Blue Cross Blue Shield Blue Care Network of Michigan

Confidence comes with every card.®

BLUE CROSS BLUE SHIELD OF MICHIGAN HEALTHY KIDS DENTAL CERTIFICATE OF COVERAGE

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This Certificate of Coverage is issued to persons who have enrolled with Blue Cross Blue Shield of Michigan (BCBSM) through the Michigan Department of Health and Human Services to receive Healthy Kids Dental (HKD) benefits. Because we are an independent corporation licensed by the Blue Cross and Blue Shield Association – an association of independent Blue Cross and Blue Shield plans – we are allowed to use the Blue Cross and Blue Shield names and service marks in the state of Michigan. However, we are not an agent of BCBSA. Only BCBSM has an obligation to provide benefits under this certificate and no other obligations are created or implied by this language.

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We are pleased that you have selected Blue Cross Blue Shield of Michigan for your child's dental care coverage. This coverage provides many benefits for eligible children. These benefits are described in this book, which is a **Certificate of Coverage**. This Certificate, the BCBSM identification card, and any forms and questionnaires completed by the Enrollee, or you on your child's behalf, are the Enrollee's **contract** with us.

This Certificate will help you understand your child's dental benefits, your rights and your responsibilities. Please read it carefully. If you have any questions about your child's coverage, call us at the following telephone number: **1-800-936-0935 (TTY 711)**.

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About Your Certificate of Coverage

This certificate is arranged to help you locate information easily. You will find:

- **A Table of Contents** – for quick reference
- **Information About Your Certificate of Coverage**
- **Coverage for Dental Services**
- **Dental Services Not Covered**
- **How Dental Benefits Are Paid**
- **General Conditions of Your Certificate of Coverage**
- **Definitions** – explanations of the terms used in your certificate
- **Additional Information You Need to Know**
- **How to Reach Us**
- **Index**

This Certificate uses the term “Enrollee” to refer to the individual under 21 years of age who is covered by the Healthy Kids Dental (HKD) program and enrolled with Blue Cross Blue Shield of Michigan for dental benefits.

We may also use the term “Patient” to refer to an eligible and enrolled individual when they receive covered dental services.

MDHHS often uses the term “Beneficiary” to refer to an individual who has been determined eligible for Medicaid or Children’s Health Insurance Program health care benefits.

This Certificate provides you with the information you need to get the most out of this HKD program dental care coverage.

If you have any questions, please call Dental Customer Service at: **1-800-936-0935**.
Business hours: Monday through Friday from 8 a.m. to 5 p.m. Eastern Time, except state and federal holidays. (TTY users should call 711.) Access to emergency services is available 24 hours a day, 365 days a year at 1-800-936-0935.

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Section 1: Information About Your Certificate of Coverage

This section provides answers to general questions you may have about the HKD program. Topics include:

- **ELIGIBILITY**
  - Who Is Eligible to Receive Benefits
- **DISENROLLMENT**
  - How to Voluntarily Disenroll
- **TERM AND TERMINATION**
  - Contract Term
  - Termination for Cause
  - Cessation of Operations

ELIGIBILITY

The Healthy Kids Dental (HKD) benefit program provides dental coverage for individuals 0 through 20 years of age and is funded under both Title XIX (Medicaid) and Title XXI (Children's Health Insurance Program) of the Social Security Act. The Michigan Department of Health and Human Services (MDHHS) has the sole authority to determine whether individuals meet statutory eligibility requirements and will determine eligibility for enrollment in the HKD benefit program. MDHHS will determine Beneficiary eligibility annually. In all cases, final determination of HKD program eligibility is made by MDHHS.

DISENROLLMENT

If an Enrollee wishes to disenroll, he/she must follow the procedures set forth by MDHHS. Disenrollment information is available upon request from the BCBSM Dental Customer Service department.

All rights to benefits stop on the effective date of disenrollment, without prejudice to claims for services rendered prior to the effective date of disenrollment. If the Enrollee is in the middle of an authorized dental treatment plan, BCBSM will cover the balance of treatment if it is completed within 60 days of the date of disenrollment. The disenrollment date is determined by MDHHS.

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TERM AND TERMINATION

Contract Term

This Certificate shall continue in effect from the effective date as long as the Enrollee is eligible according to MDHHS and as long as BCBSM is contracted with the State of Michigan as a Contractor for the HKD program.

