

CITY OF JACKSON

Dental Coverage

Benefits-at-a-Glance

Class I Services

Oral Exams	Covered – 75%, twice per calendar year
A set (up to 4) of Bitewing X-rays	Covered – 75%, twice per calendar year
Full-mouth and Panoramic X-rays	Covered – 75%, once every 60 months
Prophylaxis (Teeth Cleaning)	Covered – 75%, twice per calendar year
Fluoride Treatment	Covered – 75%, twice per calendar year
Space Maintainers – missing posterior (back) primary teeth	Covered – 75%, once per quadrant per lifetime, up to age 19
Palliative (emergency) treatment	Covered – 75%

Class II Services

Fillings - permanent (adult) teeth	Covered – 50%, once every 24 months
Fillings - primary (baby) teeth	Covered – 50%, once every 12 months
Inlays, Onlays, Crowns and Gold Fillings – permanent teeth	Covered – 50%, once every 60 months, payable for members age 12 and older
Recementing of Inlays, Onlays Crowns and Bridges	Covered – 50%, three times per tooth per calendar year
Root Canal Treatment – permanent tooth	Covered – 50%, once every 12 months for teeth with one or more canals
Periodontal Scaling and Planning	Covered – 50%, once every 24 months
Occlusal Adjustment	Covered – 50%, up to five times a 60-month period
Periodontic Appliances and Biteguards	Covered – 50%, once every 24 months
General Anesthesia or IV Sedation	Covered – 50%, if medically necessary & performed with oral/dental surgery
Oral Surgery including extractions	Covered – 50%
Relining or Rebasement of partial or complete Dentures	Covered – 50%, once every 36 months per arch
Tissue Conditioning	Covered – 50%, once every 36 months per arch
Repairs to existing Partial or Dentures	Covered – 50%, up to one-half the approved amount for a new denture in any 12-month period

Class III Services

Removable Dentures (Complete and Partial)	Covered – 50%, once every 60 months
Fixed Bridges	Covered – 50%, once every 60 months, payable for members age 12 and older

Class IV Services – Orthodontic services for dependents under age 19

Habit Breaking Appliances	Covered – 50%
Minor tooth guidance Appliances	Covered – 50%
Full-Banding Treatment	Covered – 50%
Monthly Active Treatment Visits	Covered – 50%

Copays and Dollar Maximums

Copays	25% for Class I and 50% for Class II, III and Class IV services
Dollar Maximums	
• Annual Maximum	\$1000 per member for all covered services per calendar year
• Lifetime Maximum	\$1000 per member for Class IV services

Note: For non-urgent, complex, expensive dental treatment (ie. crowns, bridges or dentures), dentists should 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.