

Traditional Plus Flexible Dental Coverage Benefits-at-a-Glance

LAKE SHORE PUBLIC SCHOOLS

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificate 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 the plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.

Class I Services

Oral exams	Covered – 100%, twice per calendar year
Prophylaxis (teeth cleaning)	Covered – 100%, twice per calendar year
Fluoride treatment	Covered – 100%, twice per calendar year
Space maintainers – missing posterior (back) primary teeth	Covered – 100%, once per quadrant per lifetime, up to age 19

Class II Services

Fillings – permanent teeth	Covered – 85%, once every 24 months
Fillings – primary teeth	Covered – 85%, once every 12 months
A set (up to 4) of bitewing X-rays	Covered – 85%, twice per calendar year
Full-mouth and panoramic X-rays	Covered – 85%, once every 60 months
Onlays, crowns and veneer fillings – permanent teeth	Covered – 85%, once every 60 months, payable for members age 12 and older
Recementing of crowns, veneers, onlays and bridges	Covered – 85%, three times per calendar year after six months from original restoration
Oral surgery including extractions	Covered – 85%
Root canal treatment – permanent tooth	Covered – 85%, once every 12 months for tooth with one or more canals
Scaling and root planing	Covered – 85%, once every 24 months per quadrant
Occlusal adjustments	Covered – 85%, up to five times in a 60-month period
Occlusal biteguards	Covered – 85%, once every 12 months
General anesthesia or IV sedation	Covered – 85%, when medically necessary and performed with oral or dental surgery
Palliative (emergency) treatment	Covered – 85%
Adjustment of dentures	Covered – 85%, six months or more after it is delivered
Relining or rebasing of partials or complete dentures	Covered – 85%, once every 36 months per arch
Tissue conditioning	Covered – 85%, once every 36 months per arch
Repair and adjustments of partial or complete dentures	Covered – 85%

Class III Services

Removable dentures (complete and partial)	Covered – 70%
Bridges (fixed partial dentures)	Covered – 70%, once every 60 months after original was delivered

Class IV Services – Orthodontic services for dependents under age 19

Minor treatment for tooth guidance appliances	Covered – 50%
Minor treatment to control harmful habits	Covered – 50%
Interceptive and comprehensive orthodontic treatment	Covered – 50%
Pos-treatment stabilization	Covered – 50%
Cephalometric film (skull) and diagnostic photos	Covered – 50%

Copays and Dollar Maximums

Copays	
• Class I Services	0%
• Class II Services	15%
• Class III Services	30%
• Class IV Services	50%
Dollar Maximums	
• Annual Maximum on Class I, II and III Services	\$1,200 per member *
• Lifetime Maximum on Class IV Orthodontic Services	\$1,500 per member *

*Or per bargaining agreement

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.