Termination for Cause

BCBSM may request special disenrollment of an Enrollee from our plan if the Enrollee's actions are inconsistent with BCBSM's policies. Such requests would be submitted to MDHHS and the department would determine if the request should be approved. Disenrollment for an approved request will be effective on the date determined by MDHHS.

Special disenrollment requests may be made in cases of violent/life-threatening situations involving physical acts of violence; physical or verbal threats of violence made against BCBSM-affiliated providers, BCBSM staff or the staff of affiliated agents or subcontractors, or the public at BCBSM locations; or where stalking situations exist.

Special disenrollment will occur only to the extent consistent with the rules and regulations of MDHHS.

On or after the effective date of termination for cause, premium payments received on behalf of such terminated Enrollee for periods following the termination date shall be refunded to MDHHS. BCBSM shall however, make reasonable attempts to transfer care of Enrollees terminated from the plan to other providers.

Cessation of Operations

In the event of cessation of operations or dissolution of BCBSM, this Certificate may be terminated immediately by order of proper authority. BCBSM may be obligated for services as prescribed by law or proper order.

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Section 2: Coverage for Dental Services

This section describes the services we pay for and the extent to which they are covered. We pay for services when they are provided according to this Certificate.

To be covered, services must be:

- Dentally necessary and
- Performed by a dentist, or, where applicable,
- Performed by a dental hygienist under the supervision of a dentist.

- **Oral exams** *(1 in 6 months)*

Children should have a first dental visit when the first tooth comes in, or by age 1. After that, an Enrollee should have a dental exam every 6 months.

- **Screenings & Assessments** *(1 in 6 months)*
- **X-rays**
  - Bitewing X-rays *(1 in 12 months)*
  - Full mouth or panoramic X-rays *(1 in 5 years after age 5)*
  - Other X-rays as needed
- **Teeth cleaning** *(1 in 6 months)*
- **Fluoride treatment** *(4 in 12 months ages 0-5; 1 in 6 months age 6 up to age 21)*
- **Sealant** *(1 in 3 years for 1st and 2nd primary and permanent molars and premolars under age 21)*
- **Space maintainers** *(1 in 2 years per quadrant under age 14)*
- **Filling of cavities** *(1 in 24 months, per tooth, per surface)*
- **Crowns** *(Once per 60 months per patient, per tooth, per surface)*
  - Requires prepayment review and pre-operative x-rays
- **Stainless steel crown** *(prefabricated)*
- **Sedative filling** *(1 in 24 months)*
- **Crown buildup, including pins**
- **Root canals**
- **Periodontal services**
  - **Evaluation** *(1 in 12 months)*
  - **Scaling in presence of inflammation** *(1 in 6 months)*
  - **Scaling and Root Planing** *(1 in 2 years per quadrant)*
    -Requires prior authorization, periodontal charting and x-rays
- **Extractions, simple and surgical**
- **Limited other oral surgery**
- **Emergency treatment of dental pain**
- **IV sedation** *(when medically necessary)*
- **Complete denture** *(1 in 60 months)*
- **Partial denture** *(1 in 60 months)*
- **Denture adjustments and repairs**

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- **Denture rebase and reline** *(1 in 24 months, not covered within 6 months of placement)*
- **Temporary partial denture** *(only to replace front teeth)*
- **Recement crowns, bridges, space maintainers**

If your child's dentist finds that your child needs services not listed above due to a health or oral health condition, those services may be covered if approved by BCBSM.

Second Opinions

Blue Cross can provide for a second opinion from a qualified dental professional within the network or arrange for the Enrollee to obtain one out-of-network at no cost to the Enrollee if not available in-network.

Services Before Coverage Begins or After Coverage Ends

We will not pay for any services, treatment, care or supplies provided:

- Before the date on which the Michigan Department of Health and Human Services determines you are eligible for and enrolled in the Healthy Kids Dental program, or

- After the date on which the Michigan Department of Health and Human Services determines your eligibility and enrollment in the Healthy Kids Dental program has ended

After coverage ends, we will pay for crowns, partial or full dentures, and root canals as described in this Certificate, under the following conditions:

- They are ordered or final impressions have been completed before your coverage ends

- The procedure is completed or the appliance is delivered within 60 days from the date the coverage ended

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Section 3: Dental Services Not Covered

BCBSM does not pay for services that are not dentally necessary, may cause significant Enrollee harm, or are not appropriate for the Enrollee's documented dental condition. The services listed in this section are in addition to all other services **we do not cover**.

