Adult Dental Preventive+™ Plan
FOR WASHINGTON GROUPS WITH 5–50 EMPLOYEES | Premera DentalBlue™

With Adult Dental Preventive+, members can use any licensed or certified dental-care provider. According to the American Dental Association, research shows that periodontitis (the advanced form of gum disease) is associated with other health problems like diabetes and cardiovascular disease. In most cases good oral health, maintained by daily oral hygiene and regular professional care, can help prevent periodontitis and help reduce the risk of other health conditions.

With Adult Dental Preventive+, employers can:

- Provide valuable preventive and basic coverage that will proactively encourage good oral habits and better overall health outcomes
- Offer a comprehensive and competitive benefit package that includes dental coverage at a more affordable cost
- Provide coverage with no waiting periods for any services

Adult Dental Preventive+ is available on both a contributory and voluntary basis.

- Employers pay between 50% and 100% of the premium on contributory options
- Employers pay between 0% and 49% of the premium on voluntary options

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

<table>
<thead>
<tr>
<th>Annual Deductible PCY</th>
<th>Maximum Allowance per person, PCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indvl: $0</td>
<td>$750</td>
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<tr>
<td>Fam: $0</td>
<td>$500</td>
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</tbody>
</table>

Covered Services

**ROUTINE DIAGNOSTIC AND PREVENTIVE†**
- Cleanings limited to 2 PCY
- Fluoride Treatments limited to 2 applications PCY for members under the age of 20
- Routine Oral Exams limited to 2 PCY
- Routine X-rays complete series or panoramic X-ray once per 36 consecutive months

**BASIC**
- 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
- Periodontal Maintenance limited to 4 visits per calendar year
- Periodontal Scaling once per quadrant every 2 calendar years
- Recementing of Crowns, Inlays & Bridgework
- Simple Extractions (non-surgical)
- Space Maintainers for members under age 20

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.
Enhancements and other options for all Premera DentalBlue plans

Our optional dental coverage offers employers extra flexibility in designing their benefit coverage.

**OPTIONAL BENEFITS**

<table>
<thead>
<tr>
<th>DENTAL PREFERENCE: BENEFIT RIDER ENHANCEMENT</th>
<th>(for groups of 26 or more employees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endodontic (Root Canal) &amp; Surgical Periodontal Treatment</td>
<td>Cover under Basic instead of Major Services</td>
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<table>
<thead>
<tr>
<th>TMJ DENTAL SERVICES¹</th>
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<tbody>
<tr>
<td>TMJ Exams &amp; X-rays, Occlusal Guards &amp; TMJ Surgical Procedures, Manipulations under Anesthesia</td>
<td>Deductible and Basic Coinsurance apply</td>
</tr>
<tr>
<td>Annual Benefit Maximum</td>
<td>$1,000</td>
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<tr>
<td>Lifetime Maximum per person</td>
<td>$5,000</td>
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¹ Balance billing may apply if a provider is not contracting with Premera Blue Cross.