

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.

PCY = Per Calendar Year

Deductible & Coinsurance represent member's cost share	Choose one of the Adult Dental Preventive+ plans below	
Annual Deductible PCY	Indvl: \$0 Fam: \$0	Indvl: \$0 Fam: \$0
Maximum Allowance per person, PCY	\$750	\$500

COVERED SERVICES		
ROUTINE DIAGNOSTIC AND PREVENTIVE†		
Cleanings limited to 2 PCY	0%	0%
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)	0%	20%
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.

Adult Dental Preventive+ 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.



BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association