

BCBS Dental Plan – 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) • 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 ➢ 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 • 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 • Occlusal mouthguards	Plan pays 80%* after deductible
Major Services ▪ 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 ▪ Implants 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.	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	\$2,000 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.

** BlueCare Dental Enhanced Benefit may provide an additional routine cleaning to member receiving medical care for diabetes, cardiovascular disease or pregnancy.