Small Employer Top 5 Dental Plans





	Basic Blue Option 1	Basic Blue Option 2	Advantage Blue Option 1	Premier Blue Option 1	Premier Blue Option 2
Calendar Year Maximum	None	None	\$1,500	\$1,200	\$1,200
Deductible	None	None	None	None	\$50
Dependent Coverage	26	26	26	26	26
Diagnostic and Preventive Services					
Oral exams, cleanings and X-rays	100%	100%	100%	100%	100%
Fluoride	N/C	100%	100%	100%	100%
Sealants	N/C	N/C	80%	100%	100%
Space Maintainers	N/C	N/C	80%	N/C	50%
Basic Dental Services					
Fillings	N/C	N/C	80%	100%	100%
Simple Extractions	N/C	N/C	80%	100%	100%
Denture Repairs	N/C	N/C	N/C	100%	100%
Palliative Treatment (treatment of acute pain)	N/C	N/C	80%	100%	100%
Major Dental Services					
Root Canal Therapy (Anterior)	N/C	N/C	80%	100%	100%
Root Canal Therapy (Posterior)	N/C	N/C	80%	N/C	50%
Crowns and Onlays	N/C	N/C	N/C	N/C	50%
Oral Surgery	N/C	N/C	80%	N/C	50%
Periodontics					
Non-Surgical Periodontics	N/C	N/C	80%	N/C	50%
Surgical Periodontics	N/C	N/C	N/C	N/C	50%
Prosthodontics					
Bridges, Dentures and Single Tooth Implants	N/C	N/C	N/C	N/C	N/C

This is a high-level summary of dental benefits. It is not a contract. For details about coverage, including any limitations or exclusions not noted here, please refer to the subscriber agreement or ask your Account Representative.

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