



BENEFIT SUMMARY DENTAL BLUE



GROUP SIZE 51+ TRADITIONAL PPP

CALENDAR-YEAR
MAXIMUM

\$1,500

LIFETIME MAXIMUM
ORTHODONTIC SERVICES

\$1,500

INDIVIDUAL DEDUCTIBLE

Minor & Major

\$50

MAXIMUM FAMILY DEDUCTIBLE
(3 FAMILY MEMBERS)

Minor & Major

\$150

	In Network & Out of Network You Pay
DIAGNOSTIC & PREVENTIVE SERVICES (not subject to deductible)	
Exams	0%
Radiographic Images (x-rays)	0%
Fluoride Treatment	0%
Prophylaxis (cleaning)	0%
Sealants	0%
MINOR (BASIC) RESTORATIVE SERVICES	
Fillings	20%
Extractions	20%
Endodontics (root canals)	20%
Oral Surgery	20%
Anesthesia	20%
Nonsurgical Periodontics	20%
MAJOR RESTORATIVE SERVICES	
Surgical Periodontics	50%
Inlays, Onlays, Crowns	50%
Partials and Dentures	50%
Implants	50%
ORTHODONTIC SERVICES limited to covered persons through age 18 (not subject to deductible)	
Diagnostic, Active, Retention Treatment	50%
DENTAL XTRA (included)	

Participating dental providers have agreed not to bill amounts above the fee schedule allowance for covered services. Dental Plan will pay benefits directly to the member for covered services performed by an out-of-network dentist. Any difference between the out-of-network dentists' billed charge and the contract benefits paid by Dental Plan are the responsibility of the member.



To find a dentist anywhere in the United States, go to arkansasbluecross.com and select "Find a Doctor"

Your Dental Customer Service phone number: 1-888-223-4999



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

Important Disclaimer from Arkansas Blue Cross and Blue Shield

This document is intended only to highlight your benefits and should not be relied on to fully determine coverage. Please refer to your Benefit Certificate for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.

MPI 5151 IVH