

# Dental Blue PPO Program 1

Preventive Benefit Group	Basic Benefit Group
<b>No Deductible</b>	<b>No Deductible</b>
<b>Full Coverage*</b>	<b>80% Coverage*</b>
\$500 Calendar-Year Benefit Maximum	
<p><b>Diagnostic</b></p> <ul style="list-style-type: none"> <li>• One complete initial oral exam, including initial dental history and charting of the teeth and supporting structures</li> <li>• Full mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays once each 60 months</li> <li>• Bitewing X-rays once each six months</li> <li>• Single tooth X-rays as needed</li> <li>• Study models and casts used in planning treatment once each 60 months</li> <li>• Periodic or routine oral exams once each six months</li> <li>• Emergency exams</li> </ul> <p><b>Preventive</b></p> <ul style="list-style-type: none"> <li>• Routine cleaning, scaling, and polishing of the teeth once each six months</li> <li>• Fluoride treatment once each six months (members under age 19)</li> <li>• Sealants on permanent pre-molar and molar surfaces (members under age 14). Benefits are provided for one application per bicuspid or molar surface each 48 months</li> <li>• Space maintainers needed due to premature tooth loss (members under age 19)</li> </ul>	<p><b>Restorative</b></p> <ul style="list-style-type: none"> <li>• Amalgam (silver) fillings (limited to one filling for each tooth surface in a 12-month period)</li> <li>• Composite resin (tooth color) fillings (limited to one filling for each tooth surface in a 12-month period)</li> <li>• Pin retention for fillings</li> <li>• Stainless steel crowns on baby teeth and on first permanent adult molars (members under age 16)</li> </ul> <p><b>Oral Surgery</b></p> <ul style="list-style-type: none"> <li>• Tooth extraction</li> <li>• Root removal</li> <li>• Biopsies</li> </ul> <p><b>Periodontics (gum and bone)</b></p> <ul style="list-style-type: none"> <li>• Periodontal scaling and root planing once per quadrant each 24 months</li> <li>• Periodontal surgery once per quadrant each 36 months</li> <li>• Periodontal maintenance following active periodontal therapy once each three months</li> </ul> <p><b>Endodontics (roots and pulp)</b></p> <ul style="list-style-type: none"> <li>• Root canal therapy (permanent teeth, once per lifetime per tooth)</li> <li>• Retreatment root canal therapy on permanent teeth, once in a lifetime for each tooth</li> <li>• Therapeutic pulpotomy on primary or permanent teeth (members under age 16)</li> <li>• Other endodontic surgery to treat or remove the dental root</li> </ul> <p><b>Prosthetic Maintenance</b></p> <ul style="list-style-type: none"> <li>• Repair of partial or complete dentures, crowns, and bridges once each 12 months</li> <li>• Adding teeth to an existing complete or partial denture</li> <li>• Rebase or reline of dentures once each 36 months</li> <li>• Recementing of crowns, inlays, onlays, and fixed bridgework once each 12 months</li> </ul> <p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>• Occlusal adjustments once each 24 months</li> <li>• Services to treat root sensitivity</li> <li>• Emergency dental care to treat acute pain or to prevent permanent harm to a member**</li> <li>• General anesthesia when administered in conjunction with covered surgical services</li> </ul>

\* Benefits are reduced by 20% when services are received from a non-network provider.

\*\* Emergency care services are not subject to the calendar-year deductible. When you require emergency care by a non-network dentist, benefits are provided for the same level of benefits that are available for services by a network dentist.