

HOPE COLLEGE
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Dental Coverage
Effective Date: On or after July 2023
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.

Network access information

With Blue Dental PPO Plus MAC, members can choose any licensed dentist anywhere. BCBSM's payment for covered services is always based on the Maximum Allowable Charge (MAC) amount — our PPO fee — even when the dentist isn't a PPO dentist. This means members will have the lowest out-of-pocket costs when they see dentists in the Blue Dental PPO network.

Blue Dental PPO network- Members have unmatched access to PPO (in-network) dentists through the Blue Dental PPO network, which offers more than 130,000 dentist locations nationwide. PPO dentists agree to accept our approved amount as full payment for covered services, and members pay only their coinsurance and deductible amounts, if any, when they see PPO dentists. 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.

Blue Par Selects arrangement- Members who see non-PPO (out-of-network) dentists can still save money by choosings weDCBT/eb1 1-PPO 540 9.6 IO 9.6 IhW

ADM PLANYR JUL;BLUE DENTAL;DO-BM-\$1500;DO-DBC;DO-DBP;DO-EOS;DO-IN-C1-C0%;DO-IN-C2-C25%;DO-IN-C3-C50%;DO-IN-D-C2/3;DO-IN-FD X2;DO-IN-MD \$50;DO-NP-C3-C50%;DO-NP-D-C2/3;DO-NP-FD X2;DO-NP-MD \$50;DO-ON-C1-C0%;DO-ON-C2-C25%;DO-PPO-MAC;DOBY JUL

efits	In-network	Out-of-network
fetime maximum for Class IV services	Not applicable	
nefits		
al exams	100% of approved amount	100% of approved amount
	Note: Twice per benefit year	
set (up to 4 films) of bitewing x-rays	100% of approved amount	100% of approved amour'
	Note: Once per benefit year	
oramic or full-mouth x-rays	100% of approved amount	100% of conditions and amount
	Note: Onc	ce everyonths Ngl2ce every 60
	Note: One	Shiris rigizce every 00

Benefits	In-network	Out-of-network	
Scaling and root planing	75% of approved amount after deductible	75% of approved amount after deductible	
	Note: Once every 24 months per quadrant		
Limited occlusal adjustments	75% of approved amount after deductible	75% of approved amount after deductible	
	Note: Limited occlusal adjustments covered up to five times in any 60 consecutive months		
Occlusal biteguards	75% of approved amount after deductible	75% of approved amount after deductible	
	Note: Once every 60 months		
General anesthesia or IV sedation	75% of approved amount after deductible	75% of approved amount after deductible	
	Note: When medically necessar	ary and performed with oral surgery	
Repairs and adjustments of a partial or complete denture	75% of approved amount after deductible	75% of approved amount after deductible	
	Note: Six months or more after denture is delivered		
Relining or rebasing of a partial or complete denture	75% of approved amount after deductible	75% of approved amount after deductible	
	Note: Once per arch in any 36 consecutive months		
Periodontic maintenance	75% of approved amount after deductible	75% of approved amount after deductible	
	Note: Twice per benefit year		
Tissue conditioning	75% of approved amount after deductible	75% of approved amount after deductible	
	Note: Once per arch in any 36 consecutive months		

Out-of-network	
50% of approved amount after deductible	
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