

# Understanding your benefits

## Standard Provisions

\$1,500—annual maximum per member  
 \$0 deductible per individual plan  
 \$0 deductible per family plan  
 Dependents covered until age 26

## Out-of-Network Coverage

When you visit out-of-network dentists you are still covered. Payment to the provider will be based on your plan's reimbursement allowance, less any applicable coinsurance and/or deductible. Please refer to the Blue Cross Dental Subscriber Agreement for specific details.

Service	Plan Pays	Description
<b>Diagnostic and Preventive</b>		
<b>Oral Evaluations</b>	100%	One routine or emergency oral examination performed by a general dentist per calendar year
<b>Cleanings</b>	100%	Two cleanings per calendar year
<b>Fluoride Treatment</b>	100%	One fluoride treatment per calendar year for members under age 19
<b>X-rays</b>	100%	Bitewing X-rays – One set per calendar year Full Series or Panoramic X-rays – One set per 60 months Individual X-rays – Four per calendar year
<b>Sealants</b>	100%	One sealant treatment per permanent molar every 36 months for members under age 16
<b>Space Maintainers</b>	100%	Limited to members under the age of 14
<b>Palliative Treatment</b>	100%	Minor treatment to relieve sudden, intense pain – two per calendar year
<b>Basic Dental</b>		
<b>Fillings</b>	100%	Amalgam (silver fillings), and composite (white fillings) all teeth. Limited to replacement 12 months after original filling is placed.
<b>Simple Extractions</b>	100%	Removal of an erupted tooth not requiring surgery
<b>Denture Repairs</b>	100%	Rebasing and relining covered once every 36 months
<b>Root Canal Therapy (Anterior Teeth)</b>	100%	Root canal services for all permanent anterior (front) teeth
<b>Root Canal Therapy (Posterior Teeth)</b>	100%	Root canal services for all permanent posterior (back) teeth, including bicuspids and molars. Final restoration is excluded

## Total Health Solutions

Your oral health can impact your overall health. Total Health Solutions provides enhanced dental benefits for members with certain health conditions, including:

- Non-surgical periodontal and periodontal maintenance – coinsurance is waived for these services for members who have been diagnosed with diabetes and/or coronary heart disease.
- Cleanings (prophylaxis) – members who are pregnant qualify for one additional cleaning (above the two provided per plan year) during their pregnancy.

Please refer to your Blue Cross Dental Subscriber Agreement for more information.

## Beyond Benefits

Your **myBCBSRI** account gives you quick, convenient access to plan and wellness information. Manage your plan:

- Get a list of your benefits and recent claims
- See how much you've paid toward your deductible
- Use our online Find a Doctor tool to find a qualified dentist of your choice

Visit [myBCBSRI.com](http://myBCBSRI.com) to register your account today.

Service	Plan Pays	Description
<b>Basic Dental</b>		
<b>Oral Surgery*</b>	100%	Surgical extractions and other eligible oral surgery procedures, including general anesthesia for covered surgical services
<b>Non-surgical Periodontal Services</b>	50%	Non-surgical treatment of periodontal disease, including root planing and scaling, and periodontal maintenance
<b>Surgical Periodontal Services</b>	50%	Surgical treatment of periodontal disease, including tissue grafts, osseous surgery, and crown lengthening
<b>Major Dental</b>		
<b>Crowns, Inlays and Onlays</b>	100%	Single tooth crowns or onlays for permanent, natural teeth—not part of a fixed bridge.  Replacement limited to once every 60 months. Other major restorative services include build-ups, post, and cores
<b>Bridges and Dentures*</b>	50%	Fixed bridges, partial and complete dentures; replacement limited to once every 60 months
<b>Single Tooth Implant*</b>	50%	Covered in lieu of a three-unit bridge; replacement limited to once per tooth site per lifetime
<b>Orthodontics</b>		
<b>Braces*</b>	50%	Braces and related orthodontic services for members under age 19. Limited to the orthodontic lifetime maximum
<b>Lifetime Maximum</b>	\$1,500	Orthodontic services lifetime maximum per member

\*Predetermination is recommended

Note: N/C = Not Covered

This is a summary of your dental benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your subscriber agreement or call the number located on the back of your BCBSRI ID card. If you have questions about receiving medical care, please call your doctor.