

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

Benefits	In-network	Out-of-network
Deductible <ul style="list-style-type: none"> Applies to Class II and Class III services only 	\$50 per member limited to a maximum of \$100 per family	\$50 per member limited to a maximum of \$100 per family
Coinsurance (percentage of BCBSM's approved amount for covered services) <ul style="list-style-type: none"> Class I services Class II services Class III services Class IV services 	None (covered at 100%)	None (covered at 100%)
	25%	25%
	50%	50%
	50%	50%
Dollar maximums <ul style="list-style-type: none"> Annual maximum for Class I, II and III services Lifetime maximum for Class IV services 	\$1,500 per member	
	\$1,500 per member	

ADM PLANYR JUL;BLUE DENTAL;DO-BM-\$1500;DO-DBC;DO-DBP;DO-IN-C1-C0%;DO-IN-C2-C25%;DO-IN-C3-C50%;DO-IN-C4-C50%;DO-IN-D-C2/3;DO-IN-FD X2;DO-IN-MD \$50;DO-NP-C3-C50%;DO-NP-C4-C50%;DO-NP-D-C2/3;DO-NP-FD X2;DO-NP-MD \$50;DO-OLM-\$1500;DO-ON-C1-C0%;DO-ON-C2-C25%;DO-PPO-MAC;DOBY JUL

Benefits	In-network	Out-of-network
Fillings - primary (child) teeth	75% of approved amount after deductible	75% of approved amount after deductible
Note: Replacement fillings covered after 12 months or more after initial filling		
Recementation of crowns, veneers, inlays, onlays and bridges	75% of approved amount after deductible	75% of approved amount after deductible
Note: Three times per tooth per benefit year after six months from original restoration		
Root canal treatment	75% of approved amount after deductible	75% of approved amount after deductible
Note: Once per tooth per lifetime		
Scaling and root planing	75% of approved amount after deductible	75% of approved amount after deductible
Note: Once every 24 months per quadrant		
Limited occlusal adjustments	75% of approved amount after deductible	75% of approved amount after deductible
Note: Limited occlusal adjustments covered up to five times in any 60 consecutive months		
Occlusal biteguards	75% of approved amount after deductible	75% of approved amount after deductible
Note: Once every 60 months		
General anesthesia or IV sedation	75% of approved amount after deductible	75% of approved amount after deductible
Note: When medically necessary and performed with oral surgery		
Repairs and adjustments of a partial or complete denture	75% of approved amount after deductible	75% of approved amount after deductible
Note: Six months or more after denture is delivered		
Relining or rebasing of a partial or complete denture	75% of approved amount after deductible	75% of approved amount after deductible
Note: Once per arch in any 36 consecutive months		
Periodontic maintenance	75% of approved amount after deductible	75% of approved amount after deductible
Note: Twice per benefit year		
Tissue conditioning	75% of approved amount after deductible	75% of approved amount after deductible
Note: Once per arch in any 36 consecutive months		

Class III services

Benefits	In-network	Out-of-network
Crowns, onlays, inlays, and veneer restorations - permanent teeth - for members age 12 and older	50% of approved amount after deductible	50% of approved amount after deductible
Note: Once every 60 months per tooth		

ADM PLANYR JUL;BLUE DENTAL;DO-BM-\$1500;DO-DBC;DO-DBP;DO-IN-C1-C0%;DO-IN-C2-C25%;DO-IN-C3-C50%;DO-IN-C4-C50%;DO-IN-D-C2/3;DO-IN-FD X2;DO-IN-MD \$50;DO-NP-C3-C50%;DO-NP-C4-C50%;DO-NP-D-C2/3;DO-NP-FD X2;DO-NP-MD \$50;DO-OLM-\$1500;DO-ON-C1-C0%;DO-ON-C2-C25%;DO-PPO-MAC;DOBY JUL

