



**Blue Cross  
Blue Shield**  
of Michigan

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

## EMERGING MARKETS

0070002160086 - 07231

Effective Date: 01/01/2024

### 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.

#### Dentist information

With Blue Dental EPO, you **must** choose a Tier 1 PPO (in-network) dentist.

You have outstanding access to thousands of Tier 1 PPO dentists across the United States 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](http://bcbsm.com) or call **1-888-826-8152**.

**Note:** If you go to a non-PPO (out-of-network) dentist, you are responsible for all costs for services rendered.

### Eligibility information

Member	Eligibility Criteria
Dependents	<ul style="list-style-type: none"> <li>Subscriber's legal spouse</li> <li>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.</li> </ul>

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

Benefits	In-network	Out-of-network
<b>Deductible</b> <ul style="list-style-type: none"> <li>Applies to Class II and Class III services only</li> </ul>	\$50 per member limited to a maximum of \$150 per family per calendar year	Not applicable
<b>Coinsurance (percentage of BCBSM's approved amount for covered services)</b> <ul style="list-style-type: none"> <li>Class I services</li> <li>Class II services</li> <li>Class III services</li> <li>Class IV services</li> </ul>	None (covered at 100%)  20%  50%  50%	Not covered  Not covered  Not covered  Not covered
<b>Dollar maximums</b> <ul style="list-style-type: none"> <li>Annual maximum for Class I, II and III services</li> <li>Lifetime maximum for Class IV services</li> </ul>	\$2,000 per member  \$2,000 per member	Not applicable  Not applicable

ADM GLIDE DNTL;ADM PLANYR JAN;ADM SPA-HEQ-DEN;BK30;BLUE DENTAL;CDH FSADCFSA DC;DO-PPO-XNP

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## Class I services

Benefits	In-network	Out-of-network
Oral exams	100% of approved amount, twice per calendar year	Not covered
A set (up to 4 films) of bitewing x-rays <ul style="list-style-type: none"> <li>for members age 15 and younger</li> <li>for members age 16 and older</li> </ul>	100% of approved amount, once per calendar year	Not covered
Panoramic or full-mouth x-rays	100% of approved amount, once in any 24 consecutive months	Not covered
Prophylaxis (cleaning)	100% of approved amount	Not covered
Pit and fissure sealants- for members age 16 and younger	100% of approved amount, twice per calendar year	Not covered
Emergency palliative treatment	100% of approved amount, 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.	100% of approved amount
Fluoride treatment - for members age 14 and younger	100% of approved amount	Not covered
Space maintainers - missing posterior (back) primary teeth - for members age 16 and younger	100% of approved amount, once per quadrant per lifetime	Not covered

## Class II services

Benefits	In-network	Out-of-network
Fillings - permanent (adult) teeth	80% of approved amount after deductible	Not covered
Fillings - primary (child) teeth	80% of approved amount after deductible	Not covered
Recementation of crowns, veneers, inlays, onlays and bridges	80% of approved amount after deductible, three times per tooth per calendar year after six months from original restoration	Not covered
Oral surgery	80% of approved amount after deductible	Not covered
Root canal treatment	80% of approved amount after deductible, once per tooth per lifetime; retreatment of previous root canal therapy once per tooth per lifetime	Not covered
Scaling and root planing	80% of approved amount after deductible	Not covered
Limited occlusal adjustments	80% of approved amount after deductible, <b>limited</b> occlusal adjustments covered up to five times in any 60 consecutive months	Not covered
Occlusal biteguards	80% of approved amount after deductible, once every 60 months	Not covered
General anesthesia or IV sedation	80% of approved amount after deductible, when medically necessary and performed with oral surgery	Not covered
Repairs and adjustments of a partial or complete denture	80% of approved amount after deductible, six months or more after denture is delivered	Not covered
Relining or rebasing of a partial or complete denture	80% of approved amount after deductible, once per arch in any 36 consecutive months	Not covered
Periodontic maintenance - age 16 and younger	80% of approved amount after deductible, twice per calendar year	Not covered

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Benefits	In-network	Out-of-network
Tissue conditioning	80% of approved amount after deductible, once per arch in any 36 consecutive months	Not covered

### Class III services

Benefits	In-network	Out-of-network
Onlays, inlays, crowns and veneer restorations - permanent teeth - for members age 12 and older	50% of approved amount after deductible, once per tooth in any 84 consecutive months	Not covered
Removable dentures (complete and partial)	50% of approved amount after deductible	Not covered
Bridges (fixed partial dentures) - for members age 16 and older	50% of approved amount after deductible	Not covered
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, once per tooth per lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31	Not covered

### Class IV services

Benefits	In-network	Out-of-network
Minor treatment for tooth guidance appliances	50% of approved amount	Not covered
Minor treatment to control harmful habits	50% of approved amount	Not covered
Interceptive and comprehensive orthodontic treatment	50% of approved amount	Not covered
Post-treatment stabilization	50% of approved amount	Not covered
Cephalometric film (skull) and diagnostic photos	50% of approved amount	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. **Services received outside the dental network are not covered.**