



Premera Dental

2017 ADULT DENTAL PLANS FOR GROUPS WITH 1–50 EMPLOYEES

Adult dental plans to keep your employees smiling and healthy

When your employees are healthy, they're generally happier and more engaged on the job. But did you know that regular dental care is good for overall health? Oral health and overall health work together. That's why a dental plan from Premera Blue Cross is a great complement to your medical plan.

What do you get with Premera dental?

You get:

- **Administrative ease.** If you already offer a medical plan from Premera, you'll get a one-stop-shopping experience that makes it easier to manage your benefits.
- **Your choice of coverage options.** We offer a variety of plans to meet employers' needs and budgets. Whether you want to offer comprehensive coverage—or just the core essentials—you can choose the level of coverage that works best for your business needs.
- **A boost to your benefits package.** Job seekers look for well-rounded benefit packages from employers. You'll be able to attract and retain the best talent by offering benefits that are important to your employees.
- **Healthier, happier, employees.** Oral health is key to overall health. If your employees get the care they need for healthy smiles, they'll be better prepared to meet the needs of your business.

Your employees get:

- **Access to broad Choice network.** We offer access to one of the largest networks of dentists—and it keeps growing.
- **Plans that emphasize prevention.** Premera dental members do not pay a deductible for regular dental visits and most plans will cover preventive services in full.
- **One consistent experience.** When members have a medical plan and a dental plan from Premera, they'll get a streamlined experience with one ID card, one customer service number, one website, and one member login.
- **Online tools that make things easy.** Find in-network care with our dental provider directory, and see how much dental services will cost with our Dental Cost Estimator. Members can even email a licensed dentist with questions about their oral health.
- **Dental expertise.** We've been serving dental members for more than 30 years.

Flexible options to meet your needs and budget

To complement the embedded pediatric dental coverage your employees get with their medical plans, we offer adult (anyone age 19 or older) dental options as great ways to provide overall value to employees.

Metallic medical plans automatically include embedded pediatric (for anyone 18 or younger) dental benefits. Our adult dental benefits can be added to supplement pediatric dental coverage.

Family Dental

Three of our medical plans include Family Dental. With Family Dental, employees get core dental benefits at a lower cost. These medical plans include pediatric and adult dental benefits, so employees get dental coverage for their whole family.

Adult Dental

Adult Dental Optima and Adult Dental Optima Voluntary are separate dental plans. As an alternative, employers can pair these with their medical plan to provide adult dental coverage for a broader range of services.

| DENTAL BENEFITS | FAMILY DENTAL | ADULT OPTIMA | ADULT OPTIMA VOLUNTARY |
|--|--|---|---|
| Cost to employer | \$ (included in medical plan) | \$\$ | \$0 |
| Member's out-of-pocket cost | Member coinsurance is higher when seeing an out-of-network dentist | Member coinsurance is the same for in-network and out-of-network dentists | Member coinsurance is the same for in-network and out-of-network dentists |
| Expanded benefits for Major dental services (such as dentures, bridges, implants, oral, and periodontal surgery) | Not covered | Covered | Covered (implants not included) |
| Higher out-of-network reimbursement | No | Yes | No |
| Orthodontia¹ | No option | Optional | No option |
| Employee funded plan² | No | No | Yes |

Note: For a summary of plan benefits and limitations, see plan details to follow.

¹For groups with 26 or more enrolled employees

²Employer contributes 0%–49% of premium. Minimum enrollment is 5 or 30% of eligible employees (whichever is greater).



Family Dental

Embedded in Medical Metallic Plans

Your employees can have access to affordable dental benefits by selecting one of our 2017 Family Dental metallic medical plans.

Family Dental benefits bundle adult and pediatric dental coverage as part of their metallic medical plan, so the whole family can stay up-to-date with their oral health. With Family Dental, you can offer your adult employees and their adult dependents the core dental benefits they need to keep their smiles healthy.

Key highlights of Family Dental

- Both adult and pediatric dental benefits are part of the metallic medical plan, giving employees the administrative ease of having all your coverage in one package.
- Employees will have the freedom to choose any dentist. However when they use an in-network provider they will have lower overall out-of-pocket costs.
- With no benefit waiting periods, preventive services like cleanings, routine exams, and routine x-rays are covered in full to help employees and their families properly care for their overall health. And, services like fillings, extractions, and crowns are covered to ensure a well-rounded dental plan.
- Employees will have one card, one bill, one customer service phone number, and one website for all of their benefits.
- Family Dental is available for groups of 1 or more employees who select one of these metallic medical plans from Premera:
 - Balance 500 Gold + Family Dental
 - Balance 1000 Gold + Family Dental
 - Balance 2000 Silver + Family Dental

Adult dental benefits as part of Family Dental

Below are the adult dental benefits included as part of Family Dental. Pediatric dental benefits are already embedded in the metallic medical plan—see medical plan summaries for benefit details.

