

Group Dental Plans provide extensive dental coverage and play an important part of your employees overall health.

### Dental Plans without Orthodontic Coverage

These benefit amounts for services with a participating or nonparticipating dental provider are a % of the allowed charge after the deductible is met.

Plan Name	BlueDental Preferred	
	Participating	Nonparticipating
	Available for Groups 10+	
Deductible (Member/Family)	\$50/\$100	\$100/\$200
Annual Maximum (Per Member)	\$1,000 \$1,500	\$1,000 \$1,500
<b>Preventive</b>		
Prophylaxis (Cleanings)** Exam** Diagnostic** Fluoride** Palliative Emergency Care**	100%	80%
<b>Basic</b>		
Sealants Fillings Simple Extractions Anesthesia	80%	60%
Space Maintainers Surgical Extractions Endodontics Periodontics	80%	60%
<b>Major</b>		
Crowns, Inlays and Onlays Prosthodontics (Removable) Prosthodontics (Fixed) Complex Oral Surgery	60%	50%
Surgical Implants	50%	50%
<b>Orthodontics</b>		
Orthodontics	n/a	n/a

\*\*Covered service does not apply to benefit maximums.

## Dental Plans with Orthodontic Coverage

These benefit amounts for services with a participating or nonparticipating dental provider are a % of the allowed charge after the deductible is met.

For covered orthodontic services, the deductible is waived when services are received from a Participating Dentist.

Plan Name	BlueDental Preferred+	
	Participating	Nonparticipating
	Available for Groups 10+	
Deductible (Member/Family)	\$50/\$100	\$100/\$200
Annual Maximum (Per Member)	\$1,000	\$1,000
	\$1,500	\$1,500
Orthodontic Lifetime Maximum (Per Member)	\$1,500	\$1,500
	\$2,000	\$2,000
<b>Preventive</b>		
Prophylaxis (Cleanings)** Exam** Diagnostic** Fluoride** Palliative Emergency Care**	100%	80%
<b>Basic</b>		
Sealants Fillings Simple Extractions Anesthesia	80%	60%
Space Maintainers Surgical Extractions Endodontics Periodontics	80%	60%
<b>Major</b>		
Crowns, Inlays and Onlays Prosthodontics (Removable) Prosthodontics (Fixed) Complex Oral Surgery Oral Maxillofacial Surgery Occlusal Guard	60%	50%
Surgical Implants	50%	50%
<b>Orthodontics</b>		
Orthodontics	50%	50%

\*\*Covered service does not apply to benefit maximums.

### Employer contribution

To qualify for a group dental plan, the employer must contribute a minimum of 75% toward the individual contract premium payment.

### Employer participation

Coverage for dental programs are available only to groups of ten enrolled employees or more.

For further details of the coverage, including exclusions, any reductions or limitations and the terms under which the benefit plan may be continued, see your Sales and Account Executive.

This is a brief explanation of covered services and payment levels of this product. It should not be used to determine whether dental expenses will be paid. The written certificate of insurance governs the benefits available.