



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

HOPE COLLEGE 007013084- Plan 2 Basic Dental Effective Date: 07/01/2024

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.

Network access information

With Blue Dental PPO Plus MAC, members can choose any licensed dentist anywhere. BCBSM's payment for covered services is always based on the Maximum Allowable Charge (MAC) amount — our PPO fee — even when the dentist isn't a PPO dentist. This means members will have the lowest out-of-pocket costs when they see dentists in the Blue Dental PPO network.

Blue Dental PPO network- Members have unmatched access to PPO (in-network) dentists through the Blue Dental PPO network, which offers more than 130,000 dentist locations nationwide. PPO dentists agree to accept our approved amount as full payment for covered services, and 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**.

Blue Par SelectSM arrangement- Members who see non-PPO (out-of-network) dentists can still save money by choosing a dentist who participates with BCBSM on a per-claim basis. While participating (out of network) dentists agree to accept our approved Blue Par Select amount as full payment for covered services, our payment will be based on the MAC amount, which is generally lower. Members must pay any difference between the two when they go to participating dentists, along with their coinsurance and deductible amounts, if any. However, they're not responsible for any difference between the approved amount 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 reimbursement for covered services 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	<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 benefit year in which they turn age 26, provided all eligibility requirements are met.

ADM PLANYR JUL;BLUE DENTAL;DO-BM-\$1500;DO-DBC;DO-DBP;DO-EOS;DO-IN-C1-C0%;DO-IN-C2-C25%;DO-IN-C3-C50%;DO-IN-D-C2/3;DO-IN-FD X2;DO-IN-MD \$50;DO-NP-C3-C50%;DO-NP-D-C2/3;DO-NP-FD X2;DO-NP-MD \$50;DO-ON-C1-C0%;DO-ON-C2-C25%;DO-PPO-MAC;DOBY JUL

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

Benefits	In-network	Out-of-network
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	\$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	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 Lifetime maximum for Class IV services 	\$1,500 per member Not applicable	

Class I services

Benefits	In-network	Out-of-network
Oral exams	100% of approved amount	100% of approved amount
Note: Twice per benefit year		
A set (up to 4 films) of bitewing x-rays	100% of approved amount	100% of approved amount
Note: Once per benefit year		
Panoramic or full-mouth x-rays	100% of approved amount	100% of approved amount
Note: Once every 60 months		
Diagnostic x-rays	100% of approved amount	100% of approved amount
Note: Limited to any combination of 6 individual or sets of films per benefit year		
Prophylaxis (cleaning)	100% of approved amount	100% of approved amount
Note: Twice per benefit year		
Sealants - for members age 15 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
Space maintainers - missing posterior (back) primary teeth - for members age 15 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	75% of approved amount after deductible	75% of approved amount after deductible
Note: Replacement fillings covered after 24 months or more after initial filling		

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Benefits	In-network	Out-of-network
Fillings - primary (child) teeth	75% of approved amount after deductible	75% of approved amount after deductible
Note: Replacement fillings covered after 12 months or more after initial filling		
Recementation of crowns, veneers, inlays, onlays and bridges	75% of approved amount after deductible	75% of approved amount after deductible
Note: Three times per tooth per benefit year after six months from original restoration		
Root canal treatment	75% of approved amount after deductible	75% of approved amount after deductible
Note: Once per tooth per lifetime		
Scaling and root planing	75% of approved amount after deductible	75% of approved amount after deductible
Note: Once every 24 months per quadrant		
Limited occlusal adjustments	75% of approved amount after deductible	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	75% of approved amount after deductible
Note: Once every 60 months		
General anesthesia or IV sedation	75% of approved amount after deductible	75% of approved amount after deductible
Note: When medically necessary and performed with oral surgery		
Repairs and adjustments of a partial or complete denture	75% of approved amount after deductible	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	75% of approved amount after deductible
Note: Once per arch in any 36 consecutive months		
Periodontic maintenance	75% of approved amount after deductible	75% of approved amount after deductible
Note: Twice per benefit year		
Tissue conditioning	75% of approved amount after deductible	75% of approved amount after deductible
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 after deductible	50% of approved amount after deductible
Note: Once every 60 months per tooth		
Oral surgery Note: Except simple extractions, which remain Class II.	50% of approved amount after deductible	50% of approved amount after deductible

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Benefits	In-network	Out-of-network
Removable dentures (complete and partial)	50% of approved amount after deductible	50% of approved amount after deductible
Note: Once every 60 months		
Bridges (fixed partial dentures) - for members age 16 and older	50% of approved amount after deductible	50% of approved amount after deductible
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 after deductible	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		

Class IV services - Orthodontic services for dependents under age 19

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