



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

ALBION COLLEGE

007003157-0006

Dental Coverage

Effective Date: On or after January 1, 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 SelectSM 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	Coverage
Deductible <ul style="list-style-type: none"> Applies to Class II and Class III services only 	\$100 per member limited to a maximum of \$200 per family per calendar year
Coinsurance (percentage of BCBSM's approved amount for covered services) <ul style="list-style-type: none"> Class I services 	10%
<ul style="list-style-type: none"> Class II services 	10%
<ul style="list-style-type: none"> Class III services 	50%
<ul style="list-style-type: none"> Class IV services 	50%
Dollar maximums <ul style="list-style-type: none"> Annual maximum for Class I, II and III services 	\$1,000 per member
<ul style="list-style-type: none"> Lifetime maximum for Class IV services 	\$1,000 per member

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Class I services

Benefits	Coverage
Oral exams	90% of approved amount Note: Twice per calendar year
A set (up to 4 films) of bitewing x-rays	90% of approved amount Note: Twice per calendar year
Panoramic or full-mouth x-rays	90% of approved amount Note: Once every 36 months
Prophylaxis (cleaning)	90% of approved amount Note: Twice per calendar year
Sealants - for members age 19 and younger	90% of approved amount Note: Once per tooth in any 36 consecutive months when applied to the first and second permanent molars
Emergency palliative treatment	90% of approved amount
Fluoride treatments	90% of approved amount Note: Two per calendar year
Space maintainers - missing posterior (back) primary teeth - for members 18 and younger	90% of approved amount Note: Once per quadrant per lifetime

Class II services

Benefits	Coverage
Fillings - permanent (adult) teeth	90% of approved amount after deductible Note: Replacement fillings covered after 24 months or more after initial filling
Fillings - primary (child) teeth	90% of approved amount after deductible 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	90% of approved amount after deductible Note: Once every 60 months per tooth
Recementation of crowns, veneers, inlays, onlays and bridges	90% of approved amount after deductible Note: Three times per tooth per calendar year after six months from original restoration
Oral surgery	90% of approved amount after deductible
Root canal treatment	90% of approved amount after deductible Note: Once per tooth per lifetime; retreatment of previous root canal therapy (after 12 months from the date of the original therapy) once per tooth per lifetime.
Scaling and root planing	90% of approved amount after deductible Note: Once every 24 months per quadrant
Limited occlusal adjustments	90% of approved amount after deductible Note: Limited occlusal adjustments covered up to five times in any 60 consecutive months
Occlusal biteguards	90% of approved amount after deductible Note: Once every 12 months
General anesthesia or IV sedation	90% of approved amount after deductible Note: When medically necessary and performed with oral surgery
Repairs and adjustments of a partial or complete denture	90% of approved amount after deductible Note: Six months or more after denture is delivered
Relining or rebasing of a partial or complete denture	90% of approved amount after deductible Note: Once per arch in any 36 consecutive months
Tissue conditioning	90% of approved amount after deductible Note: Once per arch in any 36 consecutive months

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Class III services

Benefits	Coverage
Removable dentures (complete and partial)	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 Note: Once every 60 months
Endosteal implants - for members age 16 or older who are covered at the time of the actual implant placement	Not covered

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.