

Benefits and Rates Summary

BlueDental Plan: Single Plan Options	BlueDental Choice Plus True Group
Dental Plan Benefits	
Deductible	<u>In-Network/Out-of-Network</u>
No Deductible for Preventive Services	
Per Person Per Plan Year	\$75 / \$75
Per Family Per Plan Year	No Limit / No Limit
Benefits	Coinsurance
Preventive Services	100% * / 100%
Basic Services	60% * / 60%
Major Services	50% * / 50%
Periodic Oral Evaluation (0120)	Preventive
Comprehensive Oral Evaluation (0150)	Preventive
Bitewing X-rays, two films (0272)	Preventive
Cleanings - Adult/Child (1110, 1120)	Preventive
Fluoride Treatment - Child (1203)	Preventive
Office Visits (9430)	Preventive
X-rays - Intraoral/Complete Series (0210)	Basic
Sealant – per tooth (1351)	Preventive
Amalgam Restorations (Silver Fillings) (2140)	Basic
Resin-Based Restorations - Anterior (2330)	Basic
Extractions - Routine and Surgical (7140)	Basic
Root Canal Molar (3330)	Major
Periodontal Scaling & Root Planing-per quad (4341)	Major
Crowns - Porcelain fused to noble metal (2752)	Major
Complete Dentures (5110, 5120)	Major
Pontic - Porcelain fused to noble metal (6242)	Major
Partial Dentures (5213, 5214)	Major
Surgical placement of implant body: endosteal implant (6010)	Major
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major
Orthodontia Services	None
BlueDental Coverage	N/A [#]
Waiting Periods	
Major Service Benefits	None
Orthodontia Benefits	N/A
Maximum Benefits	
Plan Year (per person)	\$1,000
Lifetime Orthodontia (per person)	N/A
Dental Rollover	Opt In
OON Reimbursement	90th U&C
Procedures Performed by Specialist	Covered / Covered
Dental Rates	Employee Census
Employee Only	\$15.77
Employee + Spouse	\$41.71
Employee + Children	\$42.22
Family	\$63.16
* Of allowable expenses established by contract for the participating dentists.	