

Premier Blue Option 3 With Deductible

Getting regular dental care is an important part of maintaining good overall health. Problems such as tooth decay and gum disease can affect the way you look and feel, as well as your ability to speak and eat properly. Good oral health helps prevent cavities and gum disease (which may lead to tooth loss). It might also help reduce the risk of having a pre-term baby with low-birth weight, and can help you avoid complications associated with diabetes.

Basic Preventive/Diagnostic Services		
Oral Exams	100%	One initial or periodic routine examination performed by a general dentist per calendar year, including diagnosis and charting.
Cleanings	100%	Two cleanings per calendar year, including minor scaling and polishing.
Fluoride Treatment	100%	One fluoride treatment per calendar year for eligible dependents up to the 19th birthday.
X-rays	100%	Bitewing X-ray – One set per calendar year. Full mouth set – One set per 36 months. Individual X-rays – As needed.
Space Maintainers*	50%	When not made of cast precious metals.
Minor Restorative Services		
Sealants	100%	One sealant treatment per permanent molar every two years, up to the 18th birthday.
Fillings	100%	Amalgam (silver) and composite (white) fillings are limited to replacement 12 months after original placement. On posterior (back) teeth, composite fillings are paid at the amalgam allowance only, and the member is responsible for the difference in payment up to the dentist's charge. Other restorative services covered include re-cementing of crowns or onlays.
Root Canal Therapy (Anterior teeth)	100%	Covers root canal therapy procedures, including pulpotomy for all permanent anterior (front) teeth. Final restoration excluded. Vital pulpotomy for dependents is covered up to the 15th birthday.
Root Canal Therapy* (Permanent teeth)	50%	Covers root canal therapy procedures, including pulpotomy, for all permanent teeth (bicuspids and molars). Final restoration excluded. Vital pulpotomy for dependents is covered up to the 15th birthday.
Denture Repairs	100%	Covers services to repair broken dentures, including replacement of teeth and reattachment or replacement of clasps or facing. Rebasing or relining of full or partial dentures involving laboratory procedures is limited to once every five years.
Biopsies	100%	Limited to the biopsy and examination of hard or soft oral tissue.
Palliative Treatment	100%	Minor treatment to relieve pain.
Simple Extractions	100%	Removal of an erupted tooth not requiring surgery.
Oral Surgery*	50%	Includes surgical extractions and other eligible oral surgical procedures not covered under any medical or surgical insurance plan.
Major Restorative Services		
Crowns and Onlays*	50%	Includes crowns and onlays that are not part of a bridge. Replacement of an existing crown or onlay is covered only if more than five years have elapsed since last placement.
Periodontics		
Periodontics*	50%	Covers non-surgical procedures, including periodontal maintenance of soft tissue graft, root planing, and scaling. Covers surgical procedures for the treatment of tissue supporting the teeth, including osseous surgery, gingivectomies, gingival curettage, soft tissue graft, and crown lengthening. <i>Predetermination is recommended for all periodontal services.</i>

*\$50 deductible per member/\$150 per family (a maximum of 3 people per family are required to meet the \$50 deductible) per calendar year applies to these services.

Prosthodontics		
Bridges and Dentures*	50%	Includes the construction of bridges, partial dentures, and complete dentures. A prosthetic replacement is covered only if more than five years have elapsed, the prosthodontic is not serviceable, or it cannot be repaired. <i>Predetermination is recommended for all prosthodontic services.</i>
Single Tooth Implant*	50%	Covered in lieu of a three-unit bridge. <i>Predetermination is recommended for all prosthodontic services.</i>

*\$50 deductible per member/\$150 per family (a maximum of 3 people per family are required to meet the \$50 deductible) per calendar year applies to these services.

Standard Provisions

- All services are covered up to a \$1,200 calendar year maximum per member.

Blue Cross Dental provides coverage whether you visit participating or non-participating dentists.

In-Network Coverage

- Eligible services are covered as noted above when you visit one of more than 101,000 participating dental locations across the United States.
- Participating dentists agree to file member claims, obtain predeterminations, and accept our allowance as payment in full, less any applicable deductibles and/or coinsurance.
- Use our online Provider Finder at BCBSRI.com to find a qualified dentist of your choice.

Out-of-Network Coverage

When you visit out-of-network dentists you are still covered. Payment to the provider will be based on your plan's reimbursement allowance, less any applicable coinsurance and/or deductible. Please refer to the Blue Cross Dental Subscriber Agreement for specific details.

This document is intended as a summary only. This is not a contract. For complete details, refer to the Blue Cross Dental subscriber agreement.