

Understanding Your Benefits

Standard Provisions

\$1,800 calendar-year maximum per member
 \$0 per individual plan/\$0 per family plan deductible
 Dependents covered until age 26

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	What You Pay	Description
Diagnostic and Preventive		
Oral Exams	0%	One routine or one emergency oral examination performed by a general dentist per calendar year.
Cleanings	0%	Two cleanings per calendar year.
Fluoride Treatment	0%	One fluoride treatment for members under age 19, per calendar year.
X-rays	0%	Bitewing X-rays – One set per calendar year. Full Series or Panoramic X-rays – One set per 36 months. Individual X-rays – As needed.
Sealants	0%	One sealant treatment per permanent molar for members under age 18, every two years.
Space Maintainers	0%	For primary (baby) teeth lost prematurely, for members under age 14.
Basic Dental		
Palliative Treatment	0%	Minor treatment to relieve sudden, intense pain.
Fillings	0%	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. Other restorative services include recementing of crowns or onlays.
Simple Extractions	0%	Removal of an erupted tooth not requiring surgery.
Denture Repairs	0%	Repairs and adjustments are covered six months after delivery. Rebasing and relining covered once every 60 months.

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.

Service	What You Pay	Description
Major Dental		
Crowns and Onlays*	20%	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.
Root Canal Therapy (Anterior Teeth)	0%	Root canal services for all permanent anterior (front) teeth.
Root Canal Therapy (Posterior Teeth)	0%	Root canal services for all permanent posterior (back) teeth, including bicuspid and molars. Final restoration is excluded.
Oral Surgery*	0%	Surgical extractions and other eligible oral surgery procedures, including general anesthesia for covered surgical services.
Biopsies	0%	Biopsy of hard or soft oral tissues not covered under a medical plan.
Periodontics		
Non-surgical Periodontics*	50%	Non-surgical treatment of periodontal disease, including root planing and scaling, periodontal maintenance.
Surgical Periodontics*	50%	Surgical treatment of periodontal disease, including tissue grafts, osseous surgery, and crown lengthening.
Prosthetics		
Bridges and Dentures*	N/C	Fixed bridges, partial and complete dentures; replacement limited to once every 60 months.
Single Tooth Implant*	N/C	Covered in lieu of a three-unit bridge; replacement limited to once every 60 months.
Orthodontics		
Braces*	N/C	Braces and related orthodontic services for members under age 19. Limited to the orthodontic lifetime maximum.
Lifetime Maximum	N/C	Orthodontic services lifetime maximum per member.

*Predetermination is recommended.

Note: N/C = Not Covered



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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.

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