Blue Cross Blue Shield of Rhode Island

Blue Cross Dental℠

Premier Blue Option 2

with Deductible

For groups with less than 26 employees

Benefit Summary

Preventive/Diagnostic Services		
Oral exams	100%	One initial or periodic routine oral examination per calendar year, including diagnosis and charting.
Cleanings (prophylaxis)	100%	Two cleanings per calendar year, including scaling and polishing. One fluoride treatment per calendar year for eligible dependents to age 19 is also covered.
X-rays	100%	Bitewing X-rays – One set per calendar year; Full mouth set – One set per 36 months; Individual X-rays – As needed.
Minor Restorative Services		
Sealants	100%	Sealant treatment on permanent molars, with no prior restoration on the occlusal surface, are covered for subscribers between the ages of 6 through 13. Limited to one (1) sealant treatment per three (3) year period.
Space Maintainers*	50%	When not made of cast precious metals.
Root canal therapy (anterior teeth)	100%	Covers root canal therapy procedures, including pulpotomy, for all permanent anterior (front) teeth.
Fillings	100%	Amalgam and composite fillings are covered as needed. If material other than amalgam is used as a filling on posterior teeth, you are responsible to pay for any difference between our allowance for amalgam fillings and the dentist's charge. Other restorative services covered include recementing of crowns or inlays.
Simple Extractions	100%	Removal of an erupted tooth not requiring surgery.
Denture Repairs	100%	Covers services to repair broken dentures, including replacement of teeth and reattachment or replacement of clasps or facings. Rebase or reline of full or partial dentures involving laboratory procedures is limited to once in five (5) years.
Biopsies	100%	Limited to the biopsy and examination of hard or soft oral tissue.
Minor treatment for acute dental pain	100%	Minor treatment to relieve pain.
Root canal therapy* (endodontics)	50%	Covers root canal therapy procedures, including pulpotomy and pulp capping, for all permanent bicuspids and molars. Final restoration excluded. Vital pulpotomy for subscribers under age 11 is covered.
Oral surgery*	50%	Includes surgical extractions and other eligible oral surgical procedures not covered under any medical or surgical insurance plan.
Major Restorative Services		
Periodontics*	50%	Covers procedures, including surgery, for the treatment of tissues supporting the teeth. **Preauthorization is recommended for all peridontal services.**
Crowns, inlays, and onlays	50%	Includes crowns and inlays/onlays that are not part of a bridge. Replacement of an existing crown or inlay/onlay is covered only if more than five years has elapsed since last placement. **Preauthorization is recommended for all crowns and inlays/onlays.**

** $50 deductible per calendar year per member applies to all services with an asterisk (*).*

See Reverse Side.

Standard Provisions

Dependents: Spouse and unmarried children (to age 19) are covered.

Calendar Year Maximum: $1,200 per member.

In-Network Coverage

Eligible services are covered as noted above when you visit one of more than 55,000 participating dental locations across the United States. Participating dentists agree to file member claims, obtain authorizations, and accept our allowance as payment in full less any applicable deductibles and/or coinsurance.

Out-of-Network Coverage

When you visit out-of-network dentists within our service area we will reimburse you up to 75% of our network allowance, less any applicable deductibles and/or coinsurance. When you visit out-of-network dentists outside our service area we will reimburse you for the usual and customary charge for that service, less any applicable deductibles and/or coinsurance.

Blue Cross Blue Shield of Rhode Island

Your Plan for Life.™

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