Exclusions

Services that are **NOT** covered include:

- **Full mouth or panoramic X-rays under age 5**
- **Bite guards**
- **Removal of healthy third molars** *(wisdom teeth)*
- **Bridges, inlays and onlays**
- **Bite Splints, mouthguards, sports appliances**
- **Analgesia, inhalation of nitrous oxide**
- **Orthodontic services** *(such as braces)*

  If an Enrollee has certain medical or dental conditions, orthodontic services may be covered under the Children's Special Health Care Services (CSHCS) program. Contact your local health department regarding CSHCS eligibility.

- **Implants**
- **Cosmetic dentistry**
- **Treatment of TMJ** *(TMJ is a problem that can cause pain in the jaw joint and can also cause pain in the muscles that control jaw movement.)*

Be sure to ask your dentist if a service is covered by HKD before the service is done. You must pay for services not covered by the HKD program.

Network providers are permitted to charge you for services delivered beyond what the HKD program covers if you are informed of the additional charges and agree to pay for the services that go beyond what is covered before receiving them.

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Experimental or Investigational Services

We do not pay for a service, procedure, treatment, device or supply that has not been scientifically demonstrated to be safe and effective for treatment of the Enrollee's condition. BCBSM decides if something is experimental based on one or more of the following:

- Information from the American Dental Association and other appropriate professional organizations
- Information from the Food and Drug Administration and other government agencies
- Accepted national standards of practice in the dental profession
- Scientific data such as controlled studies in peer review journals or literature
- Information from the Blue Cross and Blue Shield Association or other local or national bodies

Personal Costs

We will not pay for:

- Care, services, supplies or devices that are personal or convenience items
- Charges to complete claim forms

Unlicensed and Unauthorized Provider

We do not pay for services provided by persons who are not:

- Appropriately credentialed or privileged (as determined by BCBSM), or
- Legally authorized or licensed to order to provide such services.

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Section 4: How Dental Benefits Are Paid

Choosing A Dentist

Covered services must be received from dental providers who participate in the HKD network with Blue Cross Blue Shield of Michigan (BCBSM).

You should always ask whether your dentist participates in the HKD network with BCBSM before receiving services.

Authorizing Benefits

The dentist may, but is not required to, submit his or her treatment plan to us for authorization before providing certain complex or expensive services. We will review the plan before the services are performed and let you and your dentist know whether the planned services will be covered.

Authorization is **not** a guarantee of payment. Our payment for authorized services is based on the benefits that are available on the date the services are provided and on the other requirements, terms and conditions of this Certificate.

An approved authorization is valid for 12 months. If the services have not been completed within that time, you or the dentist can ask for a new authorization.

Filing Claims

Your dentist must file a claim for benefits in the required form within 12 months of the date services were completed. The dentist must certify that services were provided as billed.

For some procedures, we require documentation such as:

- X-rays
- Models of the teeth and jaw or
- A written explanation as to why the procedures were needed.

Paying for Services

We pay for covered dental services performed inside and outside the state of Michigan by a dentist that participates in the BCBSM HKD network. Below is a description of how we pay for covered services:

- **In-Network Dentists**:

  In-network dentists agree to accept our approved amount as payment in full for covered services. In-network dentists will not bill you for covered services.

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Paying for Services (continued)

- **Out-of-Network Dentists**:

  BCBSM will provide adequate and timely access to out-of-network providers and cover medically necessary services for Enrollees in instances when the BCBSM HKD network is unable to provide those services to the Enrollee in compliance with accessibility and timeliness standards of this Certificate of Coverage.

  BCBSM will cover out-of-network emergency services for Enrollees.

  BCBSM will coordinate with out-of-network providers with respect to payment and follow all applicable MDHHS policies to ensure the Enrollee is not liable for costs as required in the Medicaid Provider Manual and our contract with the State of Michigan.

  BCBSM will authorize and reimburse out-of-network providers for medically necessary covered dental services if such services could not reasonably be obtained from a network provider on a timely basis, within MDHHS' appointment access and time and distance standards of this Certificate, inside or outside the state of Michigan.

If BCBSM cannot provide non-emergency covered services by a network provider within the service authorization and access requirements of this Certificate of Coverage, covered services will be considered authorized if BCBSM does not respond to a request for authorization within 24 hours of the expired time frame of the original service authorization request. This provision applies to out-of-network providers inside and outside the state of Michigan.

