

Dental Plan Highlights

BCBS Dental Plan (Traditional)

General Provisions	
Web Site Address	http://www.bcbsm.com/bluedental
Phone Number	Actives: 1-888-736-7794
Find a Plan Provider	The Dental Provider Network is available by clicking on this link: http://www.bcbsm.com/bluedental
Annual Plan Maximum	\$1,850 per eligible person per plan year
Diagnostic/Preventive	
Oral Exam	In-Network: Covered, twice per plan year Out-of-Network: Covered at the Maximum Payment, twice per year
Cleaning	In-Network: Covered, twice per plan year Out-of-Network: Covered at the Maximum Payment, twice per year
Fluoride Treatment	In-Network: One application per benefit year, covered for dependents under age 15 at the Maximum Payment. At any age, Fluoride trays and fluoride treatment will be covered for cancer patients undergoing radiation therapy of the head and neck.
Space Maintainers	In-Network: Covered for eligible dependents to age 19 Out-of-Network: Covered at the Maximum Payment, for eligible dependents to age 19
X-Rays (Radiographs)	In-Network: Covered 100% - certain conditions apply Out-of-Network: Covered 90% of the Maximum Payment - certain conditions apply
Palliative Treatment	In-Network: Covered 100% - certain conditions apply Out-of-Network: Covered 100% of the Maximum Payment - certain conditions apply
Restorative	
Fillings	In-Network: Covered 100% Out-of-Network: Covered at 90% of the Maximum Payment
Single Crowns	In-Network: Covered at 90% of the Maximum Payment Out-of-Network: Covered at 90% of the Maximum Payment
Root Canal	In-Network: Covered 100% Out-of-Network: Covered at 90% of the Maximum Payment
Gum Treatments	In-Network: Covered 100% Out-of-Network: Covered 90% of the Maximum Payment
Oral Surgery	
Extractions	In-Network: Covered 100% Out-of-Network: Covered 90% of the Maximum Payment
Major Oral Surgery	In-Network: Covered 90% Out-of-Network: Covered 90% of the Maximum Payment
Prosthetics	
Bridgework	In-Network: Covered 70% - certain conditions apply Out-of-Network: Covered 50% of the Maximum Payment
Dentures	In-Network: Covered 70% - certain conditions apply Out-of-Network: Covered 50% of the Maximum Payment
Orthodontics	
Full Course Treatment	In-Network: Covered 60% for eligible dependents to age 19 Out-of-Network: Covered 50% of the Maximum Payment
Lifetime Maximum	In-Network: \$2,200 per eligible dependent Out-of-Network: \$2,200 per eligible dependent

Dental Plan Highlights

BCBS Dental Plan (Traditional)

Emergency

Out of Area

In-Network: Covered as shown above

Out-of-Network: Covered as shown above

Disclaimer

The health care benefits summary is a summary of basic benefits of the coverage options which may be available to you. Benefit policies, limitations and exclusions vary from plan to plan. If you or your eligible dependent(s) have specific medical needs, it is important that you check with the plan you are considering to find out how these needs will be met.

The company reserves the right to end, suspend or amend Plans, subject to the applicable Collective Bargaining Agreement. Agreements also will be made to comply with applicable statutes and regulations. If changes are made, you will be notified.

Each Health Maintenance Organization and Preferred Provider Organization will provide you with a full description of coverage upon request. Contact the plan to obtain more detailed information about their benefits, policies, limitations and exclusions; a listing of hospitals, pharmacies and other providers who participate with the plan; and any specific health concern you may have for yourself or you eligible dependent(s). For further information about the Traditional/Indemnity Plan, refer to "Your Employee Benefits" handbook.

January 2010