered after 24 months or more after initial filling
Fillings – primary teeth	Covered – 100%	Covered – 85%
		Replacement fillings covered after 12 months or more after initial filling
Onlays, crowns and veneer fillings – permanent teeth	Covered – 100%	Covered – 85%
		Once every 60 months per tooth, payable for members age 12 or older
Recementing of crowns, veneers, inlays, onlays and bridges	Covered – 100%	Covered – 85%
		Three times per tooth per calendar year after six months from original restoration
Oral surgery including extractions	Covered – 100%	Covered – 85%
Root canal treatment – permanent tooth	Covered – 100%	Covered – 85%
		Once every 12 months for tooth with one or more canals
Scaling and root planing	Covered – 100%	Covered – 85%
		Once every 24 months per quadrant
Occlusal adjustments	Covered – 100%	Covered – 85%
		Up to five times in a 60-month period
Occlusal biteguards	Covered – 100%	Covered – 85%
		Once every 12 months
General anesthesia or IV sedation	Covered – 100%	Covered – 85%
		When medically necessary and performed with oral or dental surgery

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



In-network

Out-of-network

Class II services, continued

Adjustment of dentures	Covered – 100%	Covered – 85%
	Six months or more after it is delivered	
Relining or rebasing of partials or complete dentures	Covered – 100%	Covered – 85%
	Once every 36 months per arch	
Tissue conditioning	Covered – 100%	Covered – 85%
	Once every 36 months per arch	
Repair and adjustments of partial or complete dentures	Covered – 100%	Covered – 85%

Class III services

Removable dentures (complete and partial)	Covered – 85%	Covered – 85%
Bridges (fixed partial dentures) – for members age 16 or older	Covered – 85%	Covered – 85%
	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 replacement	Covered – 85%	Covered – 85%
	Once per tooth in a member 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	Covered – 50%	Covered – 50%
Minor treatment to control harmful habits	Covered – 50%	Covered – 50%
Interceptive and comprehensive orthodontic treatment	Covered – 50%	Covered – 50%
Post-treatment stabilization	Covered – 50%	Covered – 50%
Cephalometric film (skull) and diagnostic photos	Covered – 50%	Covered – 50%

Additional riders

Rider DO-CC2, Dental Crowns Class II	Changes the dental benefits for onlays, crowns and veneers from Class II to Class III 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.