

member **Dental**
INSURANCE



FB MICHIGAN
FARM BUREAU®



Nothing is more important than your health.

Proper dental care is essential to your overall well-being. The lack of dental care can lead to major complications including infections, tooth decay, tooth loss, gum disease and more. Increasing evidence also links gum diseases to heart disease and diabetes.

Regular dental checkups and professional cleanings can prevent most dental problems from developing. And a good dental insurance policy can help you pay for regular dental care. Farm Bureau wants to provide you the dental care you need at a price you can afford.

Farm Bureau's member dental plan offers quality coverage administered by Blue Cross® Blue Shield® of Michigan ... the most recognized name in health care.

We guarantee your acceptance

Farm Bureau members who apply for our member dental plan are guaranteed acceptance into the plan.

Applications for dental coverage submitted to Michigan Farm Bureau by the 10th of a month will have an effective date of the 20th of the following month for Class 1 (preventive) services. There is a six-month waiting period from your effective date of coverage for Class 2 (restorative) and Class 3 (constructive) services.

member dental care

Eligibility requirements

To qualify for coverage, you must meet all of the following criteria:


- Be a Farm Bureau member.
- Be a Michigan resident and live in the state for a minimum of six months each year.
- Have not had prior Farm Bureau sponsored BCBSM dental coverage that canceled within the past year.
- Family members must be on the same dental care contract.

Eligible dependents

Applicants to Farm Bureau's Traditional Plus dental plan are eligible for spouse and dependent coverage. Dependent children are covered through the end of the calendar year in which they turn 19 years of age if, and as long as, the subscriber continues to be covered under this plan. Coverage for dependent children may be extended past the age of 19 if they meet dependent eligibility criteria.

We are committed to personal service

We believe personal service is essential to a quality health care plan. With 67 local Farm Bureau offices throughout Michigan, personal service can be as close as your own community. Our members also have toll free telephone access to our Personalized Customer Service unit at Blue Cross Blue Shield of Michigan for claim and benefit questions.



With Farm Bureau's Traditional Plus dental plan, you have three options for choosing a dentist. The main difference between them is the amount you pay out-of-pocket. You can choose the same or different option each time you see a dentist. Your three options are:

DenteMax preferred network dentist

Blue Cross Blue Shield of Michigan (BCBSM) has contracted with the DenteMax dental network to offer you a choice of over 1,800 Michigan dentists. When you receive services from a DenteMax network dentist, you will usually have the lowest out-of-pocket costs because your coinsurance is based on a discounted amount. DenteMax dentists also file all claims for you and will receive payment directly from BCBSM. You'll only be responsible for paying your deductible, coinsurance and any fees for non-covered services. To find a DenteMax dentist near you, check out the DenteMax web site at www.dentemax.com.

Blue Cross Blue Shield participating dentist

If your dentist participates with BCBSM, it means he or she accepts the normal BCBSM approved amount, plus any required deductible and coinsurance from you, as payment in full for covered services. Dentists participate with BCBSM on a voluntary "per claim" basis, so ask your dentist if he or she will participate with BCBSM for all of your claims. Because your out-of-pocket costs are limited to just a deductible and coinsurance, this option offers you the next lowest out-of-pocket costs. Participating dentists will file your claims for you and receive payment directly from BCBSM. You'll only be responsible for paying your deductible,

choose your dentist

coinsurance and any fees for non-covered services.

Nonparticipating dentist

If your dentist chooses not to participate with BCBSM, you are responsible for any difference between the BCBSM approved amount and your dentist's charges. This amount is in addition to your deductible and coinsurance. You usually have the highest out-of-pocket costs with this option. Nonparticipating dentists will often file your claims for you, but the claim is submitted as "pay subscriber," which means you receive the payment directly from BCBSM. You are then responsible for sending the payment to the dentist, plus any balance above what BCBSM pays the dentist, and your deductible, coinsurance and fees for non-covered services.



Benefit period

Payment of benefits and annual dollar maximums are based on a calendar year beginning on January 1 and ending on December 31.

Waiting period

This plan requires a six month waiting period from your effective date of coverage for Class 2 and 3 services. You will receive a new dental ID card after your six months waiting period is up that will entitle you to Class 1, 2 and 3 services.

Deductible

This plan requires an annual deductible of \$50 per person or \$100 per family.

Coinsurance

Dental procedures are divided into types of service or classes. The amount BCBSM pays is determined by the class of service. For all classes you are required to pay a coinsurance. Your coinsurances are 25% for Class 1 services and 50% for Class 2 and 3 services, and are based on the BCBSM approved amount.

Benefit dollar maximums

Dental benefits are subject to the following dollar maximums per member, with a maximum of \$3,000 per family per year:

- \$1,000 per person annually for Class 1, 2 and 3 services combined.

what's covered

Predetermination of benefits

This plan allows dentists to provide BCBSM with a proposed treatment plan for non-urgent, complex or expensive procedures such as crowns, bridges or dentures so BCBSM can determine your coverage prior to treatment, or when there is a recommended alternative course of treatment.

Predetermination of benefits gives you and your dentist the opportunity to agree on treatment based on the amount BCBSM will pay for the condition. Your coverage is subject to the annual benefit maximum available and service time limitation at the time services are actually rendered.



