



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Location/Subgroup: DRYDEN COMMUNITY
SCHOOLS

Group-Subgroup-Class: 00416710-0001-0001

Blue DentalSM PPO Plus 80/50/50 Pediatric SG Non-voluntary

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.

Note: Pediatric members are members who are age 18 or younger on the plan's effective date. They remain pediatric members through the end of the calendar year in which they turn 19.

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.¹

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 locations² 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 or call 1-888-826-8152.

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

² 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.

Members who go to non-PPO dentists can still save money through our Blue Par Select arrangement.

Blue Par SelectSM 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 deductible amounts. To find a dentist who may participate with BCBSM, please visit 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, copays and dollar maximums)

Benefits	Coverage
Deductible Applies to Class II and Class III services only	\$25 per member limited to a maximum of \$75 per family per calendar year
Coinsurance (percentage of BCBSM's approved amount for covered services)	
Class I services	20%
Class II services	50%
Class III services	50%
Class IV services	Not covered
Dollar Maximums	
Annual maximum for Class I, II and III services	None



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Member's responsibility (deductible, copays and dollar maximums)

Benefits	Coverage
Lifetime maximum for Class IV services	Not applicable
Out-of-pocket maximum The maximum out-of-pocket expense pediatric members will pay in a calendar year for deductible and coinsurance amounts applied to most covered in-network dental services. The out-of-pocket maximum does not apply to charges that exceed our approved PPO fee, services provided by non-PPO dentists, or non-covered services.	\$350 for one pediatric member or \$700 for two or more pediatric members per calendar year Note: This out-of-pocket maximum is separate from the annual out-of-pocket maximum that applies under your hospital and medical coverage (if any).

Plan's responsibility

The plan's responsibility is subject to a review of the reported diagnosis, dental necessity verification and the availability of dental benefits at the time the claim is processed, as well as the conditions, exclusions and limitations, and deductible and coinsurance requirements under the applicable BCBSM certificates and riders.

Class I services

Benefits	Coverage
Most diagnostic and preventive services:	
Routine oral examinations/evaluations – twice per calendar year	80% of approved amount
Routine prophylaxes (cleanings) – three times per calendar year	80% of approved amount
Fluoride treatment or topical application of fluoride - twice every calendar year for members to the end of the month of their 19th birthday	80% of approved amount
Sealants - once per first permanent molar every 36 months for members to the end of the month of their ninth birthday; once per second permanent molar every 36 months for members to the end of the month of their 14th birthday	80% of approved amount
Bitewing X-rays One set (up to four films) per calendar year	80% of approved amount
Oral brush biopsy sample collection Twice per calendar year	80% of approved amount



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Class II services

Benefits	Coverage
Other diagnostic and preventive services:	
Diagnostic tests and laboratory examinations	50% of approved amount after deductible
Space maintainers - for missing posterior primary teeth for members to the end of the month of their 15th birthday	50% of approved amount after deductible
Panoramic or full-mouth X-rays Once per 60 months	50% of approved amount after deductible
Emergency palliative treatment	50% of approved amount after deductible
Minor restorative services:	
Amalgam and resin-based composite fillings and fillings of similar materials – once per tooth and surface per 48 months for permanent teeth; once per tooth and surface per 24 months for primary teeth	50% of approved amount after deductible
Recementation or repair of posts, crowns, veneers, inlays and onlays – three times per tooth per calendar year	50% of approved amount after deductible
Extractions and surgical removal of non-impacted teeth	50% of approved amount after deductible
Non-surgical endodontic services:	
Root canal treatments – once per tooth per lifetime (retreatment of a root canal 12 or more months after the initial root canal treatment is payable once per tooth per lifetime)	50% of approved amount after deductible
Therapeutic pulpotomies or pulpal debridement	50% of approved amount after deductible
Vital pulpotomies on primary teeth	50% of approved amount after deductible
Apexification	50% of approved amount after deductible
Non-surgical periodontic services:	
Periodontal maintenance – three times per calendar year in conjunction with routine dental prophylaxis	50% of approved amount after deductible
Periodontal scaling and root planing – once per quadrant per 24 months	50% of approved amount after deductible
Adjustments, repairs, relines, rebases and tissue conditioning for removable prosthetic appliances:	
Relines or rebases of partial dentures or complete dentures – once per 36 months per arch	50% of approved amount after deductible
Tissue conditioning – once per 36 months per arch	50% of approved amount after deductible
Adjunctive general services:	
General anesthesia or IV sedation	50% of approved amount after deductible
Office visits after regularly scheduled hours	50% of approved amount after deductible



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Class III services

Benefits	Coverage
Major restorative services:	
Onlays, crowns and veneers – once per permanent tooth per 60 months for members age 12 and older only	50% of approved amount after deductible
Substructures, including cores and posts	50% of approved amount after deductible
Oral surgery services:	
Surgical exposure and facilitation of eruption of unerupted teeth	50% of approved amount after deductible
Incision and drainage of cellulitis or fascial space abscesses of intraoral soft tissue	50% of approved amount after deductible
Removal of exostoses (excess bony growths of the upper and lower jaw)	50% of approved amount after deductible
Excision of hyperplastic tissue per arch	50% of approved amount after deductible
Soft tissue biopsies	50% of approved amount after deductible
Frenulectomies	50% of approved amount after deductible
Surgical endodontic services:	
Apical surgeries on permanent teeth	50% of approved amount after deductible
Hemisections – once per tooth per lifetime	50% of approved amount after deductible
Surgical periodontic services:	
Gingivectomies and gingivoplasties	50% of approved amount after deductible
Clinical crown lengthening – hard tissue	50% of approved amount after deductible
Gingival flap procedures	50% of approved amount after deductible
Soft tissue grafts	50% of approved amount after deductible
Prosthodontic services:	
Complete dentures – once per 84 months	50% of approved amount after deductible
Removable partial dentures and fixed partial dentures (bridges), including abutment crowns and pontics – once per 84 months for members age 16 and older only	50% of approved amount after deductible
Recementation and repairs of bridges	50% of approved amount after deductible
Stayplates to replace recently extracted permanent anterior (front) teeth	50% of approved amount after deductible