Blue Cross Dental
Direct Elite

Understanding Your Benefits

Standard Provisions			
$2,000 annual maximum per member Age 19 & over. No annual maximum for dependents under Age 19. $25 deductible per individual (under age 19) . $350 per individual / $700 per family In Network Out-of-pocket limits for dependents under Age 19.			
Service	**Plan Pays**		**Description**
	Up to age 19	**Age 19 and over**	
Diagnostic and Preventive			
Oral Evaluations	100%	100%	Under age 19: Two routine or emergency oral examinations performed by a general dentist per calendar year. Age 19 & over: One routine or emergency oral examination performed by a general dentist per calendar year.
Cleanings	100%	100%	Under age 19: Three cleanings per calendar year. Age 19 & over: Two cleanings per calendar year.
Fluoride Treatment	100%	N/C	Two fluoride treatments per calendar year for members under age 19
X-rays	100%	100%	Bitewing X-rays – Two sets per calendar year for members under age 19. One set per calendar year for members age 19 and over. Full Series or Panoramic X-rays – One set per 60 months Individual X-rays – Four per calendar year
Sealants	100%	N/C	One sealant treatment per permanent molar every 36 months for members under age 19
Space Maintainers	100%	N/C	Limited to members under the age of 14
Palliative Treatment	80%	100%	Minor treatment to relieve sudden, intense pain – two per calendar year
Basic Dental			
Fillings	50% after deductible	80%	Amalgam (silver fillings), and composite (white fillings) all teeth. Limited to replacement 12 months after original filling is placed.
Simple Extractions	50% after deductible	80%	Removal of an erupted tooth not requiring surgery
Denture Repairs	50% after deductible	80%	Rebasing and relining covered once every 36 months
Root Canal Therapy	50% after deductible	80%	Root canal services for all permanent teeth. Final restoration is excluded

Oral Surgery*+	50% after deductible	80%	Surgical extractions and other eligible oral surgery procedures, including general anesthesia for covered surgical services
Non-Surgical Periodontal Services+	50% after deductible	80%	Non-surgical treatment of periodontal disease, including root planing and scaling, and periodontal maintenance
Surgical Periodontal Services+	50% after deductible	50%	Surgical treatment of periodontal disease, including tissue grafts, osseous surgery, and crown lengthening.
Major Dental	50% after deductible		
Crowns, Inlays, and Onlays+	50% after deductible	50%	Single tooth crowns or onlays for permanent, natural teeth—not part of a fixed bridge Replacement limited to once every 60 months. Other major restorative services include build-ups, post, and cores
Bridges and Dentures*+	50% after deductible	50%	Fixed bridges, partial and complete dentures; replacement limited to once every 60 months
Single Tooth Implant*+	50% after deductible	50%	Covered in lieu of a three-unit bridge; replacement limited to once per tooth site per lifetime
Orthodontics			
Braces*	50% after deductible	N/C	Braces and related orthodontic services for members under age 19. Only medically necessary braces are covered.
Oral Appliances- Deductible does not apply to these services			
Night Guards	50%	50%	Night Guards

*Predetermination is recommended
+ A 12-month waiting period applies to these services for members age 19 & over.
Note: N/C = Not Covered

Total Health Solutions: Your oral health can impact your overall health. Total Health Solutions provides enhanced dental benefits for members with certain health conditions at no extra cost, including: • Non-surgical periodontal and periodontal maintenance – coinsurance is waived for these services for members who have been diagnosed with diabetes, coronary heart disease (CAD), oral cancer, head and neck cancer, stroke, lupus, rheumatoid arthritis, organ transplants, and Sjogren's Disease.

Cleanings (prophylaxis) – members who are pregnant qualify for one additional cleaning (above the two provided per plan year) during their pregnancy.

Please refer to your Blue Cross Dental Subscriber Agreement for more information.

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 is a summary of your dental benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer
to your subscriber agreement or call the number located on the back of your BCBSRI ID card. If you have questions about receiving medical care, please call
your doctor.

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