BCBSM will comply with all related Medicaid policies regarding authorization and reimbursement for out-of-network providers. BCBSM will pay out-of-network Medicaid providers' claims at established Medicaid fees in effect on the date of service. If MDHHS has not established a specific rate for the covered service, BCBSM will follow Medicaid policy to determine the correct payment amount.

Understanding Our Payment - Your Explanation of Benefits

After your claim is processed, we may send you an Explanation of Benefits (EOB) that provides the following information:

- The names of the dentist and the Enrollee;
- A description of each service submitted on that claim;
- The dates these services were provided; and
- The amounts the dentist charged for them and the amounts we allowed and paid for them

If we denied payment for any of the services that were submitted, your EOB will explain why the services were denied.

Please call Dental Customer Service if you have questions regarding payments shown on your EOB.

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Section 5: General Conditions of Your Certificate of Coverage

This section explains the conditions that apply to your Certificate. They may make a difference in how, where and when benefits are available to you.

Assignment

Benefits covered under this Certificate are for the Enrollee's use only. They cannot be transferred or assigned.

We will not pay a provider except under the terms of this Certificate.

Coordination of Benefits

We coordinate the benefits payable under this Certificate per Michigan's Coordination of Benefits Act and as required by state and federal Medicaid law. If you have any other insurance coverage that includes dental benefits, please call our Dental Customer Service line and let us know.

Dentist of Choice

You may continue to receive services from the dentist of your choice in the BCBSM HKD network.

Genetic Testing

We will not:

- Request or require genetic testing of anyone covered under this Certificate of Coverage
- Collect genetic information from anyone covered under this Certificate at any time for underwriting purposes
- Limit coverage based on genetic information related to the Enrollee or family members.

Improper Use of Contract

If you let an ineligible person receive benefits (or try to receive benefits) under this Certificate of Coverage, we may:

- Refuse to pay benefits
- Ask that MDHHS terminate or cancel your coverage
- Ask that MDHHS allow BCBSM to begin legal action against you
- Refuse to cover your dental care services at a later date

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Enrollee Grievance and Appeals Program

BCBSM has set up a mechanism for receiving, processing, and resolving Enrollee grievances and appeals relating to the benefits or operation of the HKD program. This is fully described in our HKD Enrollee Handbook, which Enrollees receive when they enroll with BCBSM. Additional copies are also available upon request by calling the Dental Customer Service number: 1-800-936-0935 (TTY: 711).

Complaints and grievances are instances when you are not happy with the service you are getting or you feel the Enrollee has not been treated well. You can tell us about a grievance in writing or verbally at:

Blue Cross Blue Shield of Michigan
Grievance & Appeals Department
PO Box 491
Milwaukee, WI 53201-0491

Dental Customer Service: 1-800-936-0935 (TTY: 711)
Fax: 262-834-3452

There is a time limit on filing an appeal related to a payment decision or our denial of coverage for a requested service. An appeal must be filed within 60 days of the problem or denial and is generally addressed within 30 days after it is received. Contact the Dental Customer Service number for a form to do this or to ask questions about the process.

If there is an urgent need to review a denial of coverage for a requested service, this should be explained on the appeal form and your request will be reviewed within 72 hours. An urgent situation is one in which, in the opinion of your dentist, the Enrollee's health may be in serious jeopardy or the Enrollee is experiencing pain that cannot be adequately controlled while waiting for a decision on the appeal. If you believe your situation is urgent, you may request an urgent review or a simultaneous expedited external review.

If the appeal decision is not acceptable, a Medicaid Fair Hearing request can be submitted. The process for doing this will be explained if you receive a denial following BCBSM's review of your appeal.

Release of Information

You agree to let providers release information to us. This can include dental records and claims information related to services the Enrollee may receive or has received.

We agree to keep this information confidential. Consistent with our Notice of Privacy Practices, this information will be used and disclosed only as authorized by law.

Right To Interpret Contract

During claims processing and internal grievances, BCBSM reserves the right to interpret and administer the terms of this Certificate of Coverage. BCBSM's final adverse decisions regarding claims processing and grievances may be appealed under applicable law.

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Waiver by Agents

No agent or person, except an authorized officer of BCBSM, can waive any conditions or restrictions of this Certificate. No agent or person can bind BCBSM by making a promise or representation, or by giving or receiving any information. No change in this Certificate is valid unless amended in writing and signed by an authorized officer.

