

Comprehensive Preferred Dental Care Coverage Benefits-at-a-Glance for U.P. Plumbers Group 37841

Class I Services

Oral Exams – once every six months	Covered – 75%
Teeth Cleaning – once every six months	Covered – 75%
Bitewing X-rays – once every six months	Covered – 75%
Full-mouth X-rays – once every 36 months	Covered – 75%
Fluoride Treatment	Covered – 75%
Space Maintainers	Covered – 75%, up to age 19
Palliative Emergency Treatment	Covered – 75%

Class II Services

Fillings (amalgam, acrylic, or silicate)	Covered – 50%
Inlays, Onlays, and Crowns	Covered – 50%
Root Canal Therapy	Covered – 50%
Periodontic Treatments	Covered – 50%
General Anesthesia	Covered – 50%
Oral Surgery including extractions	Covered – 50%
Repairs to Existing Dentures	Covered – 50%

Class III Services

Removable Dentures	Covered – 50%
Fixed Bridges	Covered – 50%

Class IV Services – Orthodontic services for dependents under age 19

Habit Breaking Appliances	Not Covered
Minor Tooth Guidance Appliances	Not Covered
Full-Banding Treatment	Not Covered
Monthly, Active Treatment Visits	Not Covered

Copays and Dollar Maximums

Copays	25% for Class I services, 50% for Class II & III services
Dollar Maximums	
• Annual Maximum	\$600 per member for all covered services
• Lifetime Maximum	Not Applicable
Rider CDC-FC, Continuation of Coverage for Dependent Children	Allows members to continue group dental coverage for dependent children between the ages of 19-25 when certain eligibility requirements are met. The member is responsible for the additional charge per continuation member.

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. If you receive care from a nonparticipating dentist, you may be billed for the difference between our approved amount and the dentist's charge.

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