



**Blue Cross
Blue Shield**
of Michigan

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

HOPE COLLEGE

007013084-0002

Dental Coverage

Effective Date: On or after July 2019

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 self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Network access information

With Blue Dental PPO Plus MAC, members can choose any licensed dentist anywhere. But because BCBSM's allowed amount for covered services provided under this plan is always set at the PPO fee level—even when the dentist who provided them isn't a PPO dentist—members will have lower out-of-pocket costs if they see dentists in the Blue Dental PPO network.¹

Blue Dental PPO network- Members have unmatched access to PPO dentists through the Blue Dental PPO network, which offers more than 438,000 dentist locations² nationwide. PPO dentists agree to accept our allowed amount as full payment for covered services, which mean members pay only their coinsurance and deductible amounts, if any, when they see PPO dentists. 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 or call **1-888-826-8152**.

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

²A 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.

Blue Par SelectSM arrangement- Members who see non-PPO dentists can still save money by choosing a dentist who participates with BCBSM on a per-claim basis through our Blue Par Select (BPS) arrangement. BPS dentists agree to accept our Maximum Allowable Charge (MAC) as full payment for covered services. Our MAC is generally higher than our approved amount, and members must pay any difference between the two when they go to BPS dentists, along with their coinsurance and deductible amounts, if any. However, they're not responsible for any difference between the MAC and the dentist's charge. To find a dentist who may participate with BCBSM, please visit mibluedentist.com. Members should ask their dentists if they participate with BCBSM before every treatment.

Note: Members who go to nonparticipating dentists, (non-PPO dentists who don't participate through our Blue Par Select arrangement) are responsible for any difference between our allowed amount and the dentist's charge.

Member's responsibility (deductible, coinsurance and dollar maximums)	
Benefits	Coverage
Deductible <ul style="list-style-type: none"> Applies to Class II and Class III services only 	\$50 per member limited to a maximum of \$100 per family
Coinsurance (percentage of BCBSM's approved amount for covered services) <ul style="list-style-type: none"> Class I services Class II services Class III services Class IV services 	None (covered at 100%) 25% 50% Not covered
Dollar maximums <ul style="list-style-type: none"> Annual maximum for Class I, II and III services 	\$1,000 per member

ADM PLANYR JUL;DO-25/50/1000;DO-D\$50;DO-DBP;DO-FACR;DO-PPO-MAC;DO-WP 0/0/12;DOBY JUL;DOGBC

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Benefits	Coverage
<ul style="list-style-type: none"> Lifetime maximum for Class IV services 	Not applicable
Waiting period	12 months for Class III services (except root canals and extractions of non-impacted teeth). Note: Your group's waiting periods 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 periods.

Class I services	
Benefits	Coverage
Oral exams	100% of approved amount Note: Twice per benefit year
A set (up to 4 films) of bitewing x-rays	100% of approved amount Note: Once per benefit year
<ul style="list-style-type: none"> for members age 15 and younger for members age 16 and older 	100% of approved amount Note: Once in any 24 consecutive months
Panoramic or full-mouth x-rays	100% of approved amount Note: Once in any 84 consecutive months
Diagnostic x-rays	100% of approved amount Note: Limited to any combination of 6 individual or sets of films per plan year
Dental prophylaxis (teeth cleaning)	100% of approved amount Note: Twice per benefit year
Pit and fissure sealants - for members age 16 and younger	100% of approved amount Note: Once per tooth in any 36 consecutive months when applied to the first and second permanent molars
Palliative (emergency) treatment	100% of approved amount
Fluoride treatment - for members age 14 and younger	100% of approved amount
Space maintainers - missing posterior (back) primary teeth - for members age 16 and younger	100% of approved amount Note: Once per quadrant per lifetime

Class II services	
Benefits	Coverage
Fillings - permanent (adult) teeth	75% of approved amount after deductible Note: Replacement fillings covered after 48 months or more after initial filling
Fillings - primary (child) teeth	75% of approved amount after deductible Note: Replacement fillings covered after 24 months or more after initial filling
Recementation of crowns, veneers, inlays, onlays and bridges	75% of approved amount after deductible Note: Three times per tooth per benefit year after six months from original restoration
Oral surgery	75% of approved amount after deductible
Root canal treatment - permanent tooth	75% of approved amount after deductible Note: Once every 36 months for tooth with one or more canals
Scaling and root planing	75% of approved amount after deductible Note: Once per quadrant in any 36 consecutive months
Limited occlusal adjustments	75% of approved amount after deductible Note: Limited occlusal adjustments covered up to five times in any 60 consecutive months
Occlusal biteguards	75% of approved amount after deductible Note: Once in any 60 consecutive months (Repairs and relines to occlusal biteguards covered once in any 60 consecutive months)
General anesthesia or IV sedation	75% of approved amount after deductible Note: When medically necessary and performed with oral surgery

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Benefits	Coverage
Repairs and adjustments of a partial or complete denture	75% of approved amount after deductible Note: Six months or more after denture is delivered
Relining or rebasing of a partial or complete denture	75% of approved amount after deductible Note: Once per arch in any 36 consecutive months
Tissue conditioning	75% of approved amount after deductible Note: Once per arch in any 36 consecutive months
Periodontic maintenance (can replace dental prophylaxis)	75% 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.

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

Benefits	Coverage
Removable dentures (complete and partial)	50% of approved amount after deductible Note: Once in any 84 consecutive months
Bridges (fixed partial dentures) - for members age 16 and older	50% of approved amount after deductible Note: Once in any 84 consecutive months
Endosteal implants - for members age 16 or older who are covered at the time of the actual implant placement	50% of approved amount after deductible Note: Once per tooth per lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31
Onlays, inlays, crowns and veneer restorations - permanent teeth - for members age 12 and older	50% of approved amount after deductible Note: Once per tooth in any 84 consecutive months

Class IV services - Orthodontic services for dependents under age 19

Benefits	Coverage
Minor treatment for tooth guidance appliances	Not covered
Minor treatment to control harmful habits	Not covered
Interceptive and comprehensive orthodontic treatment	Not covered
Post-treatment stabilization	Not covered
Cephalometric film (skull) and diagnostic photos	Not covered

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.

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