Blue Cross Blue Shield of Michigan

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

Coloma Public Schools
A1FVA8
0000000000000
Dental Coverage
Effective Date: On or after January 2022
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. 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.

Network access information
With Blue Dental PPO, members can choose any licensed dentist anywhere. However, they'll save the most money when they choose a dentist who is a member of the Blue Dental PPO network.

Blue Dental PPO network- Blue Dental members have unmatched access to PPO (in-network) dentists through the Blue Dental PPO network, which offers more than 535,000 dentist locations* nationwide. PPO dentists agree to accept our approved amount as full payment for covered services, and 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** or call **1-888-826-8152.**

**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 is two dentist locations.*

Blue Par Select℠ arrangement- Most non-PPO(out-of-network) 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, and members pay only applicable coinsurance and deductibles. To find a dentist who may participate with BCBSM, please visit **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, coinsurance and dollar maximums)

Benefits	In-network	Out-of-network
Deductible	None	None
Coinsurance (percentage of BCBSM's approved amount for covered services) • Class I services	None (covered at 100%)	None (covered at 100%)
• Class II services	50%	50%
• Class III services	50%	50%
• Class IV services	50%	50%
Dollar maximums • Annual maximum for Class I, II and III services	$1,000 per member	
• Lifetime maximum for Class IV services	$1,500 per member	

ADM PLANYR JUL;BLUE DENTAL;DO-BM-$1000;DO-CC2;DO-IN-C1-C0%;DO-IN-C2-C50%;DO-IN-C3-C50%;DO-IN-C4-C50%;DO-NP-C2-C50%;DO-NP-C3-C50%;DO-NP-C4-C50%;DO-OLM-$1500;DO-ON-C1-C0%;DO-PPO;DO-SA

Class I services

Benefits	In-network	Out-of-network
Oral exams	100% of approved amount	100% of approved amount
	Note: Twice per calendar year	
A set (up to 4 films) of bitewing x-rays	100% of approved amount	100% of approved amount
	Note: Twice per calendar year	
Panoramic or full-mouth x-rays	100% of approved amount	100% of approved amount
	Note: Once every 60 months	
Prophylaxis (cleaning)	100% of approved amount	100% of approved amount
	Note: Twice per calendar year	
Sealants - for members age 19 and younger	100% of approved amount	100% of approved amount
	Note: Once per tooth in any 36 consecutive months when applied to the first and second permanent molars	
Emergency palliative treatment	100% of approved amount	100% of approved amount
Fluoride treatments	100% of approved amount	100% of approved amount
	Note: Two per calendar year	
Space maintainers - missing posterior (back) primary teeth - for members 18 and younger	100% of approved amount	100% of approved amount
	Note: Once per quadrant per lifetime	

Class II services

Benefits	In-network	Out-of-network
Fillings - permanent (adult) teeth	50% of approved amount	50% of approved amount
	Note: Replacement fillings covered after 24 months or more after initial filling	
Fillings - primary (child) teeth	50% of approved amount	50% of approved amount
	Note: Replacement fillings covered after 12 months or more after initial filling	
Recementation of crowns, veneers, inlays, onlays and bridges	50% of approved amount	50% of approved amount
	Note: Three times per tooth per calendar year after six months from original restoration	
Oral surgery	50% of approved amount	50% of approved amount
Root canal treatment	50% of approved amount	50% of approved amount
	Note: Once per tooth per lifetime	
Scaling and root planing	50% of approved amount	50% of approved amount
	Note: Once every 24 months per quadrant	
Limited occlusal adjustments	50% of approved amount	50% of approved amount
	Note: Limited occlusal adjustments covered up to five times in any 60 consecutive months	

ADM PLANYR JUL;BLUE DENTAL;DO-BM-$1000;DO-CC2;DO-IN-C1-C0%;DO-IN-C2-C50%;DO-IN-C3-C50%;DO-IN-C4-C50%;DO-NP-C2-C50%;DO-NP-C3-C50%;DO-NP-C4-C50%;DO-OLM-$1500;DO-ON-C1-C0%;DO-PPO;DO-SA

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Benefits	In-network	Out-of-network
Occlusal biteguards	50% of approved amount	50% of approved amount
	Note: Once every 12 months	
General anesthesia or IV sedation	50% of approved amount	50% of approved amount
	Note: When medically necessary and performed with oral surgery	
Repairs and adjustments of a partial or complete denture	50% of approved amount	50% of approved amount
	Note: Six months or more after denture is delivered	
Relining or rebasing of a partial or complete denture	50% of approved amount	50% of approved amount
	Note: Once per arch in any 36 consecutive months	
Tissue conditioning	50% of approved amount	50% of approved amount
	Note: Once per arch in any 36 consecutive months	

Class III services

Benefits	In-network	Out-of-network
Crowns, onlays, inlays, and veneer restorations - permanent teeth - for members age 12 and older	50% of approved amount	50% of approved amount
	Note: Once every 60 months per tooth	
Removable dentures (complete and partial)	50% of approved amount	50% of approved amount
	Note: Once every 60 months	
Bridges (fixed partial dentures) - for members age 16 and older	50% of approved amount	50% of approved amount
	Note: Once every 60 months	
Endosteal implants - for members age 16 or older who are covered at the time of the actual implant placement	50% of approved amount	50% of approved amount
	Note: Once per tooth per lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31	

Class IV services - Orthodontic services for dependents under age 19

Benefits	In-network	Out-of-network
Minor treatment for tooth guidance appliances	50% of approved amount	50% of approved amount
Minor treatment to control harmful habits	50% of approved amount	50% of approved amount
Interceptive and comprehensive orthodontic treatment	50% of approved amount	50% of approved amount
Post-treatment stabilization	50% of approved amount	50% of approved amount
Cephalometric film (skull) and diagnostic photos	50% of approved amount	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.