What Laws Apply

This Certificate will be interpreted under the laws of the State of Michigan and federal law where applicable.

Other Party Liability

BCBSM does not pay claims or coordinate benefits for services which are not provided or authorized by a BCBSM HKD Dentist and which are not benefits under this Certificate of Coverage, except as otherwise stated in this Certificate.

General Provision

BCBSM will provide each of its HKD Enrollees with full benefits to the limit of this Certificate of Coverage. However, an Enrollee may not receive duplicate benefits, or benefits greater than the actual expenses incurred or BCBSM's fee schedule amount, whichever is less. Duplicate coverage does not extend BCBSM benefits beyond the limits of this Certificate. The Enrollee shall execute and deliver such instruments and take action as BCBSM may require to implement the provisions of this section. The Enrollee shall do nothing to prejudice the rights given BCBSM by this provision without its prior written consent. Benefits are not provided under this Certificate if any expenses to or on behalf of an Enrollee are paid or payable under the provisions of any other insurance, service benefit or reimbursement plan, including: Medicare, Worker's Compensation, Employer's Liability Law, or No-Fault Automobile Insurance.

Coordination of Benefits

If a BCBSM HKD Enrollee is injured in a car accident and needs care, BCBSM requires a statement noting the type of medical coverage carried on the applicable automobile insurance. BCBSM will follow the coordination of benefits guidelines of MDHHS. All dental bills must first be submitted to the primary insurance carrier. BCBSM will generally be the payer of last resort.

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Subrogation: When Others Are Responsible for Illness or Injury

If the Enrollee has a right of recovery from a person or organization for any benefits or supplies covered under this Certificate of Coverage (except from an Enrollee's health insurance coverage, subject to the coordination of benefits provisions), the Enrollee, as a condition to receiving benefits under this Certificate, will either:

- Pay BCBSM all sums recovered by suit, settlement, or otherwise, to the extent of benefits provided by BCBSM and in an amount equal to the BCBSM payment for those benefits, but not in excess of monetary damages collected; or

- Authorize BCBSM to be subrogated to the Enrollee's rights of recovery, to the extent only of the benefits provided including the right to bring suit in the Enrollee's name at the sole cost and expense of BCBSM. In the event a suit instituted by BCBSM on behalf of the Enrollee results in monetary damages awarded in excess of the cash value of actual benefits provided by BCBSM, BCBSM shall have the right to recover costs of suit and attorney fees out of the excess, to the extent of the cost of such fees.

Right of Payment and Recovery

If BCBSM has provided benefits under this Certificate of Coverage but another plan should pay, BCBSM has the right to deny payment or seek the reasonable cash value of each service from the other plan.

Right to Receive and Release Necessary Information

Under the terms of this section, BCBSM may need to release or get Enrollee information which it deems to be necessary. An Enrollee who claims benefits under the Certificate of Coverage must provide BCBSM with that information. This includes notifying BCBSM of any change in other insurance coverage.

Workers' Compensation

BCBSM does not pay for treatment of work-related injuries covered by workers' compensation laws. BCBSM does not pay for work-related services you get at an employer's medical clinic or other facility.

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Section 6: Definitions

This section explains the terms used in your Certificate of Coverage or applicable to the dental benefits available through the Healthy Kids Dental program. The terms are listed in alphabetical order.

Abutment
A connection to an implant that offers retention, support and stabilization of a false replacement tooth.

Accidental Injury
An external force to the lower half of the face or jaw that damages or breaks sound natural teeth, periodontal structures (gums) or bone.

Adverse Benefit Decision
A decision to deny, limit, reduce, or suspend a requested service or previously authorized service, the denial to pay all or part of a service; failure to provide services in a timely manner; or failure to resolve a grievance or appeal in the timeframes required by MDHHS and/or under state and federal law.

Amount Billed
The dollar amount that the dentist reports to BCBSM on a dental claim, less any amount that the dentist may discount, waive, rebate or has not, in good faith, attempted to collect.

Appeal
An appeal is a request you file when you disagree with our payment decision or our denial of coverage for a requested service.

Approved Amount
The lower of the amount billed or the BCBSM maximum payment level for a covered service.

Authorization
A process by which a dentist submits a treatment plan to us before treatment begins. We return a copy of the proposed treatment plan to the dentist indicating covered services under the terms of this Certificate.

Authorized Service
A medically necessary dental service that is a benefit under the Certificate and, for certain services that require prior authorization, has been approved by the BCBSM Dental Director or his or her designee. An authorized service may also be referred to in this document as a covered service.

