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# Blue Dental PPO Plus Standard With Vision

2018 plan year

## Overview

### About this plan

Get the coverage you need to complete your health care plus worry less about whether that care is in network. Dental care for the whole family is covered. In or out of network, your plan shares the same portion of the cost. This plan also covers vision care for adults, like exams, eyeglasses or contacts.

### Availability

You can buy this plan if you live in any Michigan county. Unlike most other Blue Cross plans, Blue Dental PPO Plus Standard with Vision isn't available on [healthcare.gov](#).

### Plan type

**PPO.** For dental care, you can go to any licensed dentist and this plan will share the cost. But you'll pay less if you see an [in-network dentist](#).

**VSP.** For vision care, you can go to any eye doctor and this plan will share the cost. But you'll pay less if you see a [VSP eye doctor](#).

### Who's covered

This plan covers dental care for all ages.

Vision coverage is for adults age 19 and older as of plan effective date. Why doesn't this plan cover children? Because of health care reform, all medical plans you purchase yourself must include pediatric vision care.

### Monthly premiums

To give you an accurate price, we'll need some information. [Find a plan](#) to get a quote.

## Deductible for dental care

Class I services have no deductible. There is a deductible for Class II and III services only. Class IV is not covered.

### In network

One member: You pay \$75.  
Two members: You pay \$150.  
Three members: You pay \$225.

### Out of network

One member: You pay \$75.  
Two members: You pay \$150.  
Three members: You pay \$225.

## Coinsurance for dental care

### In network

**Class I:** You pay 20%.  
**Class II:** You pay 40% after deductible.  
**Class III:** You pay 50% after deductible.  
**Class IV:** You pay 100%.

### Out of network

**Class I:** You pay 20%.  
**Class II:** You pay 40% after deductible.  
**Class III:** You pay 50% after deductible.  
**Class IV:** You pay 100%.

## Annual benefit maximum for adult dental care

### In network

\$1,000 for each adult

### Out of network

\$1,000 for each adult.

## Annual out-of-pocket max for pediatric dental care

Dental benefits for pediatric members work differently than they do for adults. When you see a dentist in the preferred network, there's a limit on your share of the costs each year. That's called an out-of-pocket max.

### In network

One member: You pay no more than \$350.  
Two or more members: You pay no more than \$700.

### Out of network

Not applicable

## Adult vision care

### Coverage includes:

One eye exam each calendar year.

One pair of standard frames every other calendar year.

You choose between coverage for prescription glasses (lenses and frame) or contact lenses, but not both:

Contacts covered once each calendar year, or

One pair of standard lenses covered once each calendar year

### Costs include:

Copay starts at \$10 for an eye exam by an in-network provider.

If you go to an in-network provider you pay the difference for frames or contacts that cost more than \$130. See vision tab for details.

## Related documents

For even more details about this plan, see:

[All-Ages Dental Certificate of Coverage \(PDF\)](#)

[Pediatric Dental Certificate of Coverage \(PDF\)](#)

[Adult Vision Certificate of Coverage \(PDF\)](#)

Certificates are legal documents that describe the benefits of a health insurance plan. Your plan might have different benefits and limitations than those listed in this document.

## Adult Dental

Adult members are age 19 or older at the start of the coverage year.

## Plan benefits

When you go to a dentist who accepts this plan, that's called getting your care in-network. [Find a dentist](#).

Because this plan is a PPO, you're covered when you go to a dentist who doesn't take this plan, but you'll pay more. That's called getting your care out-of-network.

## Class I

Preventive care like exams and cleanings

There is no waiting period for Class 1 services.

## Dental exams

Visits are covered twice a year.

**In network**

You pay 20%.

**Out of network**

You pay 20%.

**Teeth cleaning (prophylaxis)**

Visits are covered twice a year. A third visit is covered for members with specific medical conditions.

**In network**

You pay 20%.

**Out of network**

You pay 20%.

**Bitewing X-rays**

A set of four films is covered once a year.

**In network**

You pay 20%.

**Out of network**

You pay 20%.

**Fluoride treatments**

Not covered

**Class II**

Basic restorative work like fillings and root canals

These services are covered six months after you first join a Blue Dental plan.

**Periodontal maintenance**

Limited to twice a year in combination with routine cleaning. A third visit is covered for members with adverse medical conditions.

**In network**

You pay 40% after deductible.

**Out of network**

You pay 40% after deductible.

**Fillings**

Limited to once every 24 months for primary teeth, and once every 48 months for permanent teeth.

**In network**

You pay 40% after deductible.

**Out of network**

You pay 40% after deductible.

### Simple extraction

**In network**

You pay 40% after deductible.

**Out of network**

You pay 40% after deductible.

### Root canals

Coverage is once a lifetime per tooth.

**In network**

You pay 40% after deductible.

**Out of network**

You pay 40% after deductible.

### Class III

Major restorative work like dentures and bridges

These services are covered 12 months after you first join a Blue Dental plan.

### Oral surgery

This includes all oral surgery except simple extractions, which are covered in Class II.

**In network**

You pay 50% after deductible.

**Out of network**

You pay 50% after deductible.

### Crowns, onlays, veneer fillings

Coverage is once every 84 months for members age 12 and older.

**In network**

You pay 50% after deductible.

**Out of network**

You pay 50% after deductible.

### Bridges and dentures

Coverage is once every 84 months.

**In network**

You pay 50% after deductible.

**Out of network**

You pay 50% after deductible.

## Implants

Not covered

## Class IV

Orthodontic services  
Not covered

## Pediatric Dental

Children can get pediatric benefits until the end of the calendar year in which they turn 19.  
There is no waiting period for pediatric dental.

## Plan benefits

When you go to a dentist who accepts this plan, that's called getting your care in-network. [Find a dentist.](#)  
Because this plan is a PPO, you're covered when you go to a dentist who doesn't take this plan, but you'll pay more. That's called getting your care out-of-network.

## Class I

Preventive care like exams and cleanings.

## Dental exams

Exams are covered twice a year.

### In network

You pay 20% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

### Out of network

You pay 20%.

## Teeth cleaning (prophylaxis)

Cleanings are covered three times a year.

### In network

You pay 20% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

### Out of network

You pay 20%.

## Bitewing X-rays

A set of four films is covered once a year.

### In network

You pay 20% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

### Out of network

You pay 20%.

## Fluoride treatments

Fluoride treatments are covered twice a year.

### In network

You pay 20% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

### Out of network

You pay 20%.

## Class II

Basic restorative work like fillings and root canals.

## Periodontal maintenance

Limited to twice a year in combination with routine cleaning. A third visit is covered for members with adverse medical conditions.

### In network

You pay 40% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

### Out of network

You pay 40% after deductible.

## Fillings

Limited to once every 24 months for primary teeth, and once every 48 months for permanent teeth.

### In network

You pay 40% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

### Out of network

You pay 40% after deductible.

## Simple extraction

**In network**

You pay 40% before meeting your out-of-pocket max.  
You pay \$0 after meeting your out-of-pocket max.

**Out of network**

You pay 40% after deductible.

**Root canals**

Coverage is once a lifetime per tooth.

**In network**

You pay 40% before meeting your out-of-pocket max.  
You pay \$0 after meeting your out-of-pocket max.

**Out of network**

You pay 40% after deductible.

**Pit and fissure sealants**

Coverage is once per tooth every three years when applied to the first and second permanent molars.

**In network**

You pay 40% before meeting your out-of-pocket max.  
You pay \$0 after meeting your out-of-pocket max.

**Out of network**

You pay 40% after deductible.

**Class III**

Major restorative work like dentures and bridges

**Oral surgery**

This includes all oral surgery except simple extractions, which are covered in Class II.

**In network**

You pay 50% before meeting your out-of-pocket max.  
You pay \$0 after meeting your out-of-pocket max.

**Out of network**

You pay 50% after deductible.

**Crowns, onlays, veneer fillings**

Coverage is once every 84 months per tooth.

**In network**

You pay 50% before meeting your out-of-pocket max.  
You pay \$0 after meeting your out-of-pocket max.

**Out of network**

You pay 50% after deductible.



## Bridges and dentures

Coverage is once every 84 months.

### In network

You pay 50% before meeting your out-of-pocket max.

You pay \$0 after meeting your out-of-pocket max.

### Out of network

You pay 50% after deductible.

## Implants

Not covered

## Class IV

Orthodontic services

Not covered

## Adult Vision

This plan covers vision care for adults only. Why doesn't it cover children?

Because of health care reform, all medical plans you purchase yourself must include pediatric vision care.

## In-network benefits

When you go to an eye doctor that accepts this plan, that's called getting your care in network. [Find a VSP eye doctor.](#)

This plan shares the cost if you go to an eye doctor that doesn't take this plan. That's called getting your care out of network.

## Eye exam

Coverage is one exam a year.

### In network

You pay \$10.

### Out-of-Network

You pay \$10 plus any costs over \$34.

## Lenses and frames

Each calendar year this plan shares the costs for prescription eyeglasses or contact lenses, but not both.

## Standard lenses

Standard lenses prescribed by an eye doctor, optometrist or optician are covered once a year.

**In network**

You pay \$25.

A single copay applies to both lenses and frames.

**Out of network**

You pay \$25, plus the costs listed below.

A single copay applies to both lenses and frames.

**Single vision**

**lenses:** You pay costs over \$17.

**Bifocal lenses:**

You pay costs over \$30.

**Trifocal lenses:**

You pay costs over \$43.

### Standard frames

Standard frames are covered once every 24 months.

**In network**

You pay \$25 plus costs over \$130.

A single copay applies to both lenses and frames.

**Out-of-Network**

You pay \$25 plus costs over \$38.25.

A single copay applies to both lenses and frames.

### Contact lenses

Each year, this plan shares the costs for eyeglasses or contact lenses, not both.

### Elective contact lenses

Elective contact lenses are covered once a year.

**In network**

You pay any costs over \$130.

**Out-of-Network**

You pay any costs over \$100.

### Medically necessary contact lenses

Medically necessary contact lenses are covered once a year.

**In network**

You pay \$25.

**Out-of-Network**

You pay \$25 plus costs over \$210.

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