



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

ROSEVILLE PUBLIC SCHOOLS

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Dental Coverage

Effective Date: On or after September 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, 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.

Member's responsibility (deductible, coinsurance and dollar maximums)		
Benefits	In-network	Out-of-network
Deductible	None per calendar year	None per calendar year
Coinsurance (percentage of BCBSM's approved amount for covered services)	None (covered at 100%)	None (covered at 100%)
• Class I services	None(covered at 100%)	None(covered at 100%)
• Class II services	None(covered at 100%)	None(covered at 100%)
• Class III services	None(covered at 100%)	None(covered at 100%)
• Class IV services	None(covered at 100%)	None(covered at 100%)
Dollar maximums	\$3,000 per member	
• Annual maximum for Class I, II and III services	\$3,000 per member	
• Lifetime maximum for Class IV services	\$3,000 per member	

ADM PLAN1R JUL;BLUE DENTAL;DO-BM-\$3000;DO-CC2;DO-IN-C1-C0%;DO-IN-C2-C0%;DO-IN-C3-C0%;DO-IN-C4-CO%;DO-OLM-\$3000;DO-ON-C1-C0%;DO-ON-C2-C0%;DO-ON-C3-CO%;DO-ON-C4-CO%;DO-PPO

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		
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		

Class II services

Benefits	In-network	Out-of-network
Fillings - permanent (adult) teeth	100% of approved amount	100% of approved amount
Note: Replacement fillings covered after 24 months or more after initial filling		
Fillings - primary (child) teeth	100% of approved amount	100% of approved amount
Note: Replacement fillings covered after 12 months or more after initial filling		
Recementation of crowns, veneers, inlays, onlays and bridges	100% of approved amount	100% of approved amount
Note: Three times per tooth per calendar year after six months from original restoration		
Oral surgery	100% of approved amount	100% of approved amount
Root canal treatment	100% of approved amount	100% of approved amount
Note: Once per tooth per lifetime		
Scaling and root planing	100% of approved amount	100% of approved amount
Note: Once every 24 months per quadrant		
Limited occlusal adjustments	100% of approved amount	100% of approved amount
Note: Limited occlusal adjustments covered up to five times in any 60 consecutive months		

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Benefits	In-network	Out-of-network
Occlusal biteguards	100% of approved amount	100% of approved amount
Note: Once every 12 months		
General anesthesia or IV sedation	100% of approved amount	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	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	100% of approved amount
Note: Once per arch in any 36 consecutive months		
Tissue conditioning	100% of approved amount	100% of approved amount
Note: Once per arch in any 36 consecutive months		

Class III services		
Benefits	In-network	Out-of-network
Crowns, onlays, inlays, and veneer restorations - permanent teeth - for members age 12 and older	100% of approved amount	100% of approved amount
Note: Once every 60 months per tooth		
Removable dentures (complete and partial)	100% of approved amount	100% of approved amount
Note: Once every 60 months		
Bridges (fixed partial dentures) - for members age 16 and older	100% of approved amount	100% 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	100% of approved amount	100% 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	In-network	Out-of-network
Minor treatment for tooth guidance appliances	100% of approved amount	100% of approved amount
Minor treatment to control harmful habits	100% of approved amount	100% of approved amount
Interceptive and comprehensive orthodontic treatment	100% of approved amount	100% of approved amount
Post-treatment stabilization	100% of approved amount	100% of approved amount
Cephalometric film (skull) and diagnostic photos	100% of approved amount	100% 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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