PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

Highlights of your Dental Coverage

Effective Date: 01/01/2025

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 In-Network Medical	Same as Out-of-Network Medical
Preventive Cost Share	Waive In-Network Medical Deductible, 0% (Covered in full)	Waive Out-of-Network Medical Deductible, then 10%
Basic Cost Share	Waive In-Network Medical Deductible, then 30%	Waive Out-of-Network Medical Deductible, then 50%
Major Cost Share	In-Network Medical Deductible, then 50%	Out-of-Network Medical Deductible, then 50%
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 (Shared with Non-Routine / Problem-Focused Exams))	Preventive Cost Share	Preventive Cost Share
Bitewing X-Rays (2 PCY)	Preventive Cost Share	Preventive Cost Share
BASIC		
Fillings (Unlimited)	Basic Cost Share	Basic Cost Share
Periodontal Maintenance (4 in 12 months)	Basic Cost Share	Basic Cost Share
Periodontal Scaling and Root Planing (1 per quadrant every 24 months)	Basic Cost Share	Basic Cost Share
Endodontics (Unlimited)	Major Cost Share	Major Cost Share
Simple Extractions	Basic Cost Share	Basic Cost Share
Surgical Extractions	Basic Cost Share	Basic Cost Share
Direct Pulp Cap (Pulp Cap Not Covered; Pulp Therapy for members to age 11 and limited to once per tooth per lifetime)	Basic Cost Share	Basic Cost Share
Emergency Palliative Treatment	Basic Cost Share	Basic Cost Share
Limited Occlusal Adjustment (Not Covered)	Not Covered	Not Covered
Full Mouth Debridement (Once per lifetime)	Basic Cost Share	Basic Cost Share

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DENTAL PLAN	**EMBEDDED PEDIATRIC DENTAL**	
	IN-NETWORK	**OUT-OF-NETWORK**
General Anesthesia	Major Cost Share	Major Cost Share
MAJOR		
Oral Surgery	Basic Cost Share	Basic Cost Share
Installation of Crowns (Onlays and crowns: Once per tooth every 60 months; Inlays: Reduced to corresponding amalgam filling allowance)	Major Cost Share	Major Cost Share
Re-Cementing/Repair of Crowns (Unlimited)	Basic Cost Share	Basic Cost Share
Build-Ups (Once per tooth every 60 months)	Major Cost Share	Major Cost Share
Installation or Replacement of Dentures, Partials and Fixed Bridges (Once every 60 months)	Major Cost Share	Major Cost Share
Repair or Re-cement Bridgework and Dentures (Unlimited)	Major Cost Share	Major Cost Share
Implants (Once every 60 months)	Major Cost Share	Major Cost Share

Diagnostic and Preventive Care Services aren't subject to the calendar year deductible. PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross Blue Shield of Alaska. Members are responsible for amounts in excess of the allowable charge.

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.

Notice of availability and nondiscrimination **800-508-4722 | TTY: 711**

Call for free language assistance services and appropriate auxiliary aids and services.
Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.
Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.
무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.
Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.
Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.
呼吁提供免费的语言援助服务和适当的辅助设备及服务。
呼籲提供免費的語言援助服務和適當的輔助設備及服務。
Vala‘au mo auaunaga tau fesoasoani mo gagana e leai ni totogi ma fesoasoani fa‘aopo‘opo talafeagai ma auaunaga.
ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
無料言語支援サービスと適切な補助器具及びサービスをお求めください。
Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.
Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.
Звертайтесь за безкоштовною мовною підтримкою та відповідними додатковими послугами.
ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่น ๆ เพิ่มเติม
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.
Appelez pour obtenir des services gratuits d’assistance linguistique et des aides et services auxiliaires appropriés.
Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.
Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.
اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.
برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our 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, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 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.

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