

BlueDental Choice Benefit Summary	Low Option PPO				High Option PPO			
	In-Network		Out of Network		In-Network		Out of Network	
Deductible No deductible for preventative Per Person per pay year Per Family per plan year	\$50 \$150		\$100 \$300		\$50 \$150		\$100 \$300	
	We Pay* You Pay*		We Pay* You Pay**		We Pay* You Pay*		We Pay* You Pay**	
Preventative	100% 0%		70% 30%		100% 0%		80% 20%	
Basic	80% 20%		50% 50%		85% 15%		60% 40%	
Major	50% 50%		30% 70%		55% 45%		40% 60%	
Periodic Oral Evaluation (0120)	Preventative				Preventative			
Comprehensive Oral Evaluation (0150)	Preventative				Preventative			
Bitewing X-rays, two films (0272)	Preventative				Preventative			
Cleanings- Adult/Child (1110, 1120)	Preventative				Preventative			
Fluoride Treatment – Child (1203)	Preventative				Preventative			
Office Visits (9430)	Preventative				Preventative			
X-rays – Intraoral/Complete Series (0210)	Basic				Basic			
Sealant – per tooth (1351)	Basic				Basic			
Amalgam Restorations (silver fillings) (2140)	Basic				Basic			
Resin-based Restorations – Anterior (2330)	Basic				Basic			
Extractions – Routine and Surgical (7140)	Basic				Basic			
Root Canal Molar (3330)	Major				Basic			
Periodontal Scaling & Root Planning (per quad) (4341)	Major				Basic			
Crowns – Porcelain fused to noble Metal (2752)	Major				Major			
Complete Dentures (5110, 5120)	Major				Major			
Pontic – Porcelain fused to noble metal (6242)	Major				Major			
Partial Dentures (5213, 5214)	Major				Major			
Surgical placement of implant body – endosteal implant (6010)	Major				Major			
Implant support porcelain fused to metal crown (titanium, high noble metal) (6066)	Major				Major			
Orthodontia Services BlueDental Coverage	N/A N/A				Children to age 19 50%			
Waiting Periods Major Services Benefits Orthodontia Benefits	None N/A				None None			
Maximum Benefits Plan Year (per person) Lifetime Orthodontia (per person)	\$1000 N/A				\$1,500 \$1,000			
Dental Rollover	No				No			
The information provided above is a summary of benefits. It is intended to highlight key points of the dental plan, it should not be construed as part of the contract.								
*Percentage of fee schedule **Percentage of fee schedule, plus balance of charges if any. Non-participating dentists may charge fees in excess of our Fee Schedule and may bill you the difference								