Personal Blue Dental℠

Personal Blue Dental Plus℠

Quality dental care from the Blues

Blue Cross Blue Shield of Michigan dental plans are backed by the value and commitment you've come to expect from Michigan's most trusted name in health care. Personal Blue Dental and Personal Blue Dental Plus cover everything from routine cleanings to major restorations.

How are the plans different?

Personal Blue Dental and Personal Blue Dental Plus offer the same quality dental benefits, but have different annual coverage maximums and give you different options when choosing your dentist.

Personal Blue Dental members select a dentist from our PPO network* when receiving dental care. This plan gives members:

- Lower monthly premiums
- Lower out-of-pocket costs than when receiving care from a non-PPO dentist
- A network discount of up to 40 percent on noncovered services

Visit **dentemax.com** or call 800-752-1547 to find a PPO dentist.

Personal Blue Dental Plus members have the freedom to choose any dentist. Network dentist or not — you're covered. You have three options when selecting a dentist:

- **Blue Par Select℠ dentists** agree to participate on a per claim basis. So before each procedure, ask whether your dentist participates. Almost all dentists participate with the Blues under this arrangement.

  Find a Blue Par Select dentist at **blueparselect.com**.
- **PPO network dentists** always participate and give you discounts on noncovered services and lower out-of-pocket costs than non-PPO dentists. Finding a PPO dentist is easy. Our network has more than 2,800 dentist access points** in Michigan and more than 87,000 dentist access points nationwide.

  Visit **dentemax.com** or call 800-752-1547 to find a network dentist.
- You have the freedom to choose a nonparticipating dentist, but you may be charged for the difference between our approved amount and the dentist's charge.

* Blue Cross Blue Shield of Michigan uses the DenteMax network for its dental plans.

** A dentist access point is any place a member can see a dentist to receive high-quality dental care. Example: One dentist practicing in two locations would be two access points.

	Personal Blue Dental (No Out-of-Network Coverage)	Personal Blue Dental Plus
	In-Network	In-Network and Out-of-Network
Copays		
Class I — Preventive services	25%	25%
Class II — Basic restorative services	50%	50%
Class III — Major restorative services	50%	50%
Dollar maximums, deductibles and waiting period		
Annual maximum	$1,250 per member for all covered services	$1,000 per member for all covered services
Deductible (Applied to basic and major restorative services; preventive services are not subject to the deductible.)	Per calendar year $50 single/$100 family (two or more people)	
Waiting period	6-month waiting period is applied on the effective date of dental coverage for basic and major restorative services; preventive services are not subject to a waiting period.	

Monthly Rates*

Number of members on your contract	Personal Blue Dental monthly premium**	Personal Blue Dental Plus monthly premium**
1 – Single	$37.53	$44.09
2 – Two-person	$78.81	$92.58
3 or more – Family	$116.34	$136.67
Family continuation***	$18.77	$22.04

* Rates are effective through February 28, 2010.

** You will be billed every month for your coverage.

*** Family continuation provides coverage for dependents who meet certain age and support guidelines.

Benefits-at-a-Glance

Personal Blue Dental: In-Network (No Out-of-Network coverage)

Personal Blue Dental Plus: In-Network and Out-of-Network

Class I — Preventive Services

Oral Exam	Covered - 75%, two per calendar year
Bitewing X-rays	Covered - 75%, one set every 24 months for Personal Blue Dental Covered - 75%, one set every 12 months for Personal Blue Dental Plus
Full-mouth or Panoramic X-rays	Covered - 75%, full mouth series once every 60 months; panoramic X-ray once every 84 months
Prophylaxis (teeth cleaning)	Covered - 75%, twice per calendar year
Fluoride Treatment	Covered - 75%, once per calendar year through age 14
Space Maintainers	Covered - 75%, once per quadrant of the mouth per lifetime, under age 19
Palliative Emergency Treatment	Covered - 75%
Pit and Fissure Sealants — for members age 16 or under	Covered - 75%, once per tooth every 36 months when applied to the first and second permanent molars

