



## Blue Dental Choice<sup>SM</sup> – Plan 2 Benefits-at-a-Glance for Hope College

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 to covered services. For a complete description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificates and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by your plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and will be construed under the jurisdiction of and according to the laws of the state of Michigan.

**Note:** To keep this product affordable, provider reimbursement is set at the PPO-level. This means all providers (Blue Par Select<sup>SM</sup> – participating, PPO network and nonparticipating) receive the PPO-approved amount.

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

<b>Deductible</b> (Per plan year, July - June)	\$50 per member or \$100 per family for Class II and III services
<b>Copays</b>	25% of BCBSM fee for Class II services and 50% of BCBSM fee for Class III services (no copay for Class I services)
<b>Dollar maximums</b>	\$1,000 per member for all covered services
• Annual maximum (for Class I, II and III services)	
• Lifetime maximum (for Class IV services)	Not applicable

### Class I services

Oral exams	Covered – 100% of BCBSM fee, twice per plan year
A set (up to 4) of bitewing x-rays	Covered – 100% of BCBSM fee, twice per plan year
Full-mouth and panoramic x-rays	Covered – 100% of BCBSM fee, once every 60 months
Prophylaxis (teeth cleaning)	Covered – 100% of BCBSM fee, twice per plan year
Pit and fissure sealants – for members age 19 or under	Covered – 100% of BCBSM fee, once per tooth every 36 months when applied to the first and second permanent molars
Palliative (emergency) treatment	Covered – 100% of BCBSM fee
Fluoride treatment	Covered – 100% of BCBSM fee, two per plan year
Space maintainers – missing posterior (back) primary teeth	Covered – 100% of BCBSM fee, once per quadrant per lifetime, for members under age 19

### Class II services

Fillings – permanent teeth	Covered – 75% of BCBSM fee after deductible, replacement fillings covered after 24 months or more after initial filling
Fillings – primary teeth	Covered – 75% of BCBSM fee after deductible, replacement fillings covered after 12 months or more after initial filling
Recementing of crowns, veneers, inlays, onlays and bridges	Covered – 75% of BCBSM fee after deductible, three times per tooth per calendar year after six months from original restoration
Oral surgery including extractions	Covered – 75% of BCBSM fee after deductible
Root canal treatment – permanent tooth	Covered – 75% of BCBSM fee after deductible, once every 12 months for tooth with one or more canals
Scaling and root planing	Covered – 75% of BCBSM fee after deductible, once every 24 months per quadrant
Limited occlusal adjustments	Covered – 75% of BCBSM fee after deductible, <b>limited</b> occlusal adjustments covered up to five times in a 60-month period
Occlusal biteguards	Covered – 75% of BCBSM fee after deductible, once every 12 months
General anesthesia or IV sedation	Covered – 75% of BCBSM fee after deductible, when medically necessary and performed with oral or dental surgery
Adjustment of dentures	Covered – 75% of BCBSM fee after deductible, six months or more after it is delivered

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**Class II services, continued**

Relining or rebasing of partials or complete dentures	Covered – 75% of BCBSM fee after deductible, once every 36 months per arch
Tissue conditioning	Covered – 75% of BCBSM fee after deductible, once every 36 months per arch
Repair and adjustments of partial or complete dentures	Covered – 75% of BCBSM fee 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 March 1, 2006 the last date of the waiting period will be February 28, 2007, with benefits becoming active on March 1, 2007. The waiting period is waived for employees currently with AFLAC

Onlays, crowns and veneer fillings – permanent teeth	Covered – 50% of BCBSM fee after deductible, once every 60 months per tooth, payable for members age 12 or older
Removable dentures (complete and partial)	Covered – 50% of BCBSM fee after deductible
Bridges (fixed partial dentures) – for members age 16 or older	Covered – 50% of BCBSM fee after deductible, once every 60 months after original was delivered
Endosteal implants – for members age 16 or older who are covered at the time of the actual implant placement	Covered – 50% of BCBSM fee after deductible, once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31

**Class IV services – Orthodontic services for dependents under age 19**

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. If you receive care from a nonparticipating dentist, you may be billed for the difference between our approved amount and the dentist's charge.