

Plan Features

- Open access to all dentists.
- The DentalBlue network includes over 60% of all general dentists in Tennessee.
- Network savings between 10% and 30% on dental services.
- Maximum Allowable Charge (MAC) allows access to out-of-network dentists.
- Use DentalBlue network providers to lower out of pocket expenses.
- Preventive, restorative and diagnostic dental services provided.

Covered Dental Services***

- Diagnostic and Preventive services
- Restorative services
- Major Restorative services including crowns, inlays and onlays*
- Endodontic services
- Periodontic services*
- Removable and fixed prosthetics*
- Oral surgery services

*12-month waiting period applies. Orthodontic services are not covered.

Schedule of Benefits for Common Dental Procedures***

Procedure (This is a partial list)	Plan Pays MAC**
Comprehensive Oral Evaluation	\$38
Periodic Oral Evaluation	\$24
Adult Cleaning (prophylaxis)	\$48
Child Cleaning (prophylaxis)	\$35
Bitewing X-ray (2 films)	\$24
Filling (amalgam-one surface)	\$34
Crown (porcelain fused to high noble metal)*	\$326*
Root Canal - molar (excluding final restoration)	\$340
Periodontal scaling and root planing (4+ teeth per quadrant)*	\$68*
Extractions - single tooth	\$36
Removable Upper Denture*	\$360*
Removal of Benign Cyst/Tumor	\$409

*12-month waiting period applies. Orthodontic services are not covered.

**Current MAC at time of printing. Deductible and annual maximum apply.

Use DentalBlue network providers to lower out of pocket expenses.

Limitations on Dental Services ***

- 2 exams in 12 month period
- 2 cleanings in 12 month period
- X-rays; 1 complete and 1 panoramic in 36 month period; 2 bitewings in a 12 month period
- 1 fluoride treatment in a 12 month period (for children only)

Annual Maximum

\$1,000 calendar year maximum per member

Annual Deductible

\$50 calendar year deductible per member or a combined \$150 calendar year deductible per family. Deductible does not apply to preventive and diagnostic services covered by the plan.

***** This is a summary and is not all inclusive. The Personal Dental Coverage policy includes a complete list of benefits, limitations, exclusions and provisions.**

To learn more, call 1-800-845-2738 or visit bcbst.com.