

# Adult Dental Preference™ Plan

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

With Adult Dental Preference Flex Plus plans, employers can choose from an array of deductible and coinsurance cost-share options, and provide employees with choice and control over their out-of-pocket spending.

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 Preference**, employers can offer:

- Diagnostic and preventive services including routine exams, cleanings, fluoride, X-rays and sealants
- Basic services including fillings, extractions and periodontal services including up to four periodontal maintenance cleanings per year
- Major services including crowns, implants, inlays and dentures, without a 12-month waiting period.

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 Preference plans below								
<b>Annual Deductible</b> PCY	Indvl: \$25 Fam: \$75	\$50 \$150	Indvl: \$25 Fam: \$75	\$50 \$150	\$75 \$225	Indvl: \$50 Fam: \$150	\$75 \$225		
<b>Maximum Allowance</b> per person, PCY	\$1,500 or \$2,000		\$1,000, \$1,500 or \$2,000			\$1,000			

COVERED SERVICES						
ROUTINE DIAGNOSTIC AND PREVENTIVE†	IN	OUT	IN	OUT	IN	OUT
<b>Cleanings</b> limited to 2 PCY	0%	20%	0%	20%	20%	30%
<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						
<b>Emergency Exams</b> (unlimited)	10%	20%	20%	40%	20%	40%
<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> limited to once per quadrant every 2 calendar years						
<b>Recementing of Crowns, Inlays, Bridgework &amp; Dentures</b>						
<b>Simple &amp; Surgical Extractions</b>						
<b>Space Maintainers</b> for members under age 20						
MAJOR						
<b>Implants, Dentures, Partials &amp; Fixed Bridges</b> replacements for dentures, partials & fixed bridges limited to once every 5 calendar years	40%	60%	50%	60%	50%	60%
<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.

# Adult Dental Preference 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)

<b>Endodontic (Root Canal) &amp; Surgical Periodontal Treatment</b>	Cover under Basic instead of Major Services
<b>ORTHODONTIA</b> (for groups with 26 or more employees)	
<b>Diagnostic Services and Active/Retention Treatment</b> including Appliances	Covered in full <sup>1</sup> up to Lifetime Maximum
<b>Monthly Orthodontic Adjustments</b> including Retention Treatment	Covered in full <sup>1</sup> up to Lifetime Maximum
<b>Lifetime Maximum</b> per person (choose one)	\$1,000, \$1,500 or \$2,000
<b>Age Limit</b> (choose one)	No Age Limit
<b>TMJ DENTAL SERVICES<sup>2</sup></b>	
<b>TMJ Exams &amp; X-rays, Occlusal Guards &amp; TMJ Surgical Procedures, Manipulations under Anesthesia</b>	Deductible and Basic Coinsurance apply
<b>Annual Benefit Maximum</b>	\$1,000
<b>Lifetime Maximum</b> per person	\$5,000

<sup>1</sup> Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.

<sup>2</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.



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