**Benefits apply after dental calendar year deductible is met, unless otherwise noted.
Dental deductible and coinsurance represent member's cost share**
PCY = Per Calendar Year

| COVERED SERVICES | IN-NETWORK | OUT-OF-NETWORK |
|--|-----------------------------|------------------------------------|
| Individual dental deductible PCY | \$50 | |
| DIAGNOSTIC AND PREVENTIVE | | |
| Cleanings 2 PCY | Covered in full | Dental deductible waived, then 30% |
| Routine oral exams 2 PCY | | |
| Routine x-rays full mouth 1 every 60 months / bitewings 2 PCY to maximum of 4 | | |
| BASIC | | |
| Non-routine / problem-focused / emergency exams 1 PCY shared limit | Dental deductible, then 20% | Dental deductible, then 40% |
| Non-routine x-rays panoramic 1 every 60 months / periapical unlimited | | |
| Fillings once every 24 months | | |
| Periodontal maintenance 4 PCY | | |
| Periodontics, non-surgical services scaling / root planing 1 per quadrant every 24 months | | |
| Endodontics 1 per lifetime | | |
| Simple / surgical extractions | | |
| General anesthesia | | |
| MAJOR | | |
| Installation of crowns porcelain, ceramic and metal only, once every 7 years | Dental deductible, then 50% | Dental deductible, then 50% |
| Build-ups crowns only, 1 every 7 years | | |
| ANNUAL DENTAL PLAN MAXIMUM | \$1,000 PCY | |

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.

NOTE: Metallic medical plans that include Family Dental cannot be paired with Adult Dental Optima or Adult Dental Optima Voluntary plans.



Adult Dental Optima

With Adult Dental Optima, employers can offer their employees comprehensive coverage and flexibility to choose their dentist.

Employees can choose any licensed or certified provider from our broad network. When they use an in-network provider, they'll get the dental care they need and won't be billed for costs beyond the allowable amount.

Key benefits

- To encourage good oral health habits, employers can choose to have routine diagnostic and preventive services not count toward the annual maximum.
- Diagnostic and preventive services such as routine exams, 3 cleanings per year, and x-rays are 100 percent covered to help employees and their families keep their smiles healthy. And that supports overall health.
- All plans provide benefits for periodontal maintenance. Employees can get up to four visits per year to help manage gum disease, by cleaning both above and below the gum line.
- Includes expanded coverage for basic services such as fillings and extractions. Also covers a broader range of major services such as dentures, bridges, implants, and oral and periodontal surgery.
- When members have a medical plan and a dental plan from Premera, they'll get a streamlined experience with one ID card, one customer service number, one website, and one member login.

Adult Dental Optima

Benefits apply after calendar year deductible is met, unless otherwise noted.
 Deductible and coinsurance represent member's cost share
 PCY = Per Calendar Year

| | | | ADULT DENTAL OPTIMA 1000 MAX 1500 MAX 2000 MAX | ADULT DENTAL OPTIMA 2000 MAX + |
|---|-----------------------------------|------------|--|--|
| COVERED SERVICES | | | DEDUCTIBLE / MAXIMUM ALLOWANCE | |
| For Groups 2-4 | Annual deductible PCY | Individual | \$50 | n/a |
| | | Family | \$150 | |
| | Maximum allowance per person, PCY | | \$1,000 \$1,500 | |
| For Groups 5-50 | Annual deductible PCY | Individual | \$50 | \$50 |
| | | Family | \$150 | \$150 |
| | Maximum allowance per person, PCY | | \$1,000 \$1,500 \$2,000 | \$2,000 (waived for Diagnostic and Preventive services) |
| DIAGNOSTIC AND PREVENTIVE ¹ | | | COST SHARES IN- AND OUT-OF-NETWORK | |
| Cleanings limited to 3 PCY | | | 0% | |
| Emergency exams unlimited | | | | |
| Routine oral exams limited to 2 PCY | | | | |
| Routine x-rays complete series or panoramic x-ray once per 36 consecutive months, but not both; bitewing x-rays 1 set (up to 4) PCY | | | | |
| BASIC | | | 20% | |
| Emergency palliative treatment | | | | |
| Endodontic (root canal) treatment limited to once per tooth every 2 calendar years | | | | |
| Fillings limited to once per tooth surface every 24 consecutive months | | | | |
| Full-mouth debridement limited to once every 3 calendar years | | | | |
| General anesthesia limited to covered dental procedures at a dental-care provider's office when dentally necessary | | | | |
| Simple / surgical extractions | | | | |
| Periodontal maintenance limited to 4 visits per calendar year | | | | |
| Periodontal surgery limited to once per quadrant every 3 calendar years | | | | |
| Periodontal scaling limited to once per quadrant every 2 calendar years | | | | |
| MAJOR | | | 50% | |
| Repair and recementing of crowns, inlays, bridgework, and dentures | | | | |
| Oral surgery | | | | |
| Implants, dentures, partials, and fixed bridges replacements limited to once every 5 calendar years | | | | |
| Inlays, onlays, and crowns replacements limited to once per tooth every 5 years | | | | |

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.

