

Dental Blue[®] Benefit Highlights - Traditional Plan - Preferred (PPO)

Services	In-network	Out-of-network
Preventive Care Routine Oral Exams, Cleanings, Bitewing X-rays, Fluoride Application, Sealants, Space Maintainers	100%	80%
Basic Care Routine Fillings, Simple Extractions	80% after Dental deductible	60% after Dental deductible
Major Care Crowns, Inlays and Onlays, Dentures, Endodontics, Periodontics	50% after Dental deductible	50% after Dental deductible
Benefit Period Deductible (<i>Applies to Basic and Major Care</i>)		
Individual	\$50	\$50
Family	\$150	\$150
Combined Benefit Period Maximum (<i>Includes Diagnostic and Preventive, Basic and Major Restorative Care</i>)	\$1,000	\$1,000

Voluntary: At least 20% of eligible employees must enroll.

Some services may have frequency limitations. For example 2 exams and cleanings per benefit period, replacements of crowns & dentures every 8 years.

ADDITIONAL INFORMATION ABOUT DENTAL BLUE FROM BLUE CROSS NC

Benefit Period

The period of time, usually 12 months as stated in the group contract, during which charges for covered services provided to a member must be incurred in order to be eligible for payment by Blue Cross NC. A charge shall be considered incurred on the date the service or supply was provided to a member.

Waiting Period

Waiting periods may apply to some services if the group or member does not have evidence of prior dental coverage. A waiting period is the amount of time that a member must be enrolled in this dental benefit plan prior to receiving specific services.

What is Not Covered?

The following are summaries of some of the coverage restrictions. A full explanation and listing of restrictions will be found in your benefit booklet.

Your dental benefit plan does not cover services, supplies, drugs, or charges that are:

- Not medically necessary
- Hospitalization for any dental procedure
- Dental procedures solely for cosmetic or aesthetic reasons
- Dental procedures not directly associated with dental disease
- Procedures that are considered to be experimental
- Drugs or medications obtainable with or without a prescription unless they are dispensed and utilized in the dental office during the patient visit
- Services related to temporomandibular joint (TMJ)
- Expenses for dental procedures begun prior to the member's eligibility with Blue Cross NC
- Clinical situations that can be effectively treated by a more cost effective, clinically acceptable alternative procedure will be assigned a benefit based on the less costly procedure
- Dental implants, oral orthotic devices, palatal expanders and orthodontics except as specifically covered by your dental benefit plan

The benefit highlights is a summary of dental benefits. This is meant only to be a summary. Final interpretation and a complete listing of benefits and what is not covered are found in and governed by the group contract and benefit booklet. You may preview the benefit booklet by requesting a copy of the benefit booklet from Blue Cross NC Customer Service.

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Plan code: DBP3403
Facets code: DEN-B1001005
Billing arrangement: ee, ee+spouse, ee+children, fam

Advisor Med, Inc

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