

Traditional Dental Plans

2017

Benefits	Plan A	Plan B	Plan B Ortho	Plan C	Plan C Ortho					
Calendar Year Deductible Per Member/Per Family ¹	\$50/\$150 Not Applied to Diagnostic & Preventive Services	\$50/\$150 Not Applied to Diagnostic & Preventive Services	\$50/\$150 Not Applied to Diagnostic & Preventive Services	\$50/\$150 Not Applied to Diagnostic & Preventive Services	\$50/\$150 Not Applied to Diagnostic & Preventive Services					
Annual Benefit Maximum Per Member ¹ (In-Network & Out-of-Network)	\$1,000, \$1,500 or \$2,000	\$1,000, \$1,500 or \$2,000	\$1,000, \$1,500, \$2,000 or \$2,500*	\$1,000, \$1,500 or \$2,000	\$1,000, \$1,500, \$2,000 or \$2,500*					
Out-of-Pocket Yearly Max Per Member/Per Family	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited					
Lifetime Maximum Orthodontia Per Member (Up to Age 19)	N/A	N/A	\$1,000, \$1,500 or \$2,000*	N/A	\$1,000, \$1,500 or \$2,000*					
Covered Services	Contract Pays									
Diagnostic and Preventive Services	Benefit Coinsurance	Waiting Period	Benefit Coinsurance	Waiting Period	Benefit Coinsurance	Waiting Period	Benefit Coinsurance	Waiting Period	Benefit Coinsurance	Waiting Period
Routine Oral Exams and Cleanings, All Oral X-Rays	100%	None	100%	None	100%	None	100%	None	100%	None
Fluoride Treatments, Sealants	100%	None	100%	None	100%	None	100%	None	100%	None
Palliative Treatment (Emergency), Space Maintainers	100%	None	100%	None	100%	None	100%	None	100%	None
Basic Services	Benefit Coinsurance	Waiting Period	Benefit Coinsurance	Waiting Period	Benefit Coinsurance	Waiting Period	Benefit Coinsurance	Waiting Period	Benefit Coinsurance	Waiting Period
Extractions – Simple/Surgical	80%	None	80%	None	80%	None	80%	None	80%	None
Basic Restorative (Amalgam, Resin Fillings)	80%	None	80%	None	80%	None	80%	None	80%	None
Oral Surgery	80%	None	80%	None	80%	None	80%	None	80%	None
General Anesthesia/Sedation, Crown Repair	80%	None	80%	None	80%	None	80%	None	80%	None
Endodontics, Periodontics – Surgical/Non-Surgical	80%	None	80%	None	80%	None				
Major Services	Benefit Coinsurance	Waiting Period	Benefit Coinsurance	Waiting Period	Benefit Coinsurance	Waiting Period	Benefit Coinsurance	Waiting Period	Benefit Coinsurance	Waiting Period
Prosthetics (Bridges, Dentures)	Not Covered	N/A	50%	None	50%	None	50%	None	50%	None
Inlays, Onlays and Crowns	Not Covered	N/A	50%	None	50%	None	50%	None	50%	None
Endodontics, Periodontics – Surgical/Non-Surgical							50%	None	50%	None
Implants (Optional*)	Not Covered	N/A	50%	None	50%	None	50%	None	50%	None
Orthodontia ² (Traditional – Dependent Children up to Age 19)	Not Covered	N/A	Not Covered	N/A	50%	None	Not Covered	N/A	50%	None

¹Does not apply to Diagnostic and Preventive Services. | ²Optional adult orthodontia available for groups with 150+ employees enrolled.
^{*}Options available for groups with 51+ eligible employees enrolled.

Network: Advantage Plus

Traditional Blue Dental Plans Include Preventive Care Benefits

With our Preventive Care Benefits, members get the most from their dental plan. All diagnostic and preventive services — such as cleanings, exams, X-rays and more — are covered right away. These services don't count toward the annual benefit maximum so it leaves more benefit dollars to use on other covered procedures.