¹ Annual deductible waived for diagnostic and preventive services.



Adult Dental Optima Voluntary

With Adult Dental Optima Voluntary, employers with as few as five employees can offer dental coverage at little or no cost.

Key benefits

- Employers can choose any licensed or certified provider from our broad network. When they use an in-network provider, they'll get the dental care they need and won't be billed for costs beyond the allowable amount.
- Diagnostic and preventive services such as routine exams, cleanings, and x-rays are 100 percent covered to help employees and their families keep their smiles healthy. And that supports overall health.
- Plan provides benefits for periodontal maintenance. Employees can get up to four visits per year to help manage gum disease, by cleaning both above and below the gum line.
- Employers can choose to fund up to 50% of employees' premiums—helping them save money while offering valued dental coverage to their employees.

Adult Dental Optima Voluntary

Benefits apply after calendar year deductible is met, unless otherwise noted.
 Deductible and coinsurance represent member's cost share
 PCY = Per Calendar Year

| COVERED SERVICES (for Groups 5–50) | | DEDUCTIBLE / MAXIMUM ALLOWANCE |
|---|-------------------|------------------------------------|
| Annual deductible PCY | Individual | \$50 |
| | Family | \$150 |
| Maximum allowance per person, PCY | | \$1,000 |
| DIAGNOSTIC AND PREVENTIVE ¹ | | COST SHARES IN- AND OUT-OF-NETWORK |
| Cleanings limited to 2 PCY | | 0% |
| Routine oral exams limited to 2 PCY | | |
| Routine x-rays complete series or panoramic x-ray once per 36 consecutive months, but not both. Bitewing x-rays 1 set (up to 4) PCY | | |
| BASIC | | 30% |
| Emergency exams (unlimited) | | |
| Emergency palliative treatment | | |
| Fillings limited to once per tooth surface every 24 consecutive months | | |
| Full-mouth debridement limited to once every 3 calendar years | | |
| General anesthesia limited to covered dental procedures at a dental-care provider's office when dentally necessary | | |
| Periodontal maintenance limited to 4 visits per calendar year | | |
| Periodontal scaling once per quadrant every 2 calendar years | | 50% |
| Simple and surgical extractions | | |
| MAJOR ² | | |
| Recementing and repair of crowns, inlays, bridgework, and dentures | | |
| Dentures, partials, and fixed bridges replacements limited to once every 5 calendar years | | |
| Periodontal surgery limited to once per quadrant every 3 calendar years | | |
| Endodontic (root canal) treatment limited to once per tooth every 2 calendar years | | |
| Inlays, onlays, and crowns replacements limited to once per tooth every 5 years | | |
| Oral surgery | | |

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.

¹ Annual deductible waived for diagnostic and preventive services.

² A 12-month waiting period for major services applies to members who have not had continuous comparable dental coverage under the group's prior dental plan.

More options

Employers can choose to offer additional dental coverage to customize their benefits package.

| OPTIONAL BENEFITS | ADULT OPTIMA |
|--|---|
| ORTHODONTIA¹ | |
| Diagnostic services and active / retention treatment including appliances | 50% ² up to lifetime maximum |
| Monthly orthodontic adjustments including retention treatment | |
| Lifetime maximum per person | \$1,500 |
| Age Limit | No age limit |
| TMJ DENTAL SERVICES³ | |
| TMJ exams and x-rays, occlusal guards and TMJ surgical procedures, manipulations under anesthesia | Deductible and coinsurance apply |
| Annual benefit maximum | \$1,000 |
| Lifetime maximum per person | \$5,000 |

¹ For groups with 26 or more enrolled employees

² Benefits provided at 50% of allowable charges; not subject to deductible.

³ Balance billing may apply if a provider is not contracting with Premera Blue Cross.

Participation and contribution requirements for adult dental plans

Depending on the funding type and group size, there are different requirements for the Adult Dental Optima plans. Employers must also meet the participation requirements in order to offer the plan.

| FUNDING TYPE / GROUP SIZE | EMPLOYER CONTRIBUTION | PARTICIPATION REQUIREMENTS |
|---------------------------|-----------------------|---|
| Non-voluntary plans 2–4 | 50%–100% of premium | 100% participation |
| Non-voluntary plans 5–50 | 50%–100% of premium | Minimum of 5 employees or 50% of eligible employees, whichever is greater |
| Voluntary plans 5–50 | 0%–49% of premium | Minimum of 5 employees or 30% of eligible employees, whichever is greater |

NOTE: Adult Dental Optima and Adult Dental Optima Voluntary plans cannot be paired with metallic medical plans that include Family Dental.

For information or questions

- Visit premera.com.
- Call **800-722-5561** from 8 a.m. to 5 p.m. Pacific Time, Monday – Friday.
- Talk with your producer or general agency partner.

This brochure is not a contract. It is only a summary of the major benefits provided by these plans. For full coverage provisions, including a description of waiting periods, limitations and exclusions, please contact your producer.