

# NORTHVILLE PUBLIC SCHOOLS

## Comprehensive Preferred Dental Coverage Benefits-at-a-Glance for Group # 66655

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 certificate and riders. Payment amounts are based on the Blue Cross Blue Shield 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.

### Class I Services

Oral Exams – once every six consecutive months	Covered – 75% of approved amount
Teeth Cleaning – once every six months	Covered – 75% of approved amount
Bitewing X-rays – once every six consecutive months	Covered – 75% of approved amount
Full-mouth X-rays – once every 36 months	Covered – 75% of approved amount
Fluoride Treatment	Covered – 75% of approved amount
Space Maintainers	Covered – 75% of approved amount, up to age 19
Palliative Emergency Treatment	Covered – 75% of approved amount

### Class II Services

Fillings (amalgam, acrylic, or silicate)	Covered – 75% of approved amount
Inlays, Onlays, and Crowns	Covered – 75% of approved amount
Root Canal Therapy	Covered – 75% of approved amount
Periodontic Treatments	Covered – 75% of approved amount
General Anesthesia	Covered – 75% of approved amount
Oral Surgery including extractions	Covered – 75% of approved amount
Repairs to Existing Dentures	Covered – 75% of approved amount

### Class III Services

Removable Dentures	Covered – 75% of approved amount
Fixed Bridges	Covered – 75% of approved amount

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

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

### Copays and Dollar Maximums

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

**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.