BCBSM
Blue Cross Blue Shield of Michigan or another entity or person Blue Cross Blue Shield of Michigan authorizes to act on its behalf.

Benefits
The dental services described in this Certificate of Coverage for the HKD program as required under Michigan law or by MDHHS.

By Report
A written explanation from the dentist that justifies the need for a procedure.

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Calendar Year
A period of time beginning January 1 and ending December 31 of the same year.

Certificate of Coverage
A statement of covered benefits, including the terms of enrollment and covered services. Certificate of Coverage may also be referred to as the Certificate.

Contract
Consists of the BCBSM Certificate of Coverage applicable to the HKD program, including General Conditions, Definitions, Limitations and Exclusions in their entirety, Enrollee ID cards, forms, and questionnaires completed by the Enrollee or representative.

Course of Treatment
A planned program of services for the treatment of a dental condition diagnosed by a dentist as the result of an oral examination/evaluation. A course of treatment begins on the date a dentist first provides a service to treat the dental condition.

Covered Service
A service that is identified as payable in this Certificate. Such services must be dentally necessary, as defined in this Certificate, and ordered or performed by a provider that is legally authorized or licensed to order or perform the service. The provider must also be appropriately credentialed or privileged, as determined by BCBSM, to order or perform the service.

Delivered/Cemented
The date the crown was finally cemented into the Enrollee's mouth or the date the denture was given to the Enrollee to take home.

Dentally Necessary
A service or device must be dentally necessary and appropriate according to generally accepted standards and patterns of dental practice for it to be covered by BCBSM. Dentists acting for BCBSM decide dental necessity. It is based on criteria and guidelines developed by these dentists who are acting for their respective peer provider type or specialty.

- The covered service is accepted as necessary and appropriate for the Enrollee's condition. It is not mainly for the convenience of the Enrollee or dentist.
- Covered services are subject to certain restrictions based on:
  - Policies consistent with generally accepted standards of dental practice
  - Those specific contracts that only pay for the least expensive acceptable treatment
- In the case of diagnostic testing, the results are essential to and are used in diagnosis or management of the Enrollee's condition.

When there are no established criteria, dental need will be decided by the accepted standards and practices by the dentists who are providing services for BCBSM Enrollees.

Dental Services
Services for diagnosis, prevention or treatment in connection with the care, restoration, removal or replacement of teeth or the structures directly supporting the teeth.

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Dentist

- **In-Network Dentist**
  A dentist who has signed a contract to participate in the HKD program as a Blue Cross Blue Shield of Michigan dentist.

- **Out-of-Network Dentist**
  A dentist who has not signed a contract to participate in the HKD program as a Blue Cross Blue Shield of Michigan dentist.

Department of Insurance and Financial Services (DIFS)
The department that regulates insurers in the state of Michigan.

Effective Date
The date your coverage begins under this Certificate. This date is established by MDHHS.

Endosteal Implant
A device specifically designed to be placed surgically in either the upper or lower jaw where the tooth is missing, therefore eliminating the need to attach the false tooth to adjacent teeth in the mouth. Instead, the false tooth is attached directly to the endosteal implant structure that is embedded in bone.

Enrollee
Any person eligible for dental care services under this Certificate on the date the services are provided.

Exclusions
Situations, conditions, services or devices that are not covered by this Certificate.

Experimental or Investigational Treatment
Treatment that has not been scientifically proven to be as safe and effective for treatment of the Enrollee's conditions as conventional treatment. Sometimes it is referred to as "investigational" or "experimental services." BCBSM is responsible for deciding if the use of any service is experimental or investigational.

Grievance
A grievance is any complaint other than one that involves a decision regarding coverage of a service.

Hygienist
A person who is licensed to perform specific dental procedures under the supervision of a licensed dentist. The procedures include, but are not limited to:

- Scaling
- Root planing
- Prophylaxis (teeth cleaning)
- Fluoride application

In-Network Dentist
See the definition of "Dentist".

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Malocclusion
A variation from normal contact of the teeth of both jaws when closed or during movement of the lower jaw.

Medicaid Fair Hearing Process
An Enrollee may raise concerns with MDHHS about any adverse benefit decision made by BCBSM. The Medicaid Fair Hearing process is described in our HKD Enrollee Handbook.