Class II — Basic Restorative Services

Fillings – permanent teeth	Covered – 50%, once every 48 months
Fillings – primary teeth	Covered – 50%, once every 24 months
Onlays, crowns and veneer fillings – permanent teeth	Covered – 50%, once every 84 months per tooth, payable for members age 12 or older
Recementing of crowns, veneers, inlays, onlays and bridges	Covered – 50%, three times per tooth per calendar year after six months from original restoration
Oral surgery including extractions	Covered – 50%
Root canal treatment – permanent tooth	Covered – 50%, once every 12 months for tooth with one or more canals
Scaling and root planing	Covered – 50%, once every 36 months per quadrant of the mouth
Limited occlusal adjustments	Covered – 50%, limited occlusal adjustments covered up to five times in a 60-month period
Occlusal biteguards	Covered – 50%, one every 60 months
General anesthesia or IV sedation	Covered – 50%, when medically necessary and performed with oral or dental surgery
Relining or rebasing of partials or complete dentures	Covered – 50%, once every 36 months per arch six months or more after initial delivery
Tissue conditioning	Covered – 50%, once every 36 months per arch
Repair and adjustment of partial or complete dentures	Covered – Included in fee for a new denture or partial within six months of initial delivery. After six months — covered at 50%.

Class III — Major Restorative Services

Removable dentures (complete and partial)	Covered – 50%, once every 60 months
Bridges (fixed partial dentures) – for members age 16 or older	Covered – 50%, once every 60 months
Endosteal implants – for members age 16 or older who are covered at the time of the actual implant replacement	Covered – 50%, once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31

Class IV — Orthodontic Services are not covered by these plans.

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificates and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount or the fee negotiated for this program, less any applicable deductible and/or copay amounts required by your plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and will be construed under the jurisdiction of and according to the laws of the state of Michigan.

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. **Personal Blue Dental members:** if you receive care from a non-network dentist, you will be billed for the entire charge. **Personal Blue Dental Plus members:** if you receive care from a nonparticipating dentist, you may be billed for the difference between our approved amount and the dentist's charge.

Blue Cross Blue Shield of Michigan

Application for Individual Dental Coverage

PLEASE PRINT CLEARLY

Choose your dental plan: ☐ Personal Blue Dental ☐ Personal Blue Dental Plus

To be eligible for this coverage, you must be enrolled in a medical plan and reside in Michigan at least six months a year.

Requested Coverage Start Date **(N/A if you answered "Yes" to question 2.)** MMDDYYYY - Must be Future Date

Your Last Name | First Name | Initial | Marital Status ☐ S ☐ M | Gender ☐ M ☐ F

Street Address | City | State | Zip Code

Social Security Number | County | Telephone Number with Area Code | Date of Birth MM/DD/YYYY

Drivers License Number | Email Address

If you wish to apply for coverage for a spouse and/or unmarried children who are under age 19, please list them below. Provide last name if different from yours. (Please use an additional sheet of paper for more than three children.)

Last name (Spouse)	First name	Initial	Birth Date MM/DD/YYYY	Gender	Social Security Number
				☐ M ☐ F	
Last name (Child/Dependent)	First name	Initial	Birth Date MM/DD/YYYY	Gender	Social Security Number
				☐ M ☐ F	
Last name (Child/Dependent)	First name	Initial	Birth Date MM/DD/YYYY	Gender	Social Security Number
				☐ M ☐ F	
Last name (Child/Dependent)	First name	Initial	Birth Date MM/DD/YYYY	Gender	Social Security Number
				☐ M ☐ F	

If you wish to apply for coverage for an unmarried child who is age 19-25 this year, please complete below. Provide last name if different from yours. (Please use an additional sheet of paper for more than one child.)

