PREMERA BLUE CROSS

Highlights of your Dental Coverage

Effective Date: 01/01/2022

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

DENTAL PLAN	**EMBEDDED PEDIATRIC DENTAL**	
	IN-NETWORK	**OUT-OF-NETWORK**
DENTAL COST SHARE		
Individual/Family Deductible	Same as Medical	Same as Medical
Preventive Cost Share	Covered in Full	Medical Deductible, then 30% Coinsurance, applies to Out of Pocket Maximum
Basic Cost Share	Waive Medical Deductible, then 20% Coinsurance, applies to Out of Pocket Maximum	Medical Deductible, then 40% Coinsurance, applies to Out of Pocket Maximum
Major Cost Share	Medical Deductible, then 50% Coinsurance, applies to Out of Pocket Maximum	Medical Deductible, then 50% Coinsurance, applies to Out of Pocket Maximum
Dental Annual Maximum	Not Applicable	Shared with In Network
DIAGNOSTIC / PREVENTIVE		
Cleanings (2 PCY)	Preventive Cost Share	Preventive Cost Share
Routine Oral Exams (2 PCY)	Preventive Cost Share	Preventive Cost Share
Bitewing X-Rays (2 PCY to maximum of 4)	Preventive Cost Share	Preventive Cost Share
Routine X-Rays (Full Mouth or Panoramic: 1 complete series or panoramic x-ray in any 36 consecutive months (but not both); Periapical: Unlimited; Occlusal Intraoral: Once every 24 months)	Preventive Cost Share	Preventive Cost Share
BASIC		
Emergency Exams (Unlimited)	Basic Cost Share	Basic Cost Share
Fillings (Once every 24 months)	Basic Cost Share	Basic Cost Share
Periodontal Maintenance (4 PCY, age 13 and older)	Basic Cost Share	Basic Cost Share
Periodontal Scaling and Root Planing (Scaling and Root Planing 1 per quadrant every 24 months ages 13 and older)	Major Cost Share	Major Cost Share
Endodontics (Limited to permanent anterior, bicuspid, and molar teeth excluding teeth 1, 16, 17, and 32)	Major Cost Share	Major Cost Share
Simple Extractions	Basic Cost Share	Basic Cost Share
Surgical Extractions	Major Cost Share	Major Cost Share

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Premera Blue Cross is an Independent Licensee of the Blue Cross Blue Shield Association

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DENTAL PLAN	EMBEDDED PEDIATRIC DENTAL	
	IN-NETWORK	**OUT-OF-NETWORK**
Direct Pulp Cap (Direct only)	Major Cost Share	Major Cost Share
Emergency Palliative Treatment	Basic Cost Share	Basic Cost Share
Full Mouth Debridement (Once every 3 years)	Basic Cost Share	Basic Cost Share
General Anesthesia	Major Cost Share	Major Cost Share
MAJOR		
Oral Surgery	Major Cost Share	Major Cost Share
Installation of Crowns (Indirect crowns only covered for members age 12 and older, limited to permanent anterior teeth only, 1 every 5 years)	Major Cost Share	Major Cost Share
Re-Cementing/Repair of Crowns (Permanent crowns only age 12 and older)	Basic Cost Share	Basic Cost Share
Build-Ups (Unlimited)	Major Cost Share	Major Cost Share
Installation or Replacement of Dentures, Partials and Fixed Bridges (Resin partial denture; replace 1 every 3 years; complete denture upper and lower and 1 replacement per lifetime after at least 5 years from placement. Fixed denture (bridge) replace 1 every 7 years.)	Major Cost Share	Major Cost Share
Repair or Re-cement Bridgework and Dentures (Crown repair once per tooth per lifetime, and denture/bridge repair once per 12-month period)	Major Cost Share	Major Cost Share
Implants (Surgical implant not covered; dental implant crown/implant abutment-related procedures 1 every 7 years)	Major Cost Share	Major Cost Share

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service.

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PREMERA | BLUE CROSS

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator ─ Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471（TTY:711）まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 800-722-1471 تماس بگیرید.