



**CITY OF JACKSON  
Comprehensive Preferred Dental Plan**

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0009,0010,0019**

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

**Member's responsibility (copays and dollar maximums)**

<b>Copays</b>	
• Class I	25% of approved amount
• Class II	50% of approved amount
• Class III	50% of approved amount
• Class IV	50% of approved amount
<b>Dollar maximums</b>	
• Annual maximum (for Class I, II and III services) per Benefit Year (July)	\$1,000 per member
• Lifetime maximum (for Class IV services)	\$1,000 per member

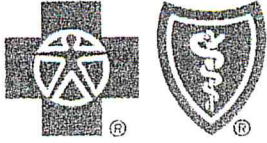
**Class I services**

Clinical oral exams – one in any six-month period	75% of approved amount
Teeth cleaning – once in any six-month period	75% of approved amount
Bitewing x-rays – once in any six-month period	75% of approved amount
Full-mouth series or panoramic x-rays – once in any 36-month period	75% of approved amount
<b>Note:</b> Full-mouth series or panoramic x-rays count toward the bitewing frequency of once in a six-month period.	
Fluoride treatment – once in any six-month period for persons under age 19	75% of approved amount
Palliative (emergency) care	75% of approved amount
Space maintainers (fixed or removable) – only one per space, for patients under age 19 (Recementing of a space maintainer is covered only after six months of its initial placement)	75% of approved amount

**Class II services**

Fillings (amalgam, plastic, composite or similar materials) – replacement fillings by same dentist/office, covered 12 months or more after initial filling	50% of approved amount
Inlays, onlays, crowns and gold fillings when a tooth cannot be restored with materials such as amalgam, composite or plastics	50% of approved amount
Recementing of crowns, inlays/onlays and bridges – limited to three times in a 12-month period	50% of approved amount
Extractions and surgical removal of teeth	50% of approved amount
Root canal and planing – once in a 12-month period	50% of approved amount
Periodontic surgical services – once in a 36-month period	50% of approved amount
Occlusal adjustment through a selective grinding of a tooth – limited adjustments covered for up to three times in a 12-month period	50% of approved amount
Periodontic appliances or biteguards – once in a 12-month period	50% of approved amount
Adjustment of bridges or dentures	50% of approved amount
Relining or rebasing of a partial or complete denture – one in a 36-month period	50% of approved amount
Tissue conditioning – once in a 36-month period per arch	50% of approved amount
Repairs and adjustments of a partial or complete denture – up to a limit of one-half the approved amount for a new denture in any 12-month period	50% of approved amount
General anesthesia or IV sedation – when medically necessary, in connection with oral or dental surgery	50% of approved amount

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



**Class III services**

Removable dentures (complete and partial) <b>Note:</b> Posterior (back) bridges and partial dentures in the same arch are paid as a partial denture.	50% of approved amount
Stayplates to replace recently extracted anterior (front) teeth	50% of approved amount
Fixed bridges, including abutment crowns and pontics (artificial teeth) – for members age 16 or older	50% of approved amount

**Class IV services – Orthodontic services for dependents under age 19**

Braces	50% of approved amount
Monthly, active treatment visits	50% of approved amount

**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.