Michigan Department of Health and Human Services (MDHHS)
The department responsible for administering public assistance, medical assistance, child and family welfare services, and other programs in the state of Michigan. The department also administers the HKD program.

Ordered
When the dentist has completed preparing the mouth for a crown or denture and has taken final impressions for the laboratory.

Out-of-Network Dentist
See the definition of “Dentist”.

Provider
A dentist or hygienist who provides services or supplies related to dental care.

Quadrant
Dental arches are divided into equal sections known as quadrants. A quadrant begins at the mid-line (center teeth) of the arch and extends back to the end of the upper or lower jaw.

Reimbursement
The amount BCBSM pays for a covered procedure. BCBSM’s reimbursement is based on the lesser of the amount billed or the BCBSM maximum payment level for that procedure on the date the service is provided.

Right of Recovery
The right of BCBSM to make a claim against the Enrollee, or representatives if they have received funds from another party responsible for benefits paid by BCBSM.

Services
Care, procedures and supplies given by a dental care provider to diagnose or treat dental conditions.

Subrogation
Subrogation occurs when BCBSM assumes the right to make a claim against or to receive money or another thing of value from another person, insurance company or organization.

Supervision
When a dentist oversees the care of an Enrollee, is available when necessary, but is not at chairside while service and treatment are rendered.

We, Us, Our
Used when referring to Blue Cross Blue Shield of Michigan (BCBSM) or another entity or person Blue Cross Blue Shield of Michigan authorizes to act on its behalf.

You and Your
Used when referring to any Enrollee covered by this Certificate of Coverage.

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Section 7: Additional Information You Need to Know

We want you to be satisfied with how we administer the Healthy Kids Dental (HKD) program. If you have a question or concern about how we processed a claim or request for benefits, we encourage you to contact Dental Customer Service. The telephone number is on the back of the BCBSM ID card and in the top right-hand corner of the Explanation of Benefit Payments (EOB) statements.

Authorization

What Is Prior Authorization?
Some services will need to be approved (prior authorized) by Blue Cross Blue Shield of Michigan (BCBSM) before the Enrollee can get them. The Enrollee can only get the services BCBSM and HKD covers. Some services need to be approved by BCBSM and HKD before the Enrollee can get them. Your dentist can tell you which services will require prior authorization. You can also call Dental Customer Service at 1-800-936-0935 during regular business hours: Monday through Friday from 8 a.m. to 5 p.m. Eastern Time, except state and federal holidays. (TTY users should call 711.)

Your dentist has to submit the request for prior authorization. BCBSM will notify your dentist and send the Enrollee written notice of any decision to deny a service which requires prior authorization within 14 calendar days from receipt of the request for service authorization. Effective January 1, 2026, authorization decisions may not exceed (7) calendar days to review Standard Authorization Decisions and 72 hours from receipt of Expedited Authorization Decisions.

If your dentist requests an urgent prior authorization, BCBSM will notify both the dentist and enrollee of the decision within 72 hours.

If a prior authorization request is not approved, at your request and without charge, our dental partner will send you details from the HKD dental care plan if a denial decision was based on your benefits. If the decision was based on medical or dental guidelines, our dental partner will provide you with the appropriate protocols and treatment criteria. If a medical or dental expert was involved in making the decision, the expert's credentials will be provided.

To request information about the HKD dental care plan or the medical/dental guidelines used, or if you need help with the appeal process, call the Dental Customer Service number shown above. It is also on the back of the Enrollee's BCBSM ID card.

Other Resources to Help You

For questions about your rights, you can contact the Director of the Michigan Department of Insurance and Financial Services for assistance.

To contact the Director:

- Call toll-free at 1-877-999-6442; or
- Fax to 517-284-8837; or
- Online at https://difs.state.mi.us/Complaints/ExternalReview.aspx; or
- Mail to: Michigan Department of Insurance and Financial Services
  P.O. Box 30220
  Lansing, MI 48909-7720

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We Speak Your Language

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 877-469-2583 TTY: 711 or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se ofrecen, sin costo alguno, ayuda y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 877-469-2583 TTY: 711 o hable con su proveedor.

تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل برقم 877-469-2583 TTY: 711 أو تحدث إلى مزود الخدمة الخاص بك.

