



Monroe County Community College 37102-001 Custom Series K-1000 Dental 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 to covered services. For a complete description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificates and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by your plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and will be construed under the jurisdiction of and according to the laws of the state of Michigan.

Member's responsibility (copays and dollar maximums)

Copays	20% of approved amount for class I, II and III services and 50% of approved amount for class IV services
Dollar maximums	
• Annual maximum (for Class I, II and III services)	\$1,000 per member for covered class I, II and III services
• Lifetime maximum (for Class IV services)	\$1,500 per member for covered class IV services

Class I services

Oral exams – once every six consecutive months	Covered – 80% of approved amount
Teeth cleaning – once every six months	Covered – 80% of approved amount
Bitewing x-rays – once every six consecutive months	Covered – 80% of approved amount
Full-mouth x-rays – once every 36 months	Covered – 80% of approved amount
Fluoride treatments	Covered – 80% of approved amount
Space maintainers	Covered – 80% of approved amount, up to age 19

Class II services

Fillings (amalgam, acrylic or silicate)	Covered – 80% of approved amount
Inlays, onlays and crowns	Covered – 80% of approved amount
Root canal therapy	Covered – 80% of approved amount
Periodontic treatments	Covered – 80% of approved amount
Palliative (emergency) treatment	Covered – 80% of approved amount
General anesthesia	Covered – 80% of approved amount
Oral surgery including extractions	Covered – 80% of approved amount
Repairs to existing dentures	Covered – 80% of approved amount

Class III services

Removable dentures	Covered – 80% of approved amount
Fixed bridges	Covered – 80% of approved amount

Class IV services – Orthodontic services for dependents under age 19

Habit breaking appliances	Covered – 50% of approved amount
Minor tooth guidance appliances	Covered – 50% of approved amount
Full-banding treatment	Covered – 50% of approved amount
Monthly, active treatment visits	Covered – 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. If you receive care from a nonparticipating dentist, you may be billed for the difference between our approved amount and the dentist's charge.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.