

## DentalBlue Traditional Plans

### Groups 2-9 Enrolled

BlueCross BlueShield of Tennessee offers flexible plan designs to meet your group's needs. DentalBlue Traditional plans are available with the Choice and Preferred Reimbursement Options.

Regardless of which option a group chooses, employees will always benefit from the savings generated by **the LARGEST dental PPO network in the state of Tennessee** and access to our national PPO solution.

Plan Summary	Standard	Preventive
Where To Receive Services	Any Dentist	Any Dentist
<b>Coverage A</b> <ul style="list-style-type: none"> <li>Exams, X-rays</li> <li>Cleanings, Fluoride</li> <li>Sealants, Space Maintainers</li> </ul>	100%	100%
<b>Coverage B</b> <ul style="list-style-type: none"> <li>Basic Restorative Services</li> <li>Basic and Major Endodontics</li> <li>Basic and Major Periodontics</li> <li>Basic and Major Oral Surgery</li> </ul>	80%	50%
<b>Coverage C</b> <ul style="list-style-type: none"> <li>Major Restorative, Prosthodontics &amp; Implants</li> </ul>	50%	0%
Annual Deductible (Per Member, Max 3 per family) Not applicable to Coverage A	\$50	\$25
Annual Maximum Benefit (Per Member)	\$1,000 or \$1,500	\$500
Dependent age limit	to age 24	

### Additional Features To Customize Your Plan

Exclude Class A from Annual Maximum	Coverage A services received do not count toward the annual maximum benefit
Coverage D - Orthodontics	Not available with Preventive Plan
Coinsurance	50% Coinsurance, No Deductible
Maximum	\$1,000 or \$1,500 - Per Member, Per Lifetime
Age Limit	Child Only to age 18
Limitations	12-month waiting period applies <sup>1</sup>
Plan Reimbursements <sup>2</sup>	<ul style="list-style-type: none"> <li>Freedom of Choice Option                             <ul style="list-style-type: none"> <li>Network Dentists Paid at PPO Fee Schedule</li> <li>Non-Network Dentists Paid at Usual and Customary Rate (UCR)</li> </ul> </li> <li>PPO Preferred Option                             <ul style="list-style-type: none"> <li>Network Dentists Paid at PPO Fee Schedule</li> <li>Non-Network Dentists Paid at Maximum Allowable Charge (MAC)</li> </ul> </li> </ul>

### Plan Requirements

Stand Alone Dental	minimum of five enrolled
Group Participation	50% enrolled
Employer Contribution	no requirement if group has current dental coverage

<sup>1</sup> Waived at initial enrollment for those covered under prior carrier plan.

<sup>2</sup> Members are responsible for paying any amounts exceeding the UCR or MAC when Non-Network Dentists are used.