

Dental Blue Program 2 with Orthodontics

Preventive Benefit Group	Basic Benefit Group	Major Benefit Group
No Deductible	\$50 Per Member/\$150 Per Family Calendar Year Deductible	
Full Coverage	80% Coverage	50% Coverage
\$1,000 Calendar-Year Benefit Maximum		
<p>Diagnostic</p> <ul style="list-style-type: none"> • One complete initial oral exam, including initial dental history and charting of the teeth and supporting structures • Full mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays once each 60 months • Bitewing X-rays once each six months • Single tooth X-rays as needed • Study models and casts used in planning treatment once each 60 months • Periodic or routine oral exams once each six months • Emergency exams <p>Preventive</p> <ul style="list-style-type: none"> • Routine cleaning, scaling, and polishing of the teeth once each six months • Fluoride treatment once each six months (members under age 19) • Sealants on permanent pre-molar and molar surfaces (members under age 14). Benefits are provided for one application per bicuspid or molar surface each 48 months. • Space maintainers needed due to premature tooth loss (members under age 19) 	<p>Restorative</p> <ul style="list-style-type: none"> • Amalgam (silver) fillings (limited to one filling for each tooth surface in a 12-month period) • Composite resin (tooth color) fillings (limited to one filling for each tooth surface in a 12-month period) • Pin retention for fillings • Stainless steel crowns on baby teeth and on first permanent adult molars (members under age 16) <p>Oral Surgery</p> <ul style="list-style-type: none"> • Tooth extraction • Root removal • Biopsies <p>Periodontics (gum and bone)</p> <ul style="list-style-type: none"> • Periodontal scaling and root planing once per quadrant each 24 months • Periodontal surgery once per quadrant each 36 months • Periodontal maintenance following active periodontal therapy once each three months <p>Endodontics (roots and pulp)</p> <ul style="list-style-type: none"> • Root canal therapy (permanent teeth, once in a lifetime per tooth) • Retreatment root canal therapy on permanent teeth, once in a lifetime for each tooth • Therapeutic pulpotomy on primary or permanent teeth (members under age 16) • Other endodontic surgery to treat or remove the dental root <p>Prosthetic Maintenance</p> <ul style="list-style-type: none"> • Repair of partial or complete dentures, crowns, and bridges once each 12 months • Adding teeth to an existing complete or partial denture • Rebase or reline of dentures once each 36 months • Recementing of crowns, inlays, onlays, and fixed bridgework once each 12 months <p>Other Services</p> <ul style="list-style-type: none"> • Occlusal adjustments once each 24 months • Services to treat root sensitivity • Emergency dental care to treat acute pain or to prevent permanent harm to a member • General anesthesia when administered in conjunction with covered surgical services 	<p>Prosthodontics (teeth replacement)</p> <ul style="list-style-type: none"> • Complete or partial dentures (including services to fabricate, measure, fit, and adjust them) once each 60 months for each arch • Fixed bridges (including services to fabricate, measure, fit, and adjust them) once each 60 months for each tooth • Replacement of dentures and bridges once each 60 months when the existing appliance can't be made serviceable • Adding teeth to an existing bridge • Temporary partial dentures to replace any of the six upper or six lower front teeth (only covered if they are installed immediately following the loss of teeth and during the period of healing) <p>Major Restorative (members age 16 or older)</p> <ul style="list-style-type: none"> • Crowns, once each 60 months for each tooth • Metallic, porcelain, and composite resin inlays. Benefits are provided for an amalgam filling toward the cost of a metallic, porcelain, or composite resin inlay, once each 60 months for each tooth. You pay any balance. • Metallic, porcelain, and composite resin onlays, once each 60 months for each tooth • Replacement of crowns, once each 60 months for each tooth • Replacement of metallic, porcelain, and composite resin inlays. Benefits are provided for an amalgam filling toward the cost of a metallic, porcelain, or composite resin inlay, once each 60 months for each tooth. You pay any balance. • Replacement of metallic, porcelain, and composite resin onlays, once each 60 months for each tooth • Post and core or crown buildup, once each 60 months for each tooth <p>Implants (members age 16 or older)</p> <ul style="list-style-type: none"> • Single tooth dental endosteal implants (the fixture and abutment portion) in addition to the allowance for the crown for the implant, once each 60 month period, when the implant replaces permanent teeth through the second molars
		<p>Orthodontic Benefit Group</p> <p>Full coverage for members up to age 19</p> <p>No deductible</p> <ul style="list-style-type: none"> • Complete orthodontic exam • Comprehensive or limited active orthodontic treatment, including appliances <p>\$500 Lifetime Benefit Maximum</p>