



**Blue Cross
Blue Shield**
of Michigan

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

EMERGING MARKETS

0070002160090 - 0722T

Effective Date: 01/01/2024

Dental Coverage

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. 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.

Coverage determination: Claims are subject to dental necessity verification and availability of dental benefits when they are processed, as well as the terms and conditions of the applicable BCBSM certificates and riders.

Dentist information

With Blue Dental PPO, you can choose any licensed dentist anywhere. However, you'll get the best coverage and save the most money when you choose a Tier 1 PPO (in-network) dentist.

You have outstanding access to thousands of Tier 1 PPO dentists across the country through the Blue Dental PPO network. Tier 1 PPO dentists agree to accept our PPO approved amount as full payment for covered services, so you'll pay your applicable coinsurance and deductible amounts. To find a Tier 1 PPO dentist near you, log into your member account at bcbsm.com or call **1-888-826-8152**.

If you go to a non-PPO dentist, you can still save money by choosing a Tier 2 participating non-PPO (out-of-network) dentist. Tier 2 dentists participate with us on a "per claim" basis through our Blue Par Select (BPS) arrangement. They accept our BPS approved amount as full payment for covered services, so you'll pay your applicable coinsurance and deductible amounts. To find a Tier 2 participating non-PPO dentist near you, log into your member account at bcbsm.com. You should ask your dentist if they participate with BCBSM before every treatment.

Note: If you go to a nonparticipating dentist, you are responsible for any difference between our approved amount and the dentist's charge.

Eligibility information

Member	Eligibility Criteria
Dependents	<ul style="list-style-type: none"> Subscriber's legal spouse Dependent children: related to you by birth, marriage, legal adoption or legal guardianship; eligible for dental coverage through the end of the calendar year in which they turn age 26, provided all eligibility requirements are met.

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 \$150 per family per calendar year
Coinsurance (percentage of BCBSM's approved amount for covered services) <ul style="list-style-type: none"> Class I services 	None (covered at 100%)
<ul style="list-style-type: none"> Class II services 	20%
<ul style="list-style-type: none"> Class III services 	50%
<ul style="list-style-type: none"> Class IV services 	50%

ADM GLIDE DNTL;ADM PLANR JAN;ADM SPA-HEQ-DEN;BLUE DENTAL;CDH FSADCFSA DC;DO-PPO;PK664

Benefits	Coverage
Dollar maximums	\$2,000 per member
<ul style="list-style-type: none"> Annual maximum for Class I, II and III services 	
<ul style="list-style-type: none"> Lifetime maximum for Class IV services 	\$2,000 per member

Class I services

Benefits	Coverage
Oral exams	100% of approved amount Note: Twice per calendar year
A set (up to 4 films) of bitewing x-rays	100% of approved amount Note: Twice per calendar 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 every 60 months
Prophylaxis (cleaning)	100% of approved amount Note: Twice per calendar year
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. This period begins on the date of the member's first treatment.
Emergency palliative treatment	100% of approved amount
Fluoride treatments	100% of approved amount Note: Once per calendar year
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	80% of approved amount after deductible Note: Replacement fillings covered after 48 months or more after initial filling
Fillings - primary (child) teeth	80% 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	80% of approved amount after deductible Note: Three times per tooth per calendar year after six months from original restoration
Oral surgery	80% of approved amount after deductible
Root canal treatment	80% of approved amount after deductible Note: Once every 36 months for tooth with one or more canals
Scaling and root planing	80% of approved amount after deductible Note: Once per quadrant in any 36 consecutive months
Limited occlusal adjustments	80% of approved amount after deductible Note: Limited occlusal adjustments covered up to five times in any 60 consecutive months
Occlusal biteguards	80% of approved amount after deductible Note: Once every 60 months
General anesthesia or IV sedation	80% of approved amount after deductible Note: When medically necessary and performed with oral surgery
Repairs and adjustments of a partial or complete denture	80% of approved amount after deductible Note: Six months or more after denture is delivered
Relining or rebasing of a partial or complete denture	80% of approved amount after deductible Note: Once per arch in any 36 consecutive months
Tissue conditioning	80% of approved amount after deductible Note: Once per arch in any 36 consecutive months

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Benefits	Coverage
Periodontic maintenance	80% of approved amount after deductible Note: Twice per calendar year

Class III services

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
Crowns, onlays, inlays, 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	50% of approved amount
Minor treatment to control harmful habits	50% of approved amount
Interceptive and comprehensive orthodontic treatment	50% of approved amount
Post-treatment stabilization	50% of approved amount
Cephalometric film (skull) and diagnostic photos	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.