



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

Accident Fund Holdings Inc

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Dental Coverage

Effective Date: On or after January 2027

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 PPO, you can choose any licensed dentist anywhere. However, you'll get the best coverage and save the most money when you choose a Tier 1 PPO (in-network) dentist.

You have outstanding access to thousands of Tier 1 PPO dentists across the country 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.

If you go to a non-PPO dentist, you can still save money by choosing a Tier 2 participating non-PPO (out-of-network) dentist. Tier 2 dentists participate with us on a "per claim" basis through our Blue Par Select (BPS) arrangement. They accept our BPS approved amount as full payment for covered services, so you'll pay your applicable coinsurance and deductible amounts. To find a Tier 2 participating non-PPO dentist near you, log into your member account at bcbsm.com. You should ask your dentist if they participate with BCBSM before every treatment.

Note: If you go to a nonparticipating dentist, you are responsible for any difference between our approved amount and the dentist's charge.

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	None
Coinsurance (percentage of BCBSM's approved amount for covered services) Class I services	None (covered at 100%)	None (covered at 100%)

ADM PLAN1R JAN;ADM SPA-HEQ-DEN;ADM SPA-HEQ-VIS;ASCMOD 11732MED;ASCMOD 11733DRG;ASCMOD 11734DEN;ASCMOD 11735VSH;BLUE DENTAL;BLUE VISION;BV-PL;BV-SGC;BV-UVC;BVC-\$7.50;BVFL;CDH FSADCFSA DC;CDH FSADCFSA VC;CDH-FSA-DC-FSA;DO-AO;DO-DI;DO-IN-C1-C0%;DO-IN-C2-C25%;DO-IN-C3-C50%;DO-IN-C4-C50%;DO-NP-C3-C50%;DO-NP-C4-C50%;DO-ON-C1-C0%;DO-ON-C2-C25%;DO-PC4X;DO-PPO;DO-RCR;dobm2600;doolm2400;HC (A) ASC;HEQ;L DORAF;PD-ESN ASC;PD-RX-CM ASC;PDRX ASC;PDTTC10/20/40 A;RX-VCP ASC;RXGLP-1 EXCLUS;SB ASC;SB-AMB ASC;SB-ECMP-ASC;SBD-IN\$500/\$1KA;SBD-ON\$1K/\$2K A;SBOLV 20 ASC;SD ASC

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Benefits	In-network	Out-of-network
• Class II services	25%	25%
• Class III services	50%	50%
• Class IV services	50%	50%
Dollar maximums	\$2,600 per member	
• Annual maximum for Class I, II and III services		
• Lifetime maximum for Class IV services	\$2,400 per member	

Class I services		
Benefits	In-network	Out-of-network
Oral exams	100% of approved amount	100% of approved amount
Note: Twice per calendar year		
A set (up to 4 films) of bitewing x-rays	100% of approved amount	100% of approved amount
Note: Twice per calendar year		
Panoramic or full-mouth x-rays	100% of approved amount	100% of approved amount
Note: Once every 60 months		
Prophylaxis (cleaning)	100% of approved amount	100% of approved amount
Note: Twice per calendar year		
Sealants - for members age 19 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. This period begins on the date of the member's first treatment.		
Emergency palliative treatment	100% of approved amount	100% of approved amount
Fluoride treatments	100% of approved amount	100% of approved amount
Note: Two per calendar year		
Space maintainers - missing posterior (back) primary teeth - for members 18 and younger	100% of approved amount	100% of approved amount
Note: Once per quadrant per lifetime		
Periodontic maintenance in combination with prophylaxes (cleanings)	100% of approved amount Note: Benefits are payable for up to four periodontal maintenance cleanings per calendar year. The patient must have a documented history of periodontal disease, prior to and during the treatment phase.	100% of approved amount
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Class II services		
Benefits	In-network	Out-of-network
Fillings - permanent (adult) teeth	75% of approved amount	75% of approved amount
	Note: Replacement fillings covered after 12 months or more after initial filling	
Fillings - primary (child) teeth	75% of approved amount	75% of approved amount
	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	75% of approved amount	75% of approved amount
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.	Note: Once every 36 months per tooth	
Recementation of crowns, veneers, inlays, onlays and bridges	75% of approved amount	75% of approved amount
	Note: Three times per tooth per calendar year after six months from original restoration	
Oral surgery	75% of approved amount	75% of approved amount
Root canal treatment	75% of approved amount	75% of approved amount
	Note: Once per tooth per lifetime; retreatment of previous root canal therapy once per tooth per lifetime	
Scaling and root planing	75% of approved amount	75% of approved amount
	Note: Once every 24 months per quadrant	
Limited occlusal adjustments	75% of approved amount	75% of approved amount
	Note: Limited occlusal adjustments covered up to five times in any 60 consecutive months	
Occlusal biteguards	75% of approved amount	75% of approved amount
	Note: Once every 12 months	
General anesthesia or IV sedation	75% of approved amount	75% of approved amount
	Note: When medically necessary and performed with oral surgery	
Repairs and adjustments of a partial or complete denture	75% of approved amount	75% of approved amount
	Note: Six months or more after denture is delivered	
Relining or rebasing of a partial or complete denture	75% of approved amount	75% of approved amount
	Note: Once per arch in any 36 consecutive months	
Tissue conditioning	75% of approved amount	75% of approved amount
	Note: Once per arch in any 36 consecutive months	

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Class III services

Benefits	In-network	Out-of-network
Removable dentures (complete and partial)	50% of approved amount	50% of approved amount
Note: Once every 60 months		
Bridges (fixed partial dentures) - for members age 16 and older	50% of approved amount	50% of approved amount
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	50% of approved amount
Note: Once per tooth per lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31		
Note: Subject to an annual benefit maximum of \$1,200 per member per calendar year		

Class IV services

Benefits	In-network	Out-of-network
Minor treatment for tooth guidance appliances	50% of approved amount	50% of approved amount
Minor treatment to control harmful habits	50% of approved amount	50% of approved amount
Interceptive and comprehensive orthodontic treatment	50% of approved amount	50% of approved amount
Post-treatment stabilization	50% of approved amount	50% of approved amount
Cephalometric film (skull) and diagnostic photos	50% of approved amount	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.

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