



**Blue Cross
Blue Shield**
of Michigan

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

FERRIS STATE UNIVERSITY

Plan 1

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, 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.

Benefits	In-network	Out-of-network
Deductible	None	None
Coinsurance (percentage of BCBSM's approved amount for covered services)	20%	20%
• Class I services		
• Class II services	40%	40%
• Class III services	50%	50%
• Class IV services	50%	50%
Dollar maximums	\$1,000 per member	
• Annual maximum for Class I, II and III services		
• Lifetime maximum for Class IV services	\$1,000 per member	

Class I services

Benefits	In-network	Out-of-network
Oral exams	80% of approved amount	80% of approved amount
Note: Twice per benefit year		
A set (up to 4 films) of bitewing x-rays	80% of approved amount	80% of approved amount
Note: Twice per benefit year		
Panoramic or full-mouth x-rays	80% of approved amount	80% of approved amount
Note: Once every 36 months		
Prophylaxis (cleaning)	80% of approved amount	80% of approved amount
Note: Twice per benefit year		
Sealants - for members age 19 and younger	80% of approved amount	80% of approved amount
Note: Once per tooth in any 36 consecutive months when applied to the first and second permanent molars		
Emergency palliative treatment	80% of approved amount	80% of approved amount
Fluoride treatment - for members under age 19	80% of approved amount	80% of approved amount
Note: Two per benefit year		
Space maintainers - missing posterior (back) primary teeth - for members 18 and younger	80% of approved amount	80% of approved amount
Note: Once per quadrant per lifetime		

Class II services

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

Benefits	In-network	Out-of-network
Occlusal biteguards	60% of approved amount	60% of approved amount
Note: Once every 12 months		
General anesthesia or IV sedation	60% of approved amount	60% of approved amount
Note: When medically necessary and performed with oral surgery		
Repairs and adjustments of a partial or complete denture	60% of approved amount	60% of approved amount
Note: Six months or more after denture is delivered		
Relining or rebasing of a partial or complete denture	60% of approved amount	60% of approved amount
Note: Once per arch in any 36 consecutive months		
Periodontic maintenance	60% of approved amount	60% of approved amount
Note: Twice per benefit year		
Tissue conditioning	60% of approved amount	60% 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	50% of approved amount	50% of approved amount
Note: Once every 60 months per tooth		
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		

Class IV services - Orthodontic services for dependents under age 19		
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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Plan 2

Dental Coverage

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Benefits-at-a-glance

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Note: Members who go to nonparticipating dentists are responsible for any difference between our approved amount and the dentist's charge.

Benefits	In-network	Out-of-network
Deductible	None	None
Coinsurance (percentage of BCBSM's approved amount for covered services)	None (covered at 100%)	None (covered at 100%)
• Class I services		
• Class II services	20%	20%
• Class III services	20%	20%
• Class IV services	50%	50%
Dollar maximums	\$1,200 per member	
• Annual maximum for Class I, II and III services		
• Lifetime maximum for Class IV services	\$1,500 per member	

Class I services

Benefits	In-network	Out-of-network
Oral exams	100% of approved amount	100% of approved amount
Note: Twice per benefit year		
A set (up to 4 films) of bitewing x-rays	100% of approved amount	100% of approved amount
Note: Twice per benefit year		
Panoramic or full-mouth x-rays	100% of approved amount	100% of approved amount
Note: Once every 36 months		
Prophylaxis (cleaning)	100% of approved amount	100% of approved amount
Note: Twice per benefit 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 treatment - for members under age 19	100% of approved amount	100% of approved amount
Note: Two per benefit 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	80% of approved amount	80% of approved amount
Note: Replacement fillings covered after 24 months or more after initial filling		
Fillings - primary (child) teeth	80% of approved amount	80% 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	80% of approved amount	80% of approved amount
Note: Once every 60 months per tooth		
Recementation of crowns, veneers, inlays, onlays and bridges	80% of approved amount	80% of approved amount
Note: Three times per tooth per benefit year after six months from original restoration		
Oral surgery	80% of approved amount	80% of approved amount
Root canal treatment	80% of approved amount	80% of approved amount
Note: Once per tooth per lifetime		
Scaling and root planing	80% of approved amount	80% of approved amount
Note: Once every 24 months per quadrant		

Benefits	In-network	Out-of-network
Limited occlusal adjustments	80% of approved amount	80% of approved amount
Note: Limited occlusal adjustments covered up to five times in any 60 consecutive months		
Occlusal biteguards	80% of approved amount	80% of approved amount
Note: Once every 12 months		
General anesthesia or IV sedation	80% of approved amount	80% of approved amount
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Note: Once per arch in any 36 consecutive months		
Periodontic maintenance	80% of approved amount	80% of approved amount
Note: Twice per benefit year		
Tissue conditioning	80% of approved amount	80% of approved amount
Note: Once per arch in any 36 consecutive months		

Class III services		
Benefits	In-network	Out-of-network
Removable dentures (complete and partial)	80% of approved amount	80% of approved amount
Note: Once every 60 months		
Bridges (fixed partial dentures) - for members age 16 and older	80% of approved amount	80% of approved amount
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Endosteal implants - for members age 16 or older who are covered at the time of the actual implant placement	80% of approved amount	80% 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		
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

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