



**Traditional Plus Dental 2
Western Michigan Health Insurance Pool**

Final

Group Number: 71565; Package Code(s): 032

Section Code(s): 1000, 1100

Class I Services

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

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	Covered - 80% after deductible
Relining or Rebasement of Partials 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 Partials or Dentures	Covered - 80% after deductible

Class III Services

Removal Dentures - Complete and Partials	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

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

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