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# Blue Dental PPO Pediatric

2017 plan year

## Overview

### About this plan

PPO Pediatric covers those who are 18 or younger when the plan starts. When you see a dentist in our preferred network, you'll pay only 20 percent of the cost for basics like cleanings and fluoride treatments.

### 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 only covers dental care for pediatric members.

### 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 \$25.  
Two members: You pay \$50.  
Three members: You pay \$75.

#### Out of network

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

### Coinsurance for dental care

#### In network

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

#### Out of network

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

### 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:

- [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.

# 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 20% before meeting your out-of-pocket max.

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

### Out of network

You pay 50%.

## Teeth cleaning (prophylaxis)

Cleanings are covered three times a year.

**In network**

You pay 20% before meeting your out-of-pocket max.

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

**Out of network**

You pay 50%.

**Bitewing X-rays**

A set of four films is covered once a year.

**In network**

You pay 20% before meeting your out-of-pocket max.

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

**Out of network**

You pay 50%.

**Fluoride treatments**

Fluoride treatments are covered twice a year.

**In network**

You pay 20% before meeting your out-of-pocket max.

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

**Out of network**

You pay 50%.

**Class II**

Basic restorative work like fillings and root canals

**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 50% after deductible 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.

## Fillings

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

### **In network**

You pay 50% after deductible 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.

## Simple extraction

### **In network**

You pay 50% after deductible 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.

## Root canals

Coverage is once a lifetime per tooth.

### **In network**

You pay 50% after deductible 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.

## 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 50% after deductible 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.

## 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% after deductible 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% after deductible 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% after deductible 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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