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# Blue Dental PPO Standard

2017 plan year

## Overview

### About this plan

Want the freedom to choose any licensed dentist? This all-ages dental plan helps cover care when you see a dentist who isn't in our preferred network, but it's easy to find dental professionals who are.

### 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 \$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 benefit maximum for adult dental care

#### In network

\$1,200 for each adult

#### Out of network

Up to \$800 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 1 services.

### Dental exams

Visits are covered twice a year.

**In network**

You pay 20%.

**Out of network**

You pay 50%.

**Teeth cleaning (prophylaxis)**

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

**In network**

You pay 20%.

**Out of network**

You pay 50%.

**Bitewing X-rays**

A set of four films is covered once a year.

**In network**

You pay 20%.

**Out of network**

You pay 50%.

**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 50% after deductible.

**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.

**Out of network**

You pay 50% after deductible.

**Simple extraction**

**In network**

You pay 50% after deductible.

**Out of network**

You pay 50% after deductible.

**Root canals**

Coverage is once a lifetime per tooth.

**In network**

You pay 50% after deductible.

**Out of network**

You pay 50% 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% after deductible.

**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% after deductible.

**Out of network**

You pay 50% after deductible.

### Bridges and dentures

Coverage is once every 84 months.

**In network**

You pay 50% after deductible.

**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 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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