

Dental Blue[®] Plans



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 Preventive Services	100%	100%	100%	100%	100%	100%
Basic Services – Restorative <ul style="list-style-type: none"> 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 	100%, subject to deductible	100%, subject to deductible	100%, subject to deductible	100%, subject to deductible	100%, subject to deductible	100%, subject to deductible
Basic Services – Supplemental <ul style="list-style-type: none"> 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 late enrollees until the member has been covered for a continuous 365 days.

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)*

Prosthetic Services <ul style="list-style-type: none"> 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
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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 (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. <i>Not available on Dental Blue[®] 1000A and Dental Blue[®] 1000B.</i>
Enhanced Orthodontic Services	Covered at 50%. Additional \$1,000 to be added to the Orthodontic Services lifetime maximum benefit totaling \$2,500. <i>Not available on Dental Blue[®] 1500B and Dental Blue[®] 1000B.</i>



An independent licensee of the Blue Cross and Blue Shield Association