Last name (Child/Dependent)	First name	Initial	Birth Date MM/DD/YYYY	Gender	Social Security Number
				☐ M ☐ F	

1. I live in Michigan six or more months each year: ☐ Yes ☐ No
2. Are you or any family members applying for coverage currently active under a Blue Cross Blue Shield of Michigan group health plan? ☐ Yes ☐ No
   If yes, please provide your:
   Contract Number | Group Number | Policy End Date MM/DD/YYYY
3. Are you covered under another health insurance carrier?
   Check all that apply:
   ☐ Carrier | Contract Number
   ☐ Medicare/Medicare Advantage ☐ Medicaid
4. Are you currently enrolled in another dental program? ☐ Yes ☐ No Termination Date

I am applying for BCBSM Personal Blue Dental or Personal Blue Dental Plus subject to the terms and conditions of this application and I agree that I and my covered dependents will be bound by all of the BCBSM Personal Blue Dental or Personal Blue Dental Plus benefit requirements. Approval of this application and coverage effective date will be determined by BCBSM and shall be subject to requirements by BCBSM for additional information and payment of bills. I certify that the requirements of eligibility are met and that the information I have given on this application is true and correct to the best of my knowledge. I authorize BCBSM to obtain from providers of service any and all records relating to me and my covered dependents and acknowledge that BCBSM has the right to use and disclose these records and other confidential member information for valid business purpose.

Area below for BCBSM Use Only

Signature of Applicant | Date

Agent Code | MA/GA Code | Assoc./Chamber Code | Agent's Signature | Date

Group Number | Service Code | Eff.Date: MMDDYYYY | U/W: | DEID

1621581835

Please read the following information before completing the other side of this application.
The information on this form and the following conditions are part of your contract with Blue Cross Blue Shield of Michigan. Personal Blue Dental and Personal Blue Dental Plus coverage begins on the date determined by BCBSM. When BCBSM accepts your application, you and your family are bound by the terms of the policy and this application. A subscriber and any dependents must remain enrolled in Personal Blue Dental or Personal Blue Dental Plus coverage for a minimum of 12 months. If you terminate coverage for any reason you are not eligible to reapply for 12 months from the date of termination.

Medical coverage
You must have medical coverage to purchase Personal Blue Dental or Personal Blue Dental Plus.

Authorization
You are responsible for giving notice to BCBSM of changes in your status and your family's status that affect coverage, such as marriage, births or death of someone covered under the policy. Please send notice in writing to:

Personal Blue Dental or Personal Blue Dental Plus
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd. – Mail Code BP202
Detroit, MI 48226

You authorize BCBSM to obtain hospital, medical and dental records about you and your family from health care providers; and you authorize the release of any information needed to process or review a claim.

Proof of eligibility
You agree to provide proof of your eligibility for coverage in addition to that of your dependents when requested by BCBSM.

Confidentiality
We keep your personal health information confidential and do not release it without your consent or as permitted by state and federal privacy laws.

Approval
Approval of this application for dental care coverage will be indicated by your receipt of a billing notice. **Please do not submit payment until you receive a bill.**

Family Continuation

Family Continuation provides continuance of coverage for a dependent child of the subscriber if the child meets all of the following requirements:
- The child is between the ages of 19 and 25
- The child is unmarried
- The child is a member of the subscriber's household (unless he or she temporarily resides elsewhere, such as college students living away at school)
- The subscriber provides more than half of the child's support
- The child is related to the subscriber by blood, marriage, legal adoption or legal guardianship
- The child is a full-time student for a minimum of five months of the year **OR** has gross income of less than four times the personal exemption amount identified in the IRS Gross Income Test

Disabled dependent coverage
You may be eligible to obtain coverage for an unmarried child who is incapable of self-sustaining employment because of a disability that occurred before age 19. You must supply proof of the disability from a physician licensed in Michigan.

Enrollment
If you want to enroll, please submit your completed application to:

Blue Cross Blue Shield of Michigan - MC BP202
600 E. Lafayette Blvd.
Detroit, Michigan 48226-9942

Need more information?

For more information about Personal Blue Dental or Personal Blue Dental Plus, call 877-4MY-BLUE (877-469-2583) or visit **bcbsm.com/myblue**.

Enrolling is easy

In addition to offering you quality coverage, unmatched access and value, we've also made it easy for you to enroll:

- **Online: bcbsm.com/myblue**
- **Phone**: 877-4MY-BLUE (877-469-2583)
- **Mail:** Send the enclosed application to:
  Blue Cross Blue Shield of Michigan - MC BP202
  600 E. Lafayette Blvd.
  Detroit, Michigan 48226-9942

Or you can contact a Blue Cross Blue Shield of Michigan agent.

Blue Cross
Blue Shield
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

bcbsm.com/myblue