

Dental Blue Benefit Highlights - (Traditional Plan)

Benefit	In-Network	Out-of-Network*
Benefit Period Deductible -Applies to Basic and Major Care		\$50/Individual \$150/Family
Preventive Care		0%
Basic Care		20% after deductible
Major Care		50% after deductible
Combined Benefit Period Maximum		\$2,000
Orthodontic Care -Covered for all ages		50%
Lifetime Orthodontic Maximum		\$2,000

*You may owe amounts above the allowed amount on out-of-network services.
See services, frequencies, and limitations on the next page.

We offer these features as standard:

Total Health Connection: For members covered under both medical and dental with Blue Cross NC and diagnosed with a certain disease, such as diabetes or coronary heart conditions, Blue Cross NC will send reminders to those who have not had a preventive dental visit in the previous 12 months.

Wellness Resources: The Dental Care Resource Center has the information and tools members need to get a healthy smile. From BlueConnectNC.com members will link to helpful articles, tips for good dental health, answers to frequently asked questions, and more.

No Missing Tooth Clause: Blue Cross NC does not exclude or limit services for missing teeth, regardless of incurred date.

Coverage for a Therapeutic Injection for Sustained Pain Relief Medication: To minimize the need for prescription pain relief (such as opioids), Blue Cross NC provides coverage for a sustained release pain relief injection when provided at the time of oral surgery.

Teledentistry: Blue Cross NC will reimburse limited, problem-focused evaluations performed using telecommunication technology the same as when performed in a traditional setting.

Composite Fillings: Tooth-colored/composite fillings are covered on any tooth.

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Benefit	Frequencies and Limitations
Preventive Care Covered at 0% In-Network and 0% Out-of-Network	
Routine Oral Exams	2 exams per benefit period
Cleanings	2 cleanings per benefit period
Bitewing X-rays	4 films per benefit period
Full-Mouth or Panoramic X-Rays	1 set of x-rays per 3 years for ages 6 and older
Emergency Palliative	2 treatments per benefit period
Fluoride Application	2 applications per benefit period through age 18
Sealants	1 application per permanent molar for ages 6 through 15
Space Maintainers	1 device per tooth per lifetime through age 15
Basic Care Covered at 20% after deductible In-Network and 20% after deductible Out-of-Network	
Routine Fillings	1 restoration per tooth every 2 years
Simple Extractions	1 extraction per tooth per lifetime
Complex Oral Surgery	See booklet for details
Anesthesia	Deep sedation and intravenous when clinically necessary and related to covered complex oral surgery, by report
Endodontics	1 treatment per tooth per lifetime
Periodontal Maintenance	2 treatments per benefit period
Sustained Release Therapeutic Injection	1 procedure per quadrant per surgery
Major Care Covered at 50% after deductible In-Network and 50% after deductible Out-of-Network	
Crowns, Inlays, Onlays, and Bridges	1 restoration per tooth every 8 years
Dentures	1 set every 8 years
Periodontics (Non-Maintenance)	See booklet for details
Occlusal Guards	1 device every 5 years
Dental Implants	1 implant per tooth every 8 years

ADDITIONAL INFORMATION ABOUT DENTAL BLUE FROM BLUE CROSS NC

What is Not Covered?

The following are summaries of some of the coverage restrictions. A full explanation and listing of restrictions will be found in your benefit booklet.

Your dental benefit plan does not cover services, supplies, drugs, or charges that are:

- Oral orthotic devices, palatal expanders, and orthodontics except as specifically covered by your dental benefit plan
- Not medically necessary
- Hospitalization for any dental procedure
- Dental procedures solely for cosmetic or aesthetic reasons
- Dental procedures not directly associated with dental disease
- Procedures that are considered to be experimental
- Drugs or medications obtainable with or without a prescription unless they are dispensed and utilized in the dental office during the patient visit
- Services related to temporomandibular joint (TMJ)
- Expenses for dental procedures begun prior to the member's eligibility with Blue Cross NC
- Clinical situations that can be effectively treated by a more cost effective, clinically acceptable alternative procedure will be assigned a benefit based on the less costly procedure

Benefit Period

The period of time, usually 12 months as stated in the group contract, during which charges for covered services provided to a member must be incurred in order to be eligible for payment by Blue Cross NC. A charge shall be considered incurred on the date the service or supply was provided to a member.

Waiting Period

Waiting periods may apply to some services if the group or member does not have evidence of prior dental coverage. A waiting period is the amount of time that a member must be enrolled in this dental benefit plan prior to receiving specific services. Please refer to the dental quote rate page or dental rate exhibit for details about any applicable waiting periods.

Prior Coverage Credit

Any applicable waiting periods may be waived or reduced with proof of prior coverage. Waiting periods will not be waived or reduced if more than 63 days have passed between the termination of the prior coverage and the application date for the new coverage.

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The amounts that appear on this benefit highlight represent Member responsibility.

Useful information about your dental plan:

Finding a Contracted Provider is easy: Go to bluecrossnc.com click “Find Doctor / Drug / Facility” then the Dental tab to find a dentist anywhere in our national dental network.

In-network/contracted:

- **Allowed Amount:** Services provided by an in-network/contracted dentists will be reimbursed according to a contracted fee schedule.
- **Providers:** Have agreed to not bill more than your portion up front and may not bill for charges above allowable amount, unless previously agreed to by the member.
- **Claims:** Contracted providers are required to file claims on behalf of the member; payment will be directed to the in-network dentist.

Out-of-network/non-contracted:

- **Allowed Amount:** Services provided by an out-of-network or non-contracted dentist will be based on the 90th percentile.
- **Providers:** May bill in full at the time of service and may bill for amounts above the allowed amount.
- **Claims:** Non-contracted providers are not required to file claims, but if a non-contracted provider files a claim the payment will be directed to either the dentist or the member as indicated on the claim form filed.

Orthodontia Benefits and Lifetime Max (if applicable): Coverage for comprehensive orthodontics is divided into multiple payments over the course of treatment. The plan will pay 50% of the initial payment followed by monthly payments based on the treatment plan. For benefit payments to continue throughout the treatment plan, this dental benefit plan must remain in effect for the covered member, monthly claims must be submitted during the treatment plan, and the orthodontic lifetime maximum must not be met. For orthodontia treatment already in progress on the coverage effective date, proof of prior benefits and proof of benefits payments are required before this plan will pay any remaining portion of the treatment plan up to the lifetime maximum.