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。请致电 877-469-2583 (TTY: 711) 或咨询您的服务提供商。

ܙܘܗܪܐ: ܐܢ ܐܚܬܘܢ ܡܢ ܗܡܝܡܝܬܘܢ ܠܫܢܐ ܐܫܘܪܝܐ، ܐܬܝܡܝܬܘܬܐ ܕܗܝܪܬܐ ܕܠܫܢܐ ܒܗ ܗܘܐ ܦܪܝܐ ܩܠܘܟܘܢ ܕܠܐ ܐܓܪܐ. ܐܦ ܐܬܝܡܝܬܘܬܐ ܘܗܝܪܬܐ ܠܚܝܡܐ ܠܝܗܒܠܬܐ ܕܡܘܕܥܢܘܬܐ ܒܦܘܪܡܐ ܡܬܡܛܝܢܐ ܡܛܠܝܗܝܢ ܦܪܝܐ ܕܠܐ ܐܓܪܐ. ܡܨܒܪܘܢ ܥܠ ܡܝܢܝܢܐ 877-469-2583 TTY: 711 ܐܘ ܡܗܡܝܡܘܢ ܥܡ ܡܩܪܒܢܘܬܟܘܢ.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phù hợp để cung cấp thông tin bằng các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi số 877-469-2583 TTY: 711 hoặc trao đổi với người cung cấp dịch vụ của bạn.

VËMENDJE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 877-469-2583 TTY: 711 ose bisedoni me ofruesin tuaj të shërbimit.

알림: 한국어를 사용하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 정보를 접근 가능한 형식으로 제공받을 수 있는 적절한 보조 기구와 서비스도 무료로 이용할 수 있습니다. 877-469-2583 TTY: 711 번으로 전화하거나 담당 기관에 문의하십시오.

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 877-469-2583 TTY: 711 নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 877-469-2583 TTY: 711 lub porozmawiaj ze swoim usługodawcą.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 877-469-2583 TTY: 711 an oder sprechen Sie mit Ihrem Provider.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'877-469-2583 TTY: 711 o parla con il tuo fornitore.

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注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。情報をアクセスしやすい形式で提供するための適切な補助器具やサービスも無料でご利用いただけます。877-469-2583 TTY: 711 までお電話いただくか、ご利用の事業者にご相談ください.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 877-469-2583 TTY: 711 или обратитесь к своему поставщику услуг.

PAŽNJA: Ako govorite srpsko-hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna pomagala i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 877-469-2583 TTY: 711 ili razgovarajte sa svojim pružateljem usluga.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 877-469-2583 TTY: 711 o makipag-usap sa iyong provider.

Discrimination Is Against The Law

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue Cross Blue Shield of Michigan and Blue Care Network does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Michigan and Blue Care Network:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats).

- Provide free language services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 877-469-2583 or, if you're 65 or older, call 888-563-3307, TTY: 711. Here's how you can file a civil right complaint if you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd., MC 1302
Detroit, MI 48226
Phone: 888-605-6461, TTY: 711
Fax: 866-559-0578
Email: CivilRights@bcbsm.com

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Discrimination Is Against The Law (continued)

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal website or by mail, phone, or email at:

U.S. Department of Health & Human Services
200 Independence Ave, SW
Room 509, HHH Building
Washington, D.C. 20201

Phone: 800-368-1019, TTD: 800-537-7697
Email: OCRComplaint@hhs.gov

Complaint forms are available on the U.S. Department of Health & Human Services Office for Civil Rights website

This notice is available at Blue Cross Blue Shield of Michigan and Blue Care Network's website:

https://www.bcbsm.com/important-information/policies-practices/nondiscrimination-notice/

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Section 8: How to Reach Us

This section lists phone numbers and addresses to help you get information quickly.

Call Us

If you have questions about claims or coverage, you can call Dental Customer Service at 1-800-936-0935 during regular business hours: (Monday through Friday from 8 a.m. to 5 p.m. Eastern Time, except state and federal holidays. TTY users should call 711.)

Access to emergency services is available 24 hours a day, 365 days a year at 1-800-936-0935.

Please have your BCBSM ID card with your HKD Enrollee ID number ready when you call us.

Write Us

Blue Cross Blue Shield of Michigan
Attention: Claims Department
P.O. Box 491
Milwaukee, WI 53201-0491

Email Us

HealthyKidsDental@greatdentalplans.com

Check Our Website

You can visit https://www.bcbsm.com/healthykids 24 hours a day, seven days a week, 365 days a year to get general information about us and to locate an in-network dentist near you.

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Form No. 611L

Blue Cross Blue Shield of Michigan

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

State Approved 7/2025
Effective 10/2025

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