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)

<table>
<thead>
<tr>
<th>Copays</th>
<th>20% of approved amount for class I, II and III services and 50% of approved amount for class IV services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dollar maximums</td>
<td></td>
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<tr>
<td>• Annual maximum (for Class I, II and III services)</td>
<td>$1,000 per member for covered class I, II and III services</td>
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<tr>
<td>• Lifetime maximum (for Class IV services)</td>
<td>$1,500 per member for covered class IV services</td>
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</tbody>
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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.