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# Blue Dental PPO Extra

2017 plan year

## Overview

### About this plan

With PPO Extra, when you see an in-network dentist, preventive care like exams and cleanings is covered 100 percent. And unlike PPO Plus Standard, there's no deductible for other services in the network. And if you want to see an out-of-network dental professional, you're still covered.

### Availability

You can buy this plan if you live in any Michigan county.

### Plan type

**PPO.** For dental care, you can go to any licensed dentist and this plan will share the cost. But you'll pay less if you see an [in-network dentist](#).

### Who's covered

This plan covers dental care for all ages.

### Monthly premiums

To give you an accurate price, we'll need some information. Use the link below to see if you are eligible for help in

lowering your monthly cost.

## GET A QUOTE

### Deductible for dental care

Class I services have no deductible. There is a deductible for Class II and III services only. Class IV is not covered.

#### In network

One member: You pay \$0.  
Two members: You pay \$0.  
Three or more members: You pay \$0.

#### Out of network

One member: You pay \$50.  
Two members: You pay \$100.  
Three or more members: You pay \$150.

### Coinsurance for dental care

#### In network

**Class I:** You pay 0%.  
**Class II:** You pay 30%.  
**Class III:** You pay 50%.  
**Class IV:** You pay 100%.

#### Out of network

**Class I:** You pay 20%.  
**Class II:** You pay 40% after deductible.  
**Class III:** You pay 50% after deductible.  
**Class IV:** You pay 100%.

### Annual benefit maximum for adult dental care

#### In network

\$1,200 for each adult

#### Out of network

Up to \$1,000 of the \$1,200 in-network total can be used toward out-of-network care.

### Annual out-of-pocket max for pediatric dental care

**In network**

- One member: You pay no more than \$350.
- Two or more members: You pay no more than \$700.

**Out of network**

Not applicable

## Related documents

For even more details about this plan, see:

- [All-Ages Dental Certificate of Coverage \(PDF\)](#)
- [Pediatric Dental Certificate of Coverage \(PDF\)](#)

Certificates are legal documents that describe the benefits of a health insurance plan. Your plan might have different benefits and limitations than those listed in this document.

## Adult Dental

Adult members are age 19 or older at the start of the coverage year.

### Plan benefits

When you go to a dentist who accepts this plan, that's called getting your care in-network.

Because this plan is a PPO, you're covered when you go to a dentist who doesn't take this plan, but you'll pay more. That's called getting your care out-of-network.

### [Find a dentist](#)

### Class I

Preventive care like exams and cleanings

There is no waiting period for Class I services.

### Dental exams

Visits are covered twice a year.

**In network**

You pay \$0.

**Out of network**

You pay 20%.

**Teeth cleaning (prophylaxis)**

Visits are covered twice a year. A third visit is covered for members with specific medical conditions.

**In network**

You pay \$0.

**Out of network**

You pay 20%.

**Bitewing X-rays**

A set of four films is covered once a year.

**In network**

You pay \$0.

**Out of network**

You pay 20%.

**Fluoride treatments**

Not covered

**Class II**

Basic restorative work like fillings and root canals

These services are covered six months after you first join a Blue Dental plan.

**Periodontal maintenance**

Limited to twice a year in combination with routine cleaning. A third visit is covered for members with adverse medical conditions.

**In network**

You pay 30%.

**Out of network**

You pay 40% after deductible.

**Fillings**

Limited to once every 24 months for primary teeth, and once every 48 months for permanent teeth.

**In network**

You pay 30%.

**Out of network**

You pay 40% after deductible.

**Simple extraction**

**In network**

You pay 30%.

**Out of network**

You pay 40% after deductible.

**Root canals**

Coverage is once a lifetime per tooth.

**In network**

You pay 30%.

**Out of network**

You pay 40% after deductible.

**Class III**

Major restorative work like dentures and bridges

These services are covered 12 months after you first join a Blue Dental plan.

**Oral surgery**

This includes all oral surgery except simple extractions, which are covered in Class II.

**In network**

You pay 50%.

**Out of network**

You pay 50% after deductible.

**Crowns, onlays, veneer fillings**

Coverage is once every 84 months for members age 12 and older.

**In network**

You pay 50%.

**Out of network**

You pay 50% after deductible.

**Bridges and dentures**

Coverage is once every 84 months.

**In network**

You pay 50%.

**Out of network**

You pay 50% after deductible.

**Implants**

Not covered

**Class IV**

Orthodontic services

Not covered

## Pediatric Dental

Children can get pediatric benefits until the end of the calendar year in which they turn 19.

There is no waiting period for pediatric dental.

**Plan benefits**

When you go to a dentist who accepts this plan, that's called getting your care in-network.

Because this plan is a PPO, you're covered when you go to a dentist who doesn't take this plan, but you'll pay more. That's called getting your care out-of-network.

[Find a dentist](#)

## Class I

Preventive care like exams and cleanings.

### Dental exams

Exams are covered twice a year.

**In network**

You pay \$0.

**Out of network**

You pay 20%.

### Teeth cleaning (prophylaxis)

Cleanings are covered three times a year.

**In network**

You pay \$0.

**Out of network**

You pay 20%.

### Bitewing X-rays

A set of four films is covered once a year.

**In network**

You pay \$0.

**Out of network**

You pay 20%.

### Fluoride treatments

Fluoride treatments are covered twice a year.

**In network**

You pay \$0.

**Out of network**

You pay 20%.

## Class II

Basic restorative work like fillings and root canals.

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## Periodontal maintenance

Limited to twice a year in combination with routine cleaning. A third visit is covered for members with adverse medical conditions.

### **In network**

You pay 30% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

### **Out of network**

You pay 40% after deductible.

## Fillings

Limited to once every 24 months for primary teeth, and once every 48 months for permanent teeth.

### **In network**

You pay 30% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

### **Out of network**

You pay 40% after deductible.

## Simple extraction

### **In network**

You pay 30% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

### **Out of network**

You pay 40% after deductible.

## Root canals

Coverage is once a lifetime per tooth.

### **In network**

You pay 30% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

### **Out of network**

You pay 40% after deductible.

## Pit and fissure sealants

Coverage is once per tooth every three years when applied to the first and second permanent molars.



**In network**

You pay 30% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

**Out of network**

You pay 40% after deductible.

**Class III**

Major restorative work like dentures and bridges

**Oral surgery**

This includes all oral surgery except simple extractions, which are covered in Class II.

**In network**

You pay 50% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

**Out of network**

You pay 50% after deductible.

**Crowns, onlays, veneer fillings**

Coverage is once every 84 months per tooth.

**In network**

You pay 50% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

**Out of network**

You pay 50% after deductible.

**Bridges and dentures**

Coverage is once every 84 months.

**In network**

You pay 50% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

**Out of network**

You pay 50% after deductible.

**Implants**

Not covered

## Class IV

Orthodontic services

Not covered

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