



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

EMERGING MARKETS

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Dental Coverage

Effective Date: On or after January 2026

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.

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** 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	- 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	In-network	Out-of-network
Deductible	None	Not applicable
Coinsurance (percentage of BCBSM's approved amount for covered services)	None (covered at 100%)	Not covered
Class I services		
Class II services	20%	Not covered
Class III services	25%	Not covered
Class IV services	30%	Not covered
Dollar maximums	\$2,300 per member	
Annual maximum for Class I, II and III services		
Lifetime maximum for Class IV services	\$2,400 per member	Not applicable

ADM PLAN1R JAN;ADM SPA-HEQ-DEN;ASCMOD 11416DEN;BLUE DENTAL;CDH FSADCFSA DC;DO-AO;DO-DI;DO-IN-C1-C0%;DO-IN-C2-C20%;DO-IN-C3-C25%;DO-IN-C4-C30%;DO-PC4X;DO-PPO-XNP;DO-RCR;dobm2300;doolm2400;L DORAF

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	100% of approved amount, twice per calendar year	Not covered
Panoramic or full-mouth x-rays	100% of approved amount, once every 60 months	Not covered
Prophylaxis (cleaning)	100% of approved amount, twice per calendar year	Not covered
Sealants - for members age 19 and younger	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.	Not covered
Emergency palliative treatment	100% of approved amount	100% of approved amount
Fluoride treatments	100% of approved amount, two per calendar year	Not covered
Space maintainers - missing posterior (back) primary teeth - for members 18 and younger	100% of approved amount, once per quadrant per lifetime	Not covered
Periodontic maintenance in combination with prophylaxes (cleanings)	100% of approved amount, twice per calendar year Note: Benefits are payable for up to four periodontal maintenance cleanings per calendar year.	Not covered

Class II services

Benefits	In-network	Out-of-network
Fillings - permanent (adult) teeth	80% of approved amount, replacement fillings covered after 12 months or more after initial filling	Not covered
Fillings - primary (child) teeth	80% of approved amount, replacement fillings covered after 12 months or more after initial filling	Not covered
Crowns, onlays, inlays, and veneer restorations - permanent teeth - for members age 12 and older Note: BCBSM will pay for replacement cast restorations (onlays, and veneers) once every 36 months per member. This period begins on the date the last restoration was cemented in place.	80% of approved amount, once every 60 months per tooth	Not covered
Recementation of crowns, veneers, inlays, onlays and bridges	80% of approved amount, three times per tooth per calendar year after six months from original restoration	Not covered
Oral surgery	80% of approved amount	Not covered
Root canal treatment	80% of approved amount, 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, once every 24 months per quadrant	Not covered
Limited occlusal adjustments	80% of approved amount, limited occlusal adjustments covered up to five times in any 60 consecutive months	Not covered
Occlusal biteguards	80% of approved amount, once every 12 months	Not covered

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Benefits	In-network	Out-of-network
General anesthesia or IV sedation - including anesthesia for adults and/or children who have a documented phobia of dental procedures and/or dentists.	80% of approved amount, when medically necessary and performed with oral surgery	Not covered
Repairs and adjustments of a partial or complete denture	80% of approved amount, six months or more after denture is delivered	Not covered
Relining or rebasing of a partial or complete denture	80% of approved amount, once per arch in any 36 consecutive months	Not covered
Tissue conditioning	80% of approved amount, once per arch in any 36 consecutive months	Not covered

Class III services

Benefits	In-network	Out-of-network
Removable dentures (complete and partial)	75% of approved amount, once every 60 months	Not covered
Bridges (fixed partial dentures) - for members age 16 and older	75% of approved amount, once every 60 months	Not covered
Endosteal implants - for members age 16 or older who are covered at the time of the actual implant placement	75% of approved amount, 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	70% of approved amount	Not covered
Minor treatment to control harmful habits	70% of approved amount	Not covered
Interceptive and comprehensive orthodontic treatment	70% of approved amount	Not covered
Post-treatment stabilization	70% of approved amount	Not covered
Cephalometric film (skull) and diagnostic photos	70% 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.**

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