

# Adult Dental Essentials™ Plan

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

Adult Dental Preference Essentials Plus voluntary plans allow employers the opportunity to offer their workforce a valuable group dental benefit without having to fund it. It offers a wide range of benefits for diagnostic and preventive services. When members utilize contracted dental network providers, they receive their plan's highest benefit level and enjoy the cost savings these networks offer. Or, they can use an out-of-network provider at a reduced benefit level, if they prefer.

With **Adult Dental Essentials**, employers can:

- Provide employees the opportunity to purchase dental coverage at group rates
- Offer a plan that can be funded 100% by employees, or elect to fund a portion of premiums (up to 50%)
- Reduce employee benefit expenses
- Enhance benefit offerings to attract and retain employees

Benefits apply after calendar year deductible is met, unless otherwise noted.

PCY = Per Calendar Year    IN = In-network    OUT = Out-of-network

Deductible & Coinsurance represent member's cost share	Choose one of the Adult Dental Essentials plans below
<b>Annual Deductible</b> PCY	Indvl: \$50 Fam: \$150
<b>Maximum Allowance</b> per person, PCY	\$1,000 or \$1,500

COVERED SERVICES		
ROUTINE DIAGNOSTIC AND PREVENTIVE†	IN	OUT
<b>Cleanings</b> limited to 2 PCY	0%	20%
<b>Fluoride Treatments</b> limited to 2 applications PCY for members under the age of 20		
<b>Routine Oral Exams</b> limited to 2 PCY		
<b>Routine X-rays</b> complete series or panoramic X-ray once per 36 consecutive months		
BASIC	20%	40%
<b>Emergency Exams</b> (unlimited)		
<b>Emergency Palliative Treatment</b>		
<b>Fillings</b> limited to once per tooth surface every 24 consecutive months		
<b>Full-mouth Debridement</b> limited to once every 3 calendar years		
<b>Periodontal Maintenance</b> limited to 4 visits per calendar year		
<b>Periodontal Scaling</b> once per quadrant every 2 calendar years		
<b>Recementing of Crowns, Inlays, Bridgework &amp; Dentures</b>		
<b>Simple &amp; Surgical Extractions</b>	50%	60%
<b>Space Maintainers</b> for members under age 20		
MAJOR*		
<b>Dentures, Partials &amp; Fixed Bridges</b> replacements limited to once every 5 calendar years		
<b>Endodontic (Root Canal) Treatment</b> limited to once per tooth every 2 calendar years		
<b>General Anesthesia</b> limited to covered dental procedures at a dental-care provider's office when dentally necessary		
<b>Inlays, Onlays &amp; Crowns</b> replacements limited to once per tooth every 5 years		
<b>Oral Surgery</b>		
<b>Repair of Crowns, Inlays, Bridgework &amp; Dentures</b>		

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

† Annual deductible waived for diagnostic and preventive services.

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

# Adult Dental Essentials Plan (cont.)

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

<b>OPTIONAL BENEFITS</b>	
<b>DENTAL PREFERENCE: BENEFIT RIDER ENHANCEMENT</b> (for groups of 26 or more employees)	
Endodontic (Root Canal) & Surgical Periodontal Treatment	Cover under Basic instead of Major Services
<b>TMJ DENTAL SERVICES<sup>1</sup></b>	
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

<sup>1</sup> 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.