

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 - 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 - 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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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
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MAJOR SERVICES *(continued)*

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
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ORTHODONTIC SERVICES

Waiting Period

No benefits for late 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	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

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>



We cover what matters.

An independent licensee of the Blue Cross and Blue Shield Association