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## UAW-Ford Dental Benefits Summary Blue Cross Blue Shield of Michigan

**bcbsm.com**

Active 800-482-5146

Retiree 800-426-4610

Annual Plan Maximum	In-Network - DenteMax Providers	Out-of-Network
<b>Active</b>	\$1,850 per plan year, per person	\$1,850 per plan year, per person
<b>Retiree</b>	\$1,700 per plan year, per person	\$1,700 per plan year, per person

### Active and Retiree Benefits

Dental Benefits	In-Network - DenteMax Providers	Out-of-Network
<i>Diagnostic/Preventive</i> Oral Exam Cleaning Fluoride Treatment  Space Maintainers  X-Ray (Radiographs)  Palliative Treatment	Covered, twice per plan year Covered, twice per plan year Covered, one application per benefit year, covered for dependents under age 15 Covered for eligible dependents to age 19 Covered 100% - certain conditions apply Covered	Covered UCR, twice per plan year Covered UCR, twice per plan year Covered UCR, one application per benefit year, covered for dependents under age 15 Covered UCR for eligible dependents to age 19 Covered 90% UCR - certain conditions apply Covered UCR
<i>Restorative</i> Fillings Single Crown Root Canal Gum Treatment	Covered 100% Covered 90% Covered 100% Covered 100%	Covered 90% UCR Covered 90% UCR Covered 90% UCR Covered 90% UCR
<i>Oral Surgery</i> Extractions Major Oral Surgery	Covered 100% Covered 90%	Covered 90% UCR Covered 90% UCR
<i>Prosthetics</i> Bridgework  Dentures	Covered 70% - certain conditions apply Covered 70% - certain conditions apply	Covered 50% UCR - certain conditions apply Covered 50% UCR - certain conditions apply
<i>Orthodontics</i> Full Course Treatment  Lifetime maximum	Covered 60% for eligible dependents to age 19 \$2,200 Active \$2,000 Retiree	Covered 50% for eligible dependents to age 19 \$2,200 Active \$2,000 Retiree
<i>Emergency</i> Out-of-Area	Covered as shown above	Covered as shown above

To locate a DenteMax provider, call 800-752-1547 or visit the Web site at **dentemax.com**

*This benefits summary contains a brief explanation of the UAW-Ford Enhanced Traditional Dental Plan administered by BCBSM with the DenteMax option based on documents, policies and negotiated agreements by which these benefits are provided. If there is any difference between the Plan texts and this brochure, the Plan text and negotiated agreements always will govern.*