



This information only provides a summary of the benefits for this Dental Plan. Please refer to your Dental Benefit Booklet for additional benefit information. The Deductibles, Coinsurance, Benefit Period Maximum and Out-of-Pocket Maximums shown below are subject to change as permitted by applicable law.

Summary of Dental Benefits

Program Basics

In Network

Out of Network**

Benefit Period Maximum	\$1,500	
Out of Pocket Maximum	1 child: \$700 2 or more children: \$1,400	No Out-of-Pocket Maximum
Deductible	\$25 Individual/\$75 Family	\$75 Individual/\$225 Family

Covered Services

Diagnostic Evaluations Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100% (Deductible waived)	70% (Deductible waived)
Preventive Services Prophylaxis (cleanings) Topical fluoride applications	100% (Deductible waived)	70% (Deductible waived)
Diagnostic Radiographs Full-mouth and panoramic films Bitewing films Periapical films	100% (Deductible waived)	70% (Deductible waived)
Miscellaneous Preventive Services Sealants Space maintainers	80%	50%
Basic Restorative Dental Services Amalgams Resin-based composite restorations	80%	50%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	50%
Non-Surgical Periodontal Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%	50%
Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia	80%	50%
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80%	50%

In Network

Out of Network**

Covered Services (continued)

Oral Surgery Services Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess	80%	50%
Surgical Periodontal Services Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure Anatomical crown exposures	80%*	50%*
Major Restorative Services Single crown restorations Gold foil and inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%*	30%*
Prosthodontic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants	50%*	30%*
Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%*	30%*

Orthodontic Services

Pediatric Orthodontic Services Coverage limited to children under age 21 with an orthodontic condition meeting Medical Necessity criteria (e.g., severe dysfunctional malocclusion) established by BCBSIL.	50% Unlimited Lifetime Maximum (Deductible waived)	30% Unlimited Lifetime Maximum (Deductible waived)
Additional Orthodontic Services Coverage for orthodontic conditions meeting Medical Necessity criteria for members over the age of 21 and non-Medical Necessity criteria for all participants (e.g., severe dysfunctional malocclusion) as established by BCBSIL.	Not Covered	Not Covered

*A 12 month waiting period applies for these services.

The above is a listing of common services available through your network of Participating Dentists.

The Member's share of the cost is determined by whether care is received from a Participating or Non-Participating Dentist.

**For services rendered by a Non-Participating Dentist (out of network), the Allowable Charge is the Provider's usual charge, not to exceed the amount that the Plan would reimburse a Participating Dentist rendering the same services. The Member will be responsible for the full amount by which the Non-Participating Dentist's actual charges exceed the Allowable Charge.