Blue Cross Blue Shield of Michigan

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

FLUSHING COMMUNITY SCHOOLS
0070204960035 - 079XJ
Effective Date: 07/01/2026

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.

Note: Member cost-sharing requirements and benefit limitations are administered on a benefit year basis. Your benefit year begins on July 1 and ends the following year on June 30.

Eligibility information

Member	Eligibility Criteria
Dependents	• 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 benefit year in which they turn age 26, provided all eligibility requirements are met.

Member's responsibility (deductible, coinsurance and dollar maximums)

Benefits	Coverage
Deductible	None
Coinsurance (percentage of BCBSM's approved amount for covered services) • Class I services	None (covered at 100%)
• Class II services	None (covered at 100%)
• Class III services	None (covered at 100%)

ADM PLANYR JUL;ASCMOD 4721;BLUE DENTAL;DO-DBP;DO-PPO;DOBY JUL;PK398

Benefits	Coverage
• Class IV services	20%
Dollar maximums • Annual maximum for Class I, II and III services	$2,000 per member
• Lifetime maximum for Class IV services	$1,500 per member

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:** Twice per benefit year
Panoramic or full-mouth x-rays	100% of approved amount **Note:** Once every 60 months
Prophylaxis (cleaning)	100% of approved amount **Note:** Twice per benefit year
Sealants - for members age 19 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:** Two per benefit year
Space maintainers - missing posterior (back) primary teeth - for members 18 and younger	100% of approved amount **Note:** Once per quadrant per lifetime
Periodontic maintenance in combination with prophylaxes (cleanings)	100% of approved amount **Note:** Twice every benefit year in combination with routine cleanings

Class II services

Benefits	Coverage
Fillings - permanent (adult) teeth	100% of approved amount **Note:** Replacement fillings covered after 24 months or more after initial filling
Fillings - primary (child) teeth	100% of approved amount **Note:** Replacement fillings covered after 12 months or more after initial filling
Crowns, onlays, inlays, and veneer restorations - permanent teeth - for members age 12 and older	100% of approved amount **Note:** Once every 60 months per tooth
Recementation of crowns, veneers, inlays, onlays and bridges	100% of approved amount **Note:** Three times per tooth per benefit year after six months from original restoration
Oral surgery	100% of approved amount
Root canal treatment	100% of approved amount **Note:** Once per tooth per lifetime; retreatment of previous root canal therapy once per tooth per lifetime
Scaling and root planing	100% of approved amount **Note:** Once every 24 months per quadrant
Limited occlusal adjustments	100% of approved amount **Note: Limited** occlusal adjustments covered up to five times in any 60 consecutive months
Occlusal biteguards	100% of approved amount **Note:** Once every 12 months
General anesthesia or IV sedation	100% of approved amount **Note:** When medically necessary and performed with oral surgery
Repairs and adjustments of a partial or complete denture	100% of approved amount **Note:** Six months or more after denture is delivered

Benefits	Coverage
Relining or rebasing of a partial or complete denture	100% of approved amount **Note:** Once per arch in any 36 consecutive months
Tissue conditioning	100% of approved amount **Note:** Once per arch in any 36 consecutive months

Class III services

Benefits	Coverage
Removable dentures (complete and partial)	100% of approved amount **Note:** Once every 60 months
Bridges (fixed partial dentures) - for members age 16 and older	100% 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	100% 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	Coverage
Minor treatment for tooth guidance appliances	80% of approved amount
Minor treatment to control harmful habits	80% of approved amount
Interceptive and comprehensive orthodontic treatment	80% of approved amount
Post-treatment stabilization	80% of approved amount
Cephalometric film (skull) and diagnostic photos	80% 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.

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