

Adult Dental Copay Select Plan

FOR WASHINGTON GROUPS WITH 5–50 EMPLOYEES | Premera DentalBlue™

Adding Adult Dental Copay Select plan to an employee’s health plan means they’ll have complete, high-quality coverage. Adult Dental Copay Select offers employees predictable costs on over 200 dental procedures and with our extensive Select network of over 1,000 providers, they’ll enjoy convenient access to quality dental care. This plan is an affordable option for employers looking to provide full benefits, but with a reduced benefits budget.

Adult Dental Copay Select plan features:

- **Predictability of costs**—employees pay a set copay for each of the over 200 covered services
- **Easy plan administration**—one application, one bill, one ID card, one customer service line and one resource rich website available at premera.com
- **Wide range of coverage**—includes the most commonly used preventive, diagnostic, basic and major dental services
- **Choice of providers**—our Select provider network is 1,000 strong and growing
- **Choice of employer-sponsored plans or offering a voluntary plan.**

PCY = Per Calendar Year

Benefits apply after calendar year deductible is met, unless otherwise noted.						Voluntary ¹	
Annual Deductible PCY ¹	Indvl: \$50 Fam: \$150	Indvl: \$50 Fam: \$150	Indvl: \$75 Fam: \$225	Indvl: \$50 Fam: \$150	Indvl: \$75 Fam: \$225		
Maximum Allowance per person, PCY	\$1,000, \$1,500	\$1,000, \$1,500	\$1,000	\$1,000	\$1,000		

COVERED SERVICES										
ROUTINE DIAGNOSTIC AND PREVENTIVE †	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Bitewing x-rays										
Cleanings limited to 2 PCY										
Fluoride Treatments limited to 2 applications PCY for members under the age of 20	Copay	0%	Copay	20%	Copay	30%	Copay	20%	Copay	30%
Routine Oral Exams limited to 2 PCY										
BASIC										
Complete series or panoramic x-ray per 36 consecutive months										
Periapical and occlusal x-rays										
Emergency Palliative Treatment										
Fillings limited to once per tooth surface every 24 consecutive months										
Periodontal Maintenance limited to 4 visits per calendar year	Copay	30%	Copay	40%	Copay	50%	Copay	40%	Copay	50%
Recementing of Crowns, Inlays, Bridgework & Dentures										
Repair of Crowns, Bridgework & Dentures										
Simple Extractions non-surgical										
Space Maintainers for members under age 20										
MAJOR										
Dentures & fixed bridges replacements limited to once every 5 calendar years										
Endodontic (root canal) treatment limited to once per tooth every 2 calendar years										
General anesthesia limited to covered dental procedures at a dental care provider’s office when dentally necessary	Copay	60%	Copay	60%	Copay	70%	Copay	60%	Copay	70%
Onlays & crowns replacement limited to once per tooth every 5 years										
Oral surgery including surgical extractions										
Periodontal scaling limited to once per quadrant every 2 calendar years										
Periodontal surgery limited to once per quadrant every 3 calendar years										

Note: Applicable copay depends on the service rendered. For a complete listing of covered services by code with the applicable copay, see premera.com. Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.

† Deductible waived for diagnostic and preventive services.

¹ 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.

Adult Dental Copay Select Plan (cont.)

Here are a few examples of common services and copays:

PCY = Per Calendar Year

Annual Deductible PCY	Individual: \$50 / \$75 Family: \$150 / \$225
Benefit Maximum per person, PCY	\$1,000
COMMONLY USED COVERED SERVICES	MEMBER COPAY*
DIAGNOSTIC AND PREVENTIVE	Copay (deductible waived)
Oral Exams limited to 2 PCY	\$0
Bitewing X-rays	\$0
Cleanings limited to 2 PCY	\$20
Fluoride Treatments limited to 2 applications PCY for members under the age of 20	\$0
BASIC	Deductible, then copay
Emergency Palliative Treatment	\$5
Fillings one surface, amalgam; primary or permanent; limited to once per tooth surface every 24 consecutive months	\$30
Periodontal Maintenance limited to 4 visits per calendar year	\$40
Recementing of Crowns	\$20
Crown Repair	\$25
Simple Extractions erupted tooth or exposed root	\$30
Space Maintainers fixed, unilateral; for members under age 20	\$65
MAJOR	Deductible, then copay
Crowns, Onlays, Dentures, Partials and Bridges	Copays vary based on the tooth location and type of material used. Visit premera.com for a complete list of covered services and copays for more information.
Endodontic (Root Canal) Treatment limited to 2 per arch when performed in conjunction with overdentures	anterior tooth: \$385 molar tooth: \$515 bicuspid tooth: \$435
General Anesthesia for first 30 minutes; limited to covered dental procedures at a dental-care provider's office when dentally necessary	\$165
Oral Surgery for surgical removal of residual tooth roots	\$115
Periodontal Scaling one to three teeth; limited to once per quadrant every 2 calendar years	\$60
Periodontal Surgery osseous surgery; one to three contiguous teeth; covered in same quadrant once every 3 calendar years	\$350

* Out-of-network coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. Visit premera.com for details on out-of-network provider coverage.

Adult Dental Copay Select Plan (cont.)

Enhancements and other options for all Premera DentalBlue plans
 Our optional dental coverage offers employers extra flexibility in designing their benefit coverage.

OPTIONAL BENEFITS	
DENTAL PREFERENCE: BENEFIT RIDER ENHANCEMENT (for groups of 26 or more employees)	
Endodontic (Root Canal) & Surgical Periodontal Treatment	Cover under Basic instead of Major Services
TMJ DENTAL SERVICES¹	
TMJ Exams & X-rays, Occlusal Guards & TMJ Surgical Procedures, Manipulations under Anesthesia	Deductible and Basic Coinsurance apply
Annual Benefit Maximum	\$1,000
Lifetime Maximum per person	\$5,000

¹ Balance billing may apply if a provider is not contracting with Premera Blue Cross.

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