



HOPE COLLEGE
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Effective Date: 07/01/202(

Dental Coverage

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 Plus MAC, members can choose any licensed dentist anywhere. BCBSM's payment for covered services is always based on the Maximum Allowable Charge (MAC) amount — our PPO fee — even when the dentist isn't a PPO dentist. This means members will have the lowest out-of-pocket costs when they see dentists in the Blue Dental PPO network.

Blue Dental PPO network- Members have unmatched access to PPO (in-network) dentists through the Blue Dental PPO network, which offers more than 130,000 dentist locations nationwide. PPO dentists agree to accept our approved amount as full payment for covered services, and members pay only their coinsurance and deductible amounts, if any, when they see PPO dentists. 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**.

Blue Par SelectSM arrangement- Members who see non-PPO (out-of-network) dentists can still save money by choosing a dentist who participates with BCBSM on a per-claim basis. While participating (out of network) dentists agree to accept our approved Blue Par Select amount as full payment for covered services, our payment will be based on the MAC amount, which is generally lower. Members must pay any difference between the two when they go to participating dentists, along with their coinsurance and deductible amounts, if any. However, they're not responsible for any difference between the approved amount and the dentist's charge. To find a dentist who may participate with BCBSM, please visit mibluedentist.com. Members should ask their dentists if they participate with BCBSM before every treatment.

Note: Members who go to nonparticipating dentists (non-PPO dentists who don't participate through our Blue Par Select arrangement) are responsible for any difference between our reimbursement for covered services and the dentist's charge.

Note: Member cost-sharing requirements and benefit limitations are administered on a benefit year basis. Your benefit year begins on July 1 and ends the following year on June 30.

Eligibility information

Member	Eligibility Criteria
Dependents	Subscriber's legal spouse Dependent children: related to you by birth, marriage, legal adoption or legal guardianship; eligible for dental coverage through the end of the benefit year in which they turn age 26, provided all eligibility requirements are met.

ADM PLANYR JUL;BLUE DENTAL;DO-BM-\$1500;DO-DBC;DO-DBP;DO-EOS;DO-IN-C1-C0%;DO-IN-C2-C25%;DO-IN-C3-C50%;DO-IN-D-C2/3;DO-IN-FD X2;DO-IN-MD \$50;DO-NP-C3-C50%;DO-NP-D-C2/3;DO-NP-FD X2;DO-NP-MD \$50;DO-ON-C1-C0%;DO-ON-C2-C25%;DO-PPO-MAC;DOBY JUL

Benefits	In-network	Out-of-network
Fillings - primary (child) teeth	75% of approved amount after deductible	75% of approved amount after deductible
Note: Replacement fillings covered after 12 months or more after initial filling		
Recementation of crowns, veneers, inlays, onlays and bridges	75% of approved amount after deductible	75% of approved amount after deductible
Note: Three times per tooth per benefit year after six months from original restoration		
Root canal treatment	75% of approved amount after deductible	75% of approved amount after deductible
Note: Once per tooth per lifetime		
Scaling and root planing	75% of approved amount after deductible	75% of approved amount after deductible
Note: Once every 24 months per quadrant		
Limited occlusal adjustments	75% of approved amount after deductible	75% of approved amount after deductible
Note: Limited occlusal adjustments covered up to five times in any 60 consecutive months		
Occlusal biteguards	75% of approved amount after deductible	75% of approved amount after deductible
Note: Once every 60 months		
General anesthesia or IV sedation	75% of approved amount after deductible	75% of approved amount after deductible
Note: When medically necessary and performed with oral surgery		
Repairs and adjustments of a partial or complete denture	75% of approved amount after deductible	75% of approved amount after deductible
Note: Six months or more after denture is delivered		
Relining or rebasing of a partial or complete denture	75% of approved amount after deductible	75% of approved amount after deductible
Note: Once per arch in any 36 consecutive months		
Periodontic maintenance	75% of approved amount after deductible	75% of approved amount after deductible
Note: Twice per benefit year		
Tissue conditioning	75% of approved amount after deductible	75% of approved amount after deductible
Note: Once per arch in any 36 consecutive months		

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Benefits	In-network	Out-of-network

ADM PLANYR JUL;BLUE DENTAL;DO-BM-\$1500;DO-DBC;DO-DBP;DO-EOS;DO-IN-C1-C0%;DO-IN-C2-C25%;DO-IN-C3-C50%;DO-IN-D-C2/3;DO-IN-FD X2;DO-IN-MD \$50;DO-NP-C3-C50%;DO-NP-D-C2/3;DO-NP-FD X2;DO-NP-MD \$50;DO-ON-C1-C0%;DO-ON-C2-C25%;DO-PPO-MAC;DOBY JUL