

BCBS Dental – Schedule of Benefits

Plan Provision	Key Information & Highlights
Annual Deductible If you have family coverage, the first three members of your family to receive services will be subject to a \$50 deductible, per person, per benefit period.	\$50 per person
Preventive Services (Deductible does not apply) <ul style="list-style-type: none"> • oral examinations – two per plan year • cleaning, scaling and polishing of the teeth – 2x per plan year • topical fluoride application – one application 2x per plan year, for each covered dependent children up to age 19 • sealant for covered dependent children up to age 19 • dental x-rays <ul style="list-style-type: none"> ➢ panoramic and routine full-mouth x-rays – one full-mouth series every thirty-six (36) months ➢ routine bitewing x-rays – one set per plan year 	Plan pays 100%*
Primary Services <ul style="list-style-type: none"> • fillings • simple extractions – unless specifically excluded • oral surgery • temporary (stainless steel) crowns • endodontics • repair of removable dentures • recementing of crowns, inlays and bridges • periodontics • oral surgery services • general anesthesia – covered only if administered in connection with a covered dental procedure, by a person who is licensed to administer general anesthesia and is not the dentist who performed the dental procedure 	Plan pays 80%* after deductible
Major Services <ul style="list-style-type: none"> ▪ inlays, onlays and crowns (except for temporary crowns) ▪ bridges ▪ bridge repair ▪ full and partial dentures ▪ denture adjustments and relining – during the first six months after obtaining dentures or having them repaired, adjustments are covered only if they are done by a provider other than providers in the dentist's office that originally provided or repaired the dentures ▪ addition of tooth or clasp <p>Once you receive benefits for a crown, bridge or full/partial dentures, replacements are not covered until five years have elapsed. Also, benefits are not available for the replacement of a bridge or denture that could have been repaired.</p>	Plan pays 50%* after deductible
Orthodontic Services (for dependents under age 19) Not subject to deductible	Plan pays 50%*
Emergency Dental Services	Plan pays 100%* after deductible
Maximum Benefit	\$1,500 per calendar year, per person (excludes orthodontic services)
Maximum Benefit – Orthodontic Services	\$1,500 lifetime maximum

*The Plan pays a percentage of the "maximum allowance," meaning the amount that network dentists agree to accept as payment in full, for a particular service.

Effective 1/1/2018