Deductible	
Annual deductible	\$50 per person \$100 per family
Coinsurance	
Class 1 services	25%
Class 2 & 3 services	50%
Annual Benefit Maximum	
Annual benefit maximum on Class 1, 2 and 3 services.	\$1,000 per person \$3,000 per family
Class 1 Services (Preventive)	
Oral exams.	Covered 75%, twice per calendar year.
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.	Covered 75%, one per quadrant per lifetime, up to age 19.
Palliative emergency treatment.	Covered 75%.
Sealants (for members age 19 or under)	Covered 75%, once per tooth every 36 months, when applied to first and second permanent molars.
Class 2 Services (Restorative)	
Fillings - permanent teeth.	Covered 50%, once every 24 months, per tooth.
Fillings - primary teeth.	Covered 50%, once every 12 months, per tooth.
Inlays, onlays, crowns and gold fillings - permanent teeth.	Covered 50%, once every 60 months, per tooth. Payable for members age 12 and older.

benefits at a glance

Class 2 Services (Restorative) continued

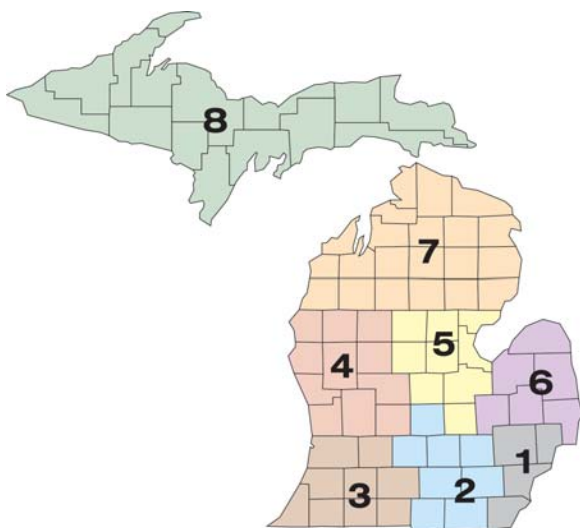
Recementing of inlays, onlays, crowns and bridges.	Covered 50%, three per calendar year.
Root canal therapy.	Covered 50%, once every 12 months for teeth with one or more canals.
Periodontal scaling and planing.	Covered 50%, once every 24 months.
Occlusal adjustment.	Covered 50%, up to five times in a 60-month period.
Periodontic appliances or biteguards.	Covered 50%, once every 12 months.
General anesthesia or IV sedation.	Covered 50%, when medically necessary and performed with oral or dental surgery.
Extractions - simple and surgical.	Covered 50%.
Relining or rebasing of partials or dentures.	Covered 50%, once every 36 months per arch.
Tissue conditioning.	Covered 50%, once every 36 months per arch.
Repairs to existing partials or dentures.	Covered 50%, up to one-half of the approved amount for a new denture in any 12-month period.

Class 3 Services (Constructive)

Removable dentures and partials.	Covered 50%, once every 60 months.
Fixed bridges.	Covered 50%, once every 60 months, payable for members age 16 and older.
Entosteal implants - for members age 16 or older	Covered 50%, once per tooth in a member lifetime for teeth nos. 2-15 and 18-31.

Class 4 Services (Orthodontics)

Orthodontics (braces).	Not covered.
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Dental rating areas (counties)

Area 1: Macomb, Monroe, Oakland, Wayne

Area 2: Clinton, Eaton, Hillsdale, Ingham, Jackson, Lenawee, Livingston, Washtenaw

Area 3: Allegan, Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren

Area 4: Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

Area 5: Arenac, Bay, Clare, Gladwin, Gratiot, Isabella, Midland, Saginaw, Shiawassee

Area 6: Genesee, Huron, Lapeer, Sanilac, St. Clair, Tuscola

Area 7: Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, Wexford

Area 8: Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinaw, Marquette, Menominee, Ontonagon, Schoolcraft

premium rates

Area	1 person	2 persons	Family	F-rider
Area 1	39.06	87.86	105.44	19.53
Area 2	37.64	84.69	101.64	18.83
Area 3	33.08	74.43	89.32	16.54
Area 4	36.27	81.61	97.94	18.14
Area 5	34.69	78.06	93.69	17.35
Area 6	36.66	82.48	98.98	18.34
Area 7	35.54	79.97	95.97	17.78
Area 8	31.58	71.05	85.26	15.80

About the premium rates

Premium rates represent the cost of one month of coverage. Members are billed quarterly in February, May, August and November. These rates are good until August 20, 2009. Rates are based on the county of residence of the applicant. See the dental rating areas chart and map at left to determine which rating area you reside in.

F-rider refers to a family continuation rider; a child who is between the ages of 19 and 25 but still a dependent of their parents. To qualify as an F-rider, a dependent must be:

- Unmarried.
- Between the ages of 19 and 25.
- Dependent on you for more than half of his/her support.
- A member of your household.
- Related to you by blood, marriage or adoption.
- A full-time student for at least five months of the year OR had a gross income of less than four times the personal exemption amount identified by the IRS Gross Income Test.

The F-rider rate is an additional charge that is added onto the other family members' rate.

About Farm Bureau

Michigan Farm Bureau is the state's largest general farm organization, with over 200,000 family members in 67 county Farm Bureaus. We have members from all over, from all walks of life — from rural, urban and suburban Michigan.

They belong to Farm Bureau for many reasons. Some join to take action on behalf of agriculture, the state's second largest industry. Others join to support Farm Bureau policies. Farm Bureau works on the local level, in Lansing and in Washington D.C. to support action not just on farm issues, but on many of the same things you're concerned about: protection of private property rights and the quality of the rural environment, tax policies and economic growth, and the quality and safety of our food supply.

Still other families belong to Farm Bureau so they can take advantage of our wide range of outstanding member benefits, like our health insurance plans. Whatever the reason, becoming a part of the Farm Bureau family means joining with other people who share the goal of a prosperous economy and a safe society for today and for the future. For more information, visit our web site at www.michiganfarmbureau.com.

