

## BCBS Dental Plan – Schedule of Benefits

Plan Provision	Key Information & Highlights
<b>Annual Deductible</b> 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
<b>Preventive Services</b> (Deductible does not apply) <ul style="list-style-type: none"> <li>oral examinations – two per plan year</li> <li>cleaning, scaling and polishing of the teeth – 2x per plan year</li> <li>topical fluoride application – one application 2x per plan year, for each covered dependent children up to age 19</li> <li>sealant for covered dependent children up to age 19</li> <li>dental x-rays               <ul style="list-style-type: none"> <li>panoramic and routine full-mouth x-rays – one full-mouth series every thirty-six (36) months</li> <li>routine bitewing x-rays – one set per plan year</li> </ul> </li> </ul>	Plan pays 100%*
<b>Primary Services</b> <ul style="list-style-type: none"> <li>fillings</li> <li>simple extractions – unless specifically excluded</li> <li>oral surgery</li> <li>temporary (stainless steel) crowns</li> <li>endodontics</li> <li>repair of removable dentures</li> <li>recementing of crowns, inlays and bridges</li> <li>periodontics</li> <li>oral surgery services</li> <li>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</li> </ul>	Plan pays 80%* after deductible
<b>Major Services</b> <ul style="list-style-type: none"> <li>inlays, onlays and crowns (except for temporary crowns)</li> <li>bridges</li> <li>bridge repair</li> <li>full and partial dentures</li> <li>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</li> <li>addition of tooth or clasp</li> </ul> <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
<b>Orthodontic Services (for dependents under age 19)</b> Not subject to deductible	Plan pays 50%*
<b>Emergency Dental Services</b>	Plan pays 100%* after deductible
<b>Maximum Benefit</b>	\$1,500 per calendar year, per person (excludes orthodontic services)
<b>Maximum Benefit – Orthodontic Services</b>	\$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 1/1/2022