
DENTAL BLUE SELECT BENEFITS

Participants are required to remain in the dental plan for a minimum of two years.

Dental Blue Select represents an enhanced plan design to encourage preventive care and early treatment, and also includes coverage for specialized treatment. Dental Blue plans give you the freedom to see any dentist. However, it is beneficial to see dentists that participate with us as these dentists have agreed to discounted fees, which result in lower out-of-pocket costs for you.

Preventive/Diagnostic Services

Preventive and diagnostic services are paid at 100% of BlueShield Fee Schedule. The following are covered under this category:

1. Oral Examination (2 per year)
2. Prophylaxis (2 per year)
3. Dental X-rays;
 - a. Full-Mouth Series (once every 3 years)
 - b. Bitewings (one set of 4 bitewings per year)
4. Topical fluoride application up to age 16
5. Emergency treatment
6. Sealants through age 16

Restorative Services

All restorative services are paid at 50% of the BlueShield Fee Schedule.

Basic restorative services:

1. Extractions
2. Endodontics (including pulpotomy, pulp capping and root canal treatment)
3. Fillings (consisting of silver amalgam and anterior composite restorations)
4. Oral Surgery (routine extractions, surgical & impacted tooth removal including fracture treatment, cyst removal, and surgical extractions not covered under the medical plan)
5. Periodontics (including gingival curettage, gingivectomy and gingivoplasty)
6. Osseous surgery (bone surgery)
7. IV Sedation for extraction of 3rd molars
8. Repair of dentures

Major restorative services (pre-determination estimates recommended):

1. Prosthodontic (full or partial dentures, fixed or removable bridges, all necessary abutment work, all prosthetic x-rays)
2. Inlays, crowns, (not part of a bridge) and space maintainers
3. Implants covered to maximum benefit

Orthodontia Services

1. Initial banding and monthly follow up treatment

Dental Blue Select Deductible and Maximums

There is a \$25 annual individual deductible or a \$75 family deductible that applies to restorative and orthodontia services per calendar year.

For Orthodontia services, no more than \$1,000 per individual up to age 19 will be covered per lifetime. One-half total Orthodontia maximum paid in year one and the other half paid in year two. For all other covered services, the maximum payable in a calendar year shall be \$1,000 per individual.