



Basic Dental Care Coverage
Michigan Tech University – 55248
(effective 1/1/05)

Dental Coverage
Basic Plan

Class I Services

Oral exams	Covered – 100%, twice per calendar year
A set (up to 4) of bitewing X-rays	Covered – 100%, twice per calendar year
Full-mouth and panoramic X-rays	Covered – 100%, once every 60 months
Prophylaxis (teeth cleaning)	Covered – 100%, twice per calendar year
Fluoride treatment	Covered – 100%, twice per calendar year, through age 19
Space maintainers – missing posterior (back) primary teeth	Covered – 100%, once per quadrant per lifetime, up to age 19
Dental Sealants	Covered – 100%, through age 19

Copays and Dollar Maximums

Deductible	None
Copays	None
Dollar Maximums	
• Annual Maximum	\$1,000 per member for all covered services
• Lifetime Maximum	Not applicable

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 of Michigan certificate and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan 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.