

Dental Blue® Benefit Summary

Plan Benefit In-Network Benefits	Dental Blue® 2500A	Dental Blue® 2000A	Dental Blue® 1500A	Dental Blue® 1500B	Dental Blue® 1000A	Dental Blue® 1000B			
Calendar Year Deductible Note: Does not apply to diagnostic and preventive or orthodontic services	\$25 member/ \$75 family	\$25 member/ \$75 family	\$25 member/ \$75 family	\$25 member/ \$75 family	\$50 member/ \$150 family	\$50 member/ \$150 family			
Calendar Year Maximum Note: Does not apply to orthodontic services	\$2,500	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000			
DIAGNOSTIC AND P	REVENTIVE S	ERVICES							
Diagnostic and Preventive Services	100%	100%	100%	100%	100%	100%			
BASIC SERVICES									
Basic Services – Restorative Simple tooth extractions Repairs to crowns, inlays, onlays, veneers, fixed partial dentures and removable dentures Direct pulp capping, removal of pulp, and root canal treatment Emergency treatment for pain Fillings made of silver amalgam and tooth color materials Basic Services – Supplemental	100%, subject to deductible	100%, subject to deductible							
 Oral surgery General anesthesia given for oral or dental surgery Treatment of the root tip of the tooth including its removal 	100%, subject to deductible	100%, subject to deductible	100%, subject to deductible	100%, subject to deductible	80%, subject to deductible	80%, subject to deductible			
MAJOR SERVICES									
Waiting Period	No benefits for la	te enrollees until th	ne member has bee	en covered for a co	ntinuous 365 days.				
Major Services – Periodontic Services Periodontic exams Removal of diseased gum tissue and reconstructing gums Removal of diseased bone Reconstruction of gums and mucous membranes Removing plaque and calculus	100%, subject to deductible	100%, subject to deductible	80%, subject to deductible	80%, subject to deductible	50% , subject to deductible	80%, subject to deductible			



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MAJOR SERVICES (CONTINUED)										
Major Services – Prosthetic Services Inlays, onlays, veneers or crowns Fixed or removable bridges Full or partial dentures	80 %, subject to deductible	75%, subject to deductible	50 %, subject to deductible	50 %, subject to deductible	50 %, subject to deductible	Not covered				
ORTHODONTIC SERVICES										
Waiting Period	No benefits for all enrollees until the member has been covered for a continuous 365 days.									
Calendar Year Orthodontic Deductible	No deductible	No deductible	No deductible	Not applicable	No deductible	Not applicable				
Lifetime Orthodontic Maximum	\$1,500	\$1,500	\$1,500	Not applicable	\$1,500	Not applicable				
Orthodontic Services Orthodontic benefits for dependent children up to age 26.	50%	50%	50%	Not applicable	50%	Not applicable				
ANNUAL MAXIMUM ROLLOVER										
Annual Maximum Rollover (AMR)		Plan will allow up to \$500 of unused in- or out-of-network annual maximum dollars to carry over when a member completes two diagnostic and preventive services within a calendar year. Maximum rollover account has a \$1,000 threshold.								
OPTIONAL BENEFITS										
Removal of Out-of-Network Coverage		No coverage when services rendered by an out-of-network provider.								
Dental Implants		Covered as a Prosthetic Service at 50%, subject to deductible. Not available on Dental Blue® 1000A and Dental Blue® 1000B.								
Enhanced Orthodontic Services		Covered at 50%. Additional \$1,000 to be added to the Orthodontic Services lifetime maximum benefit totaling \$2,500. Not available on Dental Blue® 1500B and Dental Blue® 1000B.								

