



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

SCHOLASTIC SOLUTIONS LLC
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Dental Coverage
Effective Date: On or after February 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 copay. 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	In-network	Out-of-network
Deductible	None	None
Class I services	None (covered at 100%)	50%
Class II services	25%	50%
Class III services	50%	50%
Class IV services	50%	60%
Annual maximum for Class I, II and III services	\$1,000 per member	
Lifetime maximum for Class IV services	\$1,000 per member	

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Class I services

Benefits	In-network	Out-of-network
Oral exams	100% of approved amount	50% of approved amount
Note: Twice per calendar year		
A set (up to 4 films) of bitewing x-rays	100% of approved amount	50% of approved amount
Note: Twice per calendar year		
Panoramic or full-mouth x-rays	100% of approved amount	50% of approved amount
Note: Once every 60 months		
Dental prophylaxis (teeth cleaning)	100% of approved amount	50% of approved amount
Note: Twice per calendar year		
Palliative (emergency) treatment	100% of approved amount	50% of approved amount
Fluoride treatments	100% of approved amount	50% of approved amount
Note: Two per calendar year		
Space maintainers - missing posterior (back) primary teeth - for members under age 19	100% of approved amount	50% of approved amount
Note: Once per quadrant per lifetime		

Class II services

Benefits	In-network	Out-of-network
Fillings -permanent (adult) teeth	75% of approved amount	50% of approved amount
Note: Replacement fillings covered after 24 months or more after initial filling		
Fillings- primary (child) teeth	75% of approved amount	50% 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	75% of approved amount	50% of approved amount
Note: Once every 60 months per tooth		
Recementation of crowns, veneers, inlays, onlays and bridges	75% of approved amount	50% of approved amount
Note: Three times per tooth per calendar year after six months from original restoration		
Oral surgery including extractions	75% of approved amount	50% of approved amount
Root canal treatment- permanent tooth	75% of approved amount	50% of approved amount
Note: Once every 12 months for tooth with one or more canals		
Scaling and root planing	75% of approved amount	50% of approved amount
Note: Once every 24 months per quadrant		
Limited occlusal adjustments	75% of approved amount	50% of approved amount
Note: Limited occlusal adjustments covered up to five times in any 60 consecutive months		
Occlusal biteguards	75% of approved amount	50% of approved amount
Note: Once every 12 months		

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Benefits	In-network	Out-of-network
General anesthesia or IV sedation	75% of approved amount	50% of approved amount
Note: When medically necessary and performed with oral surgery		
Repairs and adjustments of a partial or complete denture	75% of approved amount	50% of approved amount
Note: Six months or more after denture is delivered		
Relining or rebasing of a partial or complete denture	75% of approved amount	50% of approved amount
Note: Once per arch in any 36 consecutive months		
Tissue conditioning	75% of approved amount	50% 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)	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 after original was delivered		
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	40% of approved amount
Minor treatment to control harmful habits	50% of approved amount	40% of approved amount
Interceptive and comprehensive orthodontic treatment	50% of approved amount	40% of approved amount
Post-treatment stabilization	50% of approved amount	40% of approved amount
Cephalometric film (skull) and diagnostic photos	50% of approved amount	40% 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.