



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

**Location/Subgroup:** MBPA/VITAL NURSE STAFFING LLC  
**Group-Division:** 007028638-0000

## Blue Dental<sup>SM</sup> PPO 100/80/50 (80/50/50) SG Voluntary

### Benefits-at-a-Glance

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.

**Note: Pediatric members are members who are age 18 or younger on the plan's effective date. They remain pediatric members through the end of the calendar year in which they turn 19.**

#### Network access information

With Blue Dental PPO, members can choose any licensed dentist anywhere. However, they'll have the greatest coverage and savings when they choose a dentist who is a member of the Blue Dental PPO network.<sup>1</sup>

**Blue Dental PPO network** – Blue Dental members have unmatched access to PPO dentists through the Blue Dental PPO network, which offers more than 260,000 dentist locations<sup>2</sup> nationwide. PPO dentists agree to accept our approved amount as full payment for covered services – members pay only their applicable coinsurance and deductible amounts. Members also receive discounts on noncovered services when they use PPO dentists (in states where permitted by law). To find a PPO dentist near you, please visit [mibluedentist.com](http://mibluedentist.com) or call **1-888-826-8152**.

<sup>1</sup> Blue Dental uses the Dental Network of America (DNoA) Preferred Network for its dental plans.

<sup>2</sup> A dentist location is any place a member can see a dentist to receive high-quality dental care. For example, one dentist practicing in two offices would be two dentist locations.

Members who go to non-PPO dentists can still save money through our Blue Par Select arrangement.

**Blue Par Select<sup>SM</sup> arrangement** – Most non-PPO dentists accept our Blue Par Select arrangement, which means they participate with the Blues on a "per claim" basis. Members should ask their dentists if they participate with BCBSM before every treatment. Blue Par Select dentists accept our approved amount as full payment for covered services – members pay only applicable coinsurance and deductible amounts. To find a dentist who may participate with BCBSM, please visit [mibluedentist.com](http://mibluedentist.com).

**Note:** Members who go to nonparticipating dentists are responsible for any difference between our approved amount and the dentist's charge.

### Member's responsibility (deductible, copays and dollar maximums)

Benefits	In-network	Out-of-network
<b>Deductibles</b> Applies to Class II and Class III services only	\$25 per member, \$50 for two members, \$75 per family per calendar year	\$50 per member, \$100 for two members, \$150 per family per calendar year
<b>Coinsurance (percentage of BCBSM's approved amount for covered services)</b>		
Class I services	None (covered at 100%)	20%
Class II services	20%	50%
Class III services	50%	50%
Class IV services	Not Covered	Not Covered
<b>Dollar Maximums</b>		



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## Member's responsibility (deductible, copays and dollar maximums)

Benefits	In-network	Out-of-network
Annual maximum for Class I, II and III services	\$1000 per member The annual benefit maximum does not apply to pediatric members.	\$800 per member The annual benefit maximum does not apply to pediatric members.
Lifetime maximum for Class IV services	Not covered For members up to their 19th birthday	Not covered For members up to their 19th birthday
<b>Out-of-pocket maximum</b> The maximum out-of-pocket expense pediatric members will pay in a calendar year for deductible and coinsurance amounts applied to most covered in-network dental services. The out-of-pocket maximum does not apply to charges that exceed our approved PPO fee, services provided by non-PPO dentists, non-covered services, or orthodontic services.	\$350 for one pediatric member or \$700 for two or more pediatric members per calendar year. There is no out-of-pocket maximum for non-pediatric members. <b>Note:</b> This out-of-pocket maximum is separate from the annual out-of-pocket maximum that applies under your hospital and medical coverage (if any).	Not applicable
<b>Waiting period</b>	Not Applicable <b>12 months for Class III services (except root canals and extractions of non-impacted teeth). The Class III waiting period does not apply to pediatric members.</b> <b>Note:</b> Your group's waiting period may be waived with proof of prior dental coverage. However, members who enroll after the initial enrollment period will be subject to the group's 12-month waiting period.	Not Applicable <b>12 months for Class III services (except root canals and extractions of non-impacted teeth). The Class III waiting period does not apply to pediatric members.</b> <b>Note:</b> Your group's waiting period may be waived with proof of prior dental coverage. However, members who enroll after the initial enrollment period will be subject to the group's 12-month waiting period.

