

Understanding Your Benefits

Standard Provisions

■ Deductibles

You pay the following amounts each year before your health plan starts to pay toward the cost of covered services:

- \$25 deductible per individual (dependents under age 19)
- \$50 deductible per individual (members age 19 & over)

■ In Network Calendar Year Maximum

The following is the calendar year maximum the dental plan would pay each year:

For Dependents Under Age 19:

- No maximum

For Dependents Age 19 &

Over: ■ \$2,000 - per member

■ In Network Out-of-pocket Limits

The following is the maximum you would pay out of pocket each year:

For Dependents Under Age 19:

- \$350 for individual plan
- \$700 per family plan

Out-of-Network Coverage

When you visit out-of-network dentists you are still covered. Payment to the provider will be based on your plan's reimbursement allowance, less any applicable coinsurance and/or deductible. Please refer to the Blue Cross Dental Subscriber Agreement for specific details.

Service	Plan Pays		Description
	Under Age 19	Age 19 & Over	
Diagnostic and Preventive – Deductible does not apply to these services			
Oral Exams	100%	100%	Under age 19: Two routine or emergency oral examinations performed by a general dentist per calendar year. Age 19 & over: One routine or emergency oral examination performed by a general dentist per calendar year.
Cleanings	100%	100%	Under age 19: Three cleanings per calendar year. Age 19 & over: Two cleanings per calendar year.
Fluoride Treatment	100%	N/C	Two fluoride treatments for members under age 19, per calendar year.
X-rays	100%	100%	Bitewing X-rays – Two sets per calendar year for members up to age 19. One set per calendar year for members age 19 and older. Full Series or Panoramic X-rays – One set per 60 months. Individual X-rays – Four per calendar year.
Sealants	100%	N/C	One sealant treatment per permanent molar for members under age 19, every 36 months.
Space Maintainers	100%	N/C	Applies only to members under age 14.
Palliative Treatment	80%	100%	Minor treatment to relieve sudden, intense pain.
Basic Dental - Deductible applies to these services			
Fillings	50% after deductible	80% after deductible	Amalgam (silver fillings) – all teeth; composite (white fillings) on front teeth only. Limited to replacement 12 months after original filling is placed. For composite fillings on posterior (back) teeth, the plan pays the amalgam benefit allowance only, and the member is responsible for the difference in payment up to the dentist's charge.
Simple Extractions	50% after deductible	80% after deductible	Removal of an erupted tooth not requiring surgery.

Beyond Benefits

When you sign in to your member page on BCBSRI.com, you have useful plan and wellness information at your fingertips.

Manage your plan:

- Get a list of your benefits and recent claims.
- See how much you've paid toward your deductible.
- Use our online [Find a Doctor](#) tool to find a qualified dentist of your choice.

Need Help?

- Locally: (401) 453-4700
- Outside Rhode Island 1-800-831-2400
- TTY/TDD
(Telecommunication Device for the Deaf) Users should call 711

Hours:
Monday – Friday, 8:00 a.m. to 8:00 p.m., Eastern Time

Service	Plan Pays		Description
	Under Age 19	Age 19 & Over	
Denture Repairs	50% after deductible	80% after deductible	Rebasing and relining covered once every 36 months.
Root Canal Therapy	50% after deductible	80% after deductible	Root canal services for all permanent teeth. Final restoration is excluded.
Oral Surgery*	50% after deductible	80% after deductible	Surgical extractions and other eligible oral surgery procedures, including general anesthesia for covered surgical services.
Non-surgical Periodontics*	50% after deductible	80% after deductible	Non-surgical treatment of periodontal disease, including root planing and scaling, periodontal maintenance.
Surgical Periodontics*	50% after deductible	50% after deductible	Surgical treatment of periodontal disease, including tissue grafts, osseous surgery, and crown lengthening.

Major Dental - Deductible applies to these services

Crowns and Onlays*	50% after deductible	50% after deductible	Single tooth crowns or onlays for permanent, natural teeth – not part of a fixed bridge. Replacement limited to once every 60 months. Other major restorative services include build-ups, post and cores.
Bridges and Dentures*	50% after deductible	50% after deductible	Fixed bridges, partial and complete dentures; replacement limited to once every 60 months.
Single Tooth Implant*	50% after deductible	50% after deductible	Covered in lieu of a three-unit bridge; replacement limited to once per tooth site per lifetime.

Orthodontics -Under age 19, deductible applies to these services

Braces*	50% after deductible	N/C	Braces and related orthodontic services for members under age 19. Only medically necessary braces are covered.
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Oral Appliances – Deductible does not apply to these services

Night Guards	50%	50%	Night Guards
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*Predetermination is recommended.

Note: N/C = Not Covered



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Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

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This is a summary of your dental benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your subscriber agreement or call our Customer Service Department. If you have questions about receiving dental care, please call your dentist.