

# Traditional Plus Dental Coverage

## Benefits-at-a-Glance for Ann Arbor Public Schools

### Class I Services

|                                 |  |
|---------------------------------|--|
| Oral Exams                      | Covered – 100%, twice per calendar year                      |
| Bitewing X-rays                 | Covered – 100%, twice per calendar year                      |
| Full-mouth and Panoramic X-rays | Covered – 100%, once every 60 months                         |
| Prophylaxis (Teeth Cleaning)    | Covered – 100%, twice per calendar year                      |
| Fluoride Treatment              | Covered – 100%, twice per calendar year                      |
| Space Maintainers               | Covered – 100%, once per quadrant per lifetime, up to age 19 |

### Class II Services

|   |  |
|---|--|
| Fillings - permanent teeth                        | Covered – 75%, once every 24 months  |
| Fillings - primary teeth                          | Covered – 75%, once every 12 months  |
| Recementing of Inlays, Onlays, Crowns and Bridges | Covered – 75%, three per calendar year   |
| Root Canal Therapy                                | Covered – 75%, once every 12 months for teeth with one or more canals                      |
| Periodontal Scaling and Planning                  | Covered – 75%, once every 24 months  |
| Occlusal Adjustment                               | Covered – 75%, up to five times a 60-month period  |
| Periodontic Appliances or Biteguards              | Covered – 75%, once every 12 months  |
| General Anesthesia or IV Sedation                 | Covered – 75%, when medically necessary and performed with oral or dental surgery          |
| Oral Surgery including extractions                | Covered – 75%  |
| Relining or Rebasing of Partial or Dentures       | Covered – 75%, once every 36 months per arch   |
| Tissue Conditioning                               | Covered – 75%, once every 36 months per arch   |
| Repairs to Existing Partial or Dentures           | Covered – 75%, up to one-half the approved amount for a new denture in any 12-month period |
| Palliative Emergency Treatment                    | Covered – 75%  |

### Class III Services

|  |   |
|--|---|
| Removable Dentures and Partial                             | Covered – 75%, once every 60 months                                       |
| Inlays, Onlays, Crowns and Gold Fillings – permanent teeth | Covered – 75%, once every 60 months, payable for members age 12 and older |
| Fixed Bridges  | Covered – 75%, once every 60 months, payable for members age 16 and older |

### Class IV Services – Orthodontic services for dependents under age 19

|                                  |               |
|----------------------------------|---------------|
| Habit Breaking Appliances        | Covered – 50% |
| Minor Tooth Guidance Appliances  | Covered – 50% |
| Full-Banding Treatment           | Covered – 50% |
| Monthly, Active Treatment Visits | Covered – 50% |

### Copays and Dollar Maximums

|                    |   |
|--------------------|---|
| Copays             | 25% for class II services and III and 50% for class IV services |
| Dollar Maximums    |   |
| • Annual Maximum   | \$1,000 per member for covered class I, II and III services     |
| • Lifetime Maximum | \$1,000 per member for covered class IV services                |

**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.

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.