

## Benefit Highlights



TOWN OF VALDESE

Effective Date: 06/2025



## Dental Blue Benefit Highlights - Traditional Plan

| Services  | In-network                  | Out-of-network              |
|---|-----------------------------|-----------------------------|
| <b>Preventive Care</b><br>Routine Oral Exams, Cleanings, Bitewing X-rays, Emergency Palliative, Fluoride Application, Sealants, Space Maintainers | 0%                          | 0%                          |
| <b>Basic Care</b><br>Routine Fillings, Oral Surgery (including Simple Extractions), Periodontal Maintenance, Endodontics                          | 20% after Dental deductible | 20% after Dental deductible |
| <b>Major Care</b><br>Crowns, Inlays and Onlays, Dentures, Periodontics, Implants  | 50% after Dental deductible | 50% after Dental deductible |
| <b>Benefit Period Deductible (Applies to Basic and Major Care)</b>  |                             |                             |
| Individual  | \$50                        | \$50                        |
| Family  | \$150                       | \$150                       |
| <b>Combined Benefit Period Maximum</b><br>(Includes Diagnostic and Preventive, Basic and Major Care)  | \$2,000                     | \$2,000                     |
| <b>Orthodontic Care</b><br><i>Covered for all members</i>   | 50%                         | 50%                         |
| <b>Lifetime Orthodontic Maximum</b>   | \$2,000                     | \$2,000                     |

Some services may have frequency limitations. For example, 2 exams and cleanings per benefit period, replacements of crowns & dentures 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

A waiting period is the amount of time that a member must be enrolled in this dental benefit plan prior to receiving specific services. Waiting periods may apply to some services if the group or member does not have evidence of prior dental coverage.

The benefit highlights is a summary of dental benefits. This is meant only to be a summary. Final interpretation and a complete listing of benefits and what is not covered are found in and governed by the group contract and benefit booklet. You may preview the benefit booklet by requesting a copy of the benefit booklet from Blue Cross NC Customer Service.

© SM Registration and Service marks of the Blue Cross and Blue Shield Association  
Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association.

Plan code: DS96093  
Facets code: DEN-B1002067 (base)  
Billing arrangement: ee, ee+spouse, ee+children, fam

Town of Valdese

Prospect 424463, Quote 6521496 Effective Date: 06/2025 Quote Date: 04/23/2025

This benefit highlight is a summary of Dental Blue Select benefits and is not intended to be a complete description of the benefits under the plan. Please refer to your group contract and benefits booklet for more detailed information regarding what is covered under your plan. You may request a copy of the Dental Blue Select benefit booklet from Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Customer Service by calling 1-877-258-3334 or by visiting [BlueConnectNC.com](http://BlueConnectNC.com).

®, SM Marks of the Blue Cross and Blue Shield Association. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. U12049a 10/19