

**Dental Blue® Complete with Orthodontic Services  
Effective January 1, 2019**

<b>