

## 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.