



| | |
|------------------------|------------------------------|
| Group Name: | WEST SHORE COMMUNITY COLLEGE |
| Group Section: | 0070154440003 |
| Benefit ID: | 08CLX |
| Effective Date: | 01/01/2021 |

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.

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.

Eligibility information

| Member | Eligibility Criteria |
|------------|---|
| Dependents | <ul style="list-style-type: none"> 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 | Coverage |
|---|-----------------------|
| Deductible | None |
| Coinsurance (percentage of BCBSM's approved amount for covered services) | None(covered at 100%) |
| <ul style="list-style-type: none"> Class I services | None(covered at 100%) |
| <ul style="list-style-type: none"> Class II services | None(covered at 100%) |
| <ul style="list-style-type: none"> Class III services | 50% |
| <ul style="list-style-type: none"> Class IV services | 50% |
| Dollar maximums | \$1,300 per member |
| <ul style="list-style-type: none"> Annual maximum for Class I, II and III services | \$1,300 per member |
| <ul style="list-style-type: none"> Lifetime maximum for Class IV services | \$1,500 per member |

Class I services

| Benefits | Coverage |
|---|---|
| Oral exams | 100% of approved amount Note: Twice per calendar year |
| A set (up to 4 films) of bitewing x-rays | 100% of approved amount Note: Twice per calendar year |
| Panoramic or full-mouth x-rays | 100% of approved amount Note: Once every 60 months |
| Prophylaxis (cleaning) | 100% of approved amount Note: Twice per calendar year |
| Sealants - for members age 19 and younger | 100% of approved amount Note: Once per tooth in any 36 consecutive months when applied to the first and second permanent molars |

Benefits

| | |
|---|--|
| Emergency palliative treatment | 100% of approved amount |
| Fluoride treatments | 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 Note: Once per quadrant per lifetime |

Class II services

| Benefits | Coverage |
|--|--|
| Fillings - permanent (adult) teeth | 100% of approved amount Note: Replacement fillings covered after 24 months or more after initial filling |
| Fillings - primary (child) teeth | 100% 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 | 100% of approved amount Note: Once every 60 months per tooth |
| Recementation of crowns, veneers, inlays, onlays and bridges | 100% of approved amount Note: Three times per tooth per calendar year after six months from original restoration |
| Oral surgery | 100% of approved amount |
| Root canal treatment | 100% of approved amount 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 | 100% of approved amount Note: Once every 24 months per quadrant |
| Limited occlusal adjustments | 100% of approved amount Note: Limited occlusal adjustments covered up to five times in any 60 consecutive months |
| Occlusal biteguards | 100% of approved amount Note: Once every 12 months |
| General anesthesia or IV sedation | 100% of approved amount Note: When medically necessary and performed with oral surgery |
| Repairs and adjustments of a partial or complete denture | 100% of approved amount Note: Six months or more after denture is delivered |
| Relining or rebasing of a partial or complete denture | 100% of approved amount Note: Once per arch in any 36 consecutive months |

Tissue conditioning

100% of approved amount

Note: Once per arch in any 36 consecutive months

Class III services

| Benefits | Coverage |
|--|--|
| Removable dentures (complete and partial) | 50% of approved amount Note: Once every 60 months |
| Bridges (fixed partial dentures) - for members age 16 and older | 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 Note: Once per tooth per 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

| 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.

Dental Benefits Not Covered

- Dental services performed for reversible or irreversible treatment of temporomandibular joint (jaw joint) dysfunction, except for:
 - Limited diagnostic X-rays and subsequent orthodontic treatment

Note: The above restriction applies no matter what caused the temporomandibular joint (jaw joint) dysfunction.

- Devices for the diagnosis and/or treatment of temporomandibular joint (jaw joint) dysfunction such as mandibular orthotic reposition devices
- Charges for missed appointments
- Charges for completing claims forms and other charts or reports

Benefits

- Services and supplies that are not necessary for diagnosing or treating a dental condition or injury or were not recommended and approved by the attending dentist
- Services that are experimental, investigational or do not meet standards of the profession.
- Services solely for cosmetic purposes, personalized or customized services or supplies (for example, bonding or veneers when there is no decay or fracture, or bleaching of teeth)
- Charges for instruction in oral hygiene, diet, plaque control programs and dental sealants
- Care received at a medical or dental clinic provided or maintained by an employer
- Services covered by workers compensation laws
- Services covered by government-sponsored health care programs, such as Medicare
- Services received for dental diseases or injuries resulting from declared or undeclared acts of war
- Services provided or started before the effective date of coverage
- Services provided after coverage ends. An exception is for a crown, only, veneer, bridge or denture if:
 - It is "ordered" or final impressions have been completed before coverage ends.
 - The procedure or appliance is completed and delivered within 60 days of the date coverage ended.
- The more costly treatment when two or more methods are available to treat a condition. We pay the approved amount, less the required copayment and deductible, if any, for the less costly acceptable standard of treatment
- Treatment by other than a dentist or oral surgeon, except for treatment provided by a licensed dental hygienist under the supervision of a dentist and within the scope of his or her license
- Services or supplies for which no charge is made or that you are not legally obligated to pay. Charges that would not be made if you did not have coverage, such as charges for self-treatment (dentist treating himself or herself) or the dentist's family members
- Services by a student at a dental or medical school that is outside the State of Michigan
- Facility fees or any additional hospital related charges that a dentist, physician or hospital charges for treating a patient at a hospital
- Oral medications, topically applied antibiotics, non-antibiotic injections, prescriptions and other drugs.
- Premedication, local anesthetic or analgesic, billed as a separate services
- Infection control and barrier techniques
- Supplies and equipment for use at home, such as mouth trays and electric toothbrushes
- Desensitizing medications
- Restorations to adjust or restore missing tooth structure due to abrasion, attrition, or erosion, except for individual consideration by report
- Restorations to stabilize the teeth or to correct the vertical dimension; to strengthen a tooth, prevent a future problem or close a space
- Diagnostic mounted case analysis for reconstruction
- Full-mouth reconstruction to change the occlusion or vertical dimension

- An obturator to correct a defect, such as cleft palate

 - Implant placements provide more than once per tooth in the member's lifetime

 - Separate payments for abutment placement or substitution for the removal of a temporary healing cap. Payment for these services is embedded in the payment for the endosteal implant and will not be paid separately

 - Eposteal implants, transosteal implants and all other types of implants

 - Surgical procedures to correct birth defects or developmental malformations such as cleft palate and jaw malformations

 - Periodontal surgical barriers and guided tissue regeneration or periodontal splinting of any type

 - Drugs and medications not dispensed by the dentist and those available without a prescription or used in connection with noncovered services

 - Replacement of lost, missing or stolen restorations, appliances or prosthetics

 - Treatment for injuries to the mouth as a result of an accident

 - Services covered under your medical coverage, which may include, but are not limited to:
 - ❖ Surgery and diagnostic services
 - ❖ General anesthesia and intravenous sedation in conjunction with billable procedures only when medically necessary and performed in a hospital setting
 - ❖ Excisional or incisional biopsy of oral lesions
 - ❖ Prosthetic appliances
 - ❖ Treatment of temporomandibular joint syndrome (TMJ) and jaw joint disorders
 - ❖ Treatment of injuries, broken teeth and bone as a result of an accident to the lower half of the face or jaw
-

000011648843

Have Questions? Call **877-258-3932** | [Privacy Policy](#)

©1996- 2021 Blue Cross Blue Shield of Michigan and Blue Care Network
Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association