

[2018 plans](#) | [See 2017 plans](#)

Blue Dental PPO Standard

2018 plan year

Overview

About this plan

Want the freedom to choose any licensed dentist? This all-ages dental plan helps cover care when you see a dentist who isn't in our preferred network, but it's easy to find dental professionals who are.

Availability

You can buy this plan if you live in any Michigan county.

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](#).

Who's covered

This plan covers dental care for all ages.

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 \$25.
 Two members: You pay \$50.
 Three members: You pay \$75.

Out of network

One member: You pay \$50.
 Two members: You pay \$100.
 Three members: You pay \$150.

Coinsurance for dental care**In network**

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

Out of network

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

Annual benefit maximum for adult dental care**In network**

\$1,200 for each adult

Out of network

Up to \$800 of the \$1,200 in-network total can be used toward out-of-network care.

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

Related documents

For even more details about this plan, see:

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

[Pediatric Dental 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 50%.

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 50%.

Bitewing X-rays

A set of four films is covered once a year.

In network

You pay 20%.

Out of network

You pay 50%.

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 50% after deductible.

Out of network

You pay 50% after deductible.

Fillings

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

In network

You pay 50% after deductible.

Out of network

You pay 50% after deductible.

Simple extraction

In network

You pay 50% after deductible.

Out of network

You pay 50% after deductible.

Root canals

Coverage is once a lifetime per tooth.

In network

You pay 50% after deductible.

Out of network

You pay 50% 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 50%.

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 50%.

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 50%.

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 50%.

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 50% after deductible 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.

Fillings

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

In network

You pay 50% after deductible 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.

Simple extraction

In network

You pay 50% after deductible 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.

Root canals

Coverage is once a lifetime per tooth.

In network

You pay 50% after deductible 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.

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 50% after deductible 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.

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% after deductible 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% after deductible 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% after deductible 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

©1996-2016 Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association. We provide health insurance in Michigan.

State and Federal Privacy laws prohibit unauthorized access to Member's private information. Individuals attempting unauthorized access will be prosecuted.

[Important Legal and Privacy Information](#)