## Plan's responsibility

The plan's responsibility is subject to a review of the reported diagnosis, dental necessity verification and the availability of dental benefits at the time the claim is processed, as well as the conditions, exclusions and limitations, and deductible and coinsurance requirements under the applicable BCBSM certificates and riders.



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### Class I services

Benefits	In-network	Out-of-network
<b>Most Diagnostic and preventive services:</b>		
Routine oral examinations/evaluations – twice per calendar year	100% of approved amount	80% of approved amount
Routine prophylaxes (cleanings) – three times per calendar year for pediatric members; two times per calendar year for all other members	100% of approved amount	80% of approved amount
Fluoride treatments – twice per calendar year for pediatric members only	100% of approved amount	80% of approved amount
Topical fluoride varnish for moderate- to high-risk caries patients – four times per calendar year for members age 3 and younger only and two times per calendar year for members age 4 to 14 only in combination with fluoride treatments. For example, two fluoride treatments or two topical fluoride varnishes or one fluoride treatment and one topical fluoride varnish are payable in a calendar year for high-risk members between the ages of 4 and 14. However, two fluoride treatments and two topical fluoride varnishes are not payable for these members.	100% of approved amount	80% of approved amount
Dental sealants – once per tooth per 36 months for first and second permanent molars for pediatric members only	100% of approved amount	80% of approved amount
<b>Bitewing X-rays</b> One set (up to four films) per calendar year	100% of approved amount	80% of approved amount
<b>Oral brush biopsy sample collection</b> Twice per calendar year	100% of approved amount	80% of approved amount

### Class II services

Benefits	In-network	Out-of-network
<b>Other Diagnostic and preventive services:</b>		
Diagnostic tests and laboratory examinations	80% of approved amount after deductible	50% of approved amount after deductible
Space maintainers – once per quadrant per lifetime for missing posterior primary teeth for pediatric members only (re-cementation of a space maintainer is payable three times per quadrant per lifetime)	80% of approved amount after deductible	50% of approved amount after deductible



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## Class II services

Benefits	In-network	Out-of-network
<b>Panoramic or full-mouth X-rays</b> Once per 60 months	80% of approved amount after deductible	50% of approved amount after deductible
<b>Emergency palliative treatment</b>	80% of approved amount after deductible	50% of approved amount after deductible
<b>Minor restorative services:</b>		
Amalgam and resin-based composite fillings and fillings of similar materials – once per tooth and surface per 48 months for permanent teeth; once per tooth and surface per 24 months for primary teeth	80% of approved amount after deductible	50% of approved amount after deductible
<b>Adjunctive general services:</b>		
General anesthesia or IV sedation	80% of approved amount after deductible	50% of approved amount after deductible
Office visits for observation (during regularly scheduled hours) for non-pediatric members only	80% of approved amount after deductible	50% of approved amount after deductible
Office visits after regularly scheduled hours	80% of approved amount after deductible	50% of approved amount after deductible
House and hospital calls for non-pediatric members only	80% of approved amount after deductible	50% of approved amount after deductible
Antibiotic injections for non-pediatric members only	80% of approved amount after deductible	50% of approved amount after deductible
<b>Periodontal maintenance</b> Three times per calendar year in place of routine dental prophylaxis for pediatric members; two times per calendar year in place of routine dental prophylaxis for all other members	80% of approved amount after deductible	50% of approved amount after deductible

## Class III services

**Note:** There is a 12-month waiting period for Class III benefits. The waiting period will be satisfied on the last day of the 12-month period with benefits becoming effective on the first date following. For example, if the member's coverage becomes effective on January 1, 2015, the last date of the waiting period will be December 31, 2015, with benefits becoming active on January 1, 2016. This waiting period does not apply to pediatric members.

**Root canals and extractions of non-impacted teeth are not subject to the 12-month waiting period.**

Benefits	In-network	Out-of-network
<b>Endodontic services:</b>		
Root canal treatments – once per tooth per lifetime (retreatment of a root canal 12 or more months after the initial root canal treatment is payable once per tooth per lifetime)	50% of approved amount after deductible	50% of approved amount after deductible



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**Root canals and extractions of non-impacted teeth are not subject to the 12-month waiting period.**

Benefits	In-network	Out-of-network
Therapeutic pulpotomies or pulpal debridement	50% of approved amount after deductible	50% of approved amount after deductible
Vital pulpotomies on primary teeth	50% of approved amount after deductible	50% of approved amount after deductible
Apexification	50% of approved amount after deductible	50% of approved amount after deductible
Apical surgeries on permanent teeth	50% of approved amount after deductible	50% of approved amount after deductible
<b>Periodontic services:</b>		
Periodontal scaling and root planing – once per quadrant per 24 months for pediatric members; once per quadrant per 36 months for all other members	50% of approved amount after deductible	50% of approved amount after deductible
Localized delivery of antimicrobial agents – one surface per tooth and three teeth per quadrant with a maximum of 12 teeth per year for non-pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible
Limited occlusal adjustments – up to five times per 60 months for non-pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible
Occlusal biteguards (and relines and repairs to occlusal biteguards) – once per 60 months for non-pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible
Gingivectomies and gingivoplasties	50% of approved amount after deductible	50% of approved amount after deductible
Osseous surgeries for non-pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible
Gingival flap procedures	50% of approved amount after deductible	50% of approved amount after deductible
Soft tissue grafts	50% of approved amount after deductible	50% of approved amount after deductible
Bone replacement grafts for non-pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible
<b>Major restorative services:</b>		
Onlays, crowns and veneers – once per permanent tooth per 60 months for members age 12 and older only	50% of approved amount after deductible	50% of approved amount after deductible
Substructures, including cores and posts	50% of approved amount after deductible	50% of approved amount after deductible



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Benefits	In-network	Out-of-network
Recementation or repair of posts, crowns, veneers, inlays and onlays – three times per tooth per calendar year	50% of approved amount after deductible	50% of approved amount after deductible
<b>Oral surgery services:</b>		
Extractions and surgical removal of non-impacted teeth	50% of approved amount after deductible	50% of approved amount after deductible
Surgical exposure and facilitation of eruption of unerupted teeth	50% of approved amount after deductible	50% of approved amount after deductible
Incision and drainage of cellulitis or fascial space abscesses of intraoral soft tissue	50% of approved amount after deductible	50% of approved amount after deductible
Removal of exostoses (excess bony growths of the upper and lower jaw)	50% of approved amount after deductible	50% of approved amount after deductible
Excision of hyperplastic tissue per arch	50% of approved amount after deductible	50% of approved amount after deductible
Soft tissue biopsies for pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible
Frenulectomies	50% of approved amount after deductible	50% of approved amount after deductible
<b>Prosthodontic services:</b>		
Complete dentures – once per 84 months	50% of approved amount after deductible	50% of approved amount after deductible
Removable partial dentures and fixed partial dentures (bridges), including abutment crowns and pontics – once per 84 months for members age 16 and older only	50% of approved amount after deductible	50% of approved amount after deductible
Relines or rebases of partial dentures or complete dentures – once per 36 months per arch	50% of approved amount after deductible	50% of approved amount after deductible
Tissue conditioning – once per 36 months per arch	50% of approved amount after deductible	50% of approved amount after deductible
Adjustments, repairs and recementation	50% of approved amount after deductible	50% of approved amount after deductible
Stayplates to replace recently extracted permanent anterior (front) teeth	50% of approved amount after deductible	50% of approved amount after deductible
Endosteal implants and implant-related services – once per tooth per lifetime for teeth numbered 2 through 15 and 18 through 31 for non-pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible



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

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Benefits	In-network	Out-of-network
<b>Orthodontics and related services</b>	Not Covered	Not Covered