



**Blue Cross
Blue Shield
of Michigan**

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

**MONROE COUNTY COMM COLLEGE
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0070096380003
Dental Coverage
Effective Date: On or after July 2017
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 coinsurance. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Network access information

With Blue Dental PPO Plus, 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.¹

Blue Dental PPO network- Blue Dental members have unmatched access to PPO dentists through the Blue Dental PPO network, which offers more than 260,000 dentist locations² nationwide. PPO dentists agree to accept our approved amount as full payment for covered services - 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**.

¹Blue Dental uses the Dental Network of America (DNoA) Preferred Network for its dental plans.

²A 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 would be two dentist locations.

Blue Par SelectSM arrangement- Most non-PPO 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 - 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	Coverage
Deductible	None
Class I services	20%
Class II services	20%
Class III services	20%
Class IV services	50%
Annual maximum for Class I, II and III services	\$1,000 per member
Lifetime maximum for Class IV services	\$1,500 per member

Class I services

Benefits	Coverage
Oral exams	80% of approved amount Note: Twice per calendar year

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Benefits	Coverage
A set (up to 4 films) of bitewing x-rays	80% of approved amount Note: Twice per calendar year
Panoramic or full-mouth x-rays	80% of approved amount Note: Once every 60 months
Dental prophylaxis (teeth cleaning)	80% of approved amount Note: Twice per calendar year
Pit and fissure sealants- for members age 19 and younger	80% of approved amount Note: Once per tooth in any 36 consecutive months when applied to the first and second permanent molars
Palliative (emergency) treatment	80% of approved amount
Fluoride treatments	80% of approved amount Note: Two per calendar year
Space maintainers - missing posterior (back) primary teeth - for members under age 19	80% of approved amount Note: Once per quadrant per lifetime

Class II services

Benefits	Coverage
Fillings -permanent (adult) teeth	80% of approved amount Note: Replacement fillings covered after 24 months or more after initial filling
Fillings- primary (child) teeth	80% of approved amount Note: Replacement fillings covered after 12 months or more after initial filling
Onlays, crowns and veneer restorations - permanent teeth - for members age 12 and older	80% of approved amount Note: Once every 60 months per tooth
Recementation of crowns, veneers, inlays, onlays and bridges	80% of approved amount Note: Three times per tooth per calendar year after six months from original restoration
Oral surgery including extractions	80% of approved amount
Root canal treatment- permanent tooth	80% of approved amount Note: Once every 12 months for tooth with one or more canals
Scaling and root planing	80% of approved amount Note: Once every 24 months per quadrant
Limited occlusal adjustments	80% of approved amount Note: Limited occlusal adjustments covered up to five times in any 60 consecutive months
Occlusal biteguards	80% of approved amount Note: Once every 12 months
General anesthesia or IV sedation	80% of approved amount Note: When medically necessary and performed with oral surgery
Repairs and adjustments of a partial or complete denture	80% of approved amount Note: Six months or more after denture is delivered
Relining or rebasing of a partial or complete denture	80% of approved amount Note: Once per arch in any 36 consecutive months
Tissue conditioning	80% of approved amount Note: Once per arch in any 36 consecutive months

Class III services

Benefits	Coverage
Removable dentures (complete and partial)	80% of approved amount Note: Once every 60 months
Bridges (fixed partial dentures) -for members age 16 and older	80% of approved amount Note: Once every 60 months after original was delivered

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Benefits	Coverage
Endosteal implants -for members age 16 or older who are covered at the time of the actual implant placement	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 - 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.



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Vision Coverage

Effective Date: On or after July 2017

Benefits-at-a-glance

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Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call **1-800-877-7195** or log on to the VSP Web site at **vsp.com**.

Note: Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both

Member's responsibility (copays)		
Benefits	VSP network doctor	Non-VSP provider
Eye exam	\$5 copay	\$5 copay applies to charge
Prescription glasses (lenses and/or frames)	Combined \$7.50 copay	Member responsible for difference between approved amount and provider's charge, after \$7.50 copay
Medically necessary contact lenses	\$7.50 copay	Member responsible for difference between approved amount and provider's charge, after \$7.50 copay
Note: No copay is required for prescribed contact lenses that are not medically necessary.		

Eye exam		
Benefits	VSP network doctor	Non-VSP provider
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	\$5 copay	Reimbursement up to \$45 less \$5 copay (member responsible for any difference)
One eye exam in any period of 24 consecutive months		

Lenses and frames		
Benefits	VSP network doctor	Non-VSP provider
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary.	\$7.50 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type less \$7.50 copay (member responsible for any difference)
Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor	One pair of lenses, with or without frames, in any period of 24 consecutive months	

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Benefits	VSP network doctor	Non-VSP provider
Standard frames	\$100 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) less \$7.50 copay (one copay applies to both frames and lenses)	Reimbursement up to \$70 less \$7.50 copay (member responsible for any difference)
<p>Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.</p> <p>One frame in any period of 24 consecutive months</p>		

Contact Lenses		
Benefits	VSP network doctor	Non-VSP provider
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	\$7.50 copay	Reimbursement up to \$210 less \$7.50 copay (member responsible for any difference)
<p>One pair of contact lenses in any period of 24 consecutive months</p>		
Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary)	\$100 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
<p>One pair of contact lenses in any period of 24 consecutive months</p>		