



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

HOPE COLLEGE

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Effective Date: 07/01/2022

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. 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.

Blue Dental PPO network- 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 allowed 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**.

**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 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 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.

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 a maximum of \$100 per family |

ADM PLANR JUL;ADMDNTLWPAIVER;BLUE DENTAL;DO-25/50/1000;DO-D\$50;DO-DBP;DO-FACR;DO-PPO-MAC;DO-WP 0/0/12;DOBY JUL

| Benefits | Coverage |
|---|--|
| Coinsurance (percentage of BCBSM's approved amount for covered services) | None (covered at 100%) |
| • Class I services | |
| • Class II services | 25% |
| • Class III services | 50% |
| • Class IV services | Not covered |
| Dollar maximums | \$1,000 per member |
| • Annual maximum for Class I, II and III services | |
| • 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 |
| • 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 calendar year |
| Prophylaxis (cleaning) | 100% of approved amount Note: Twice per benefit 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 |
| Emergency palliative 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 |

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| Benefits | Coverage |
|--|--|
| 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 |
| 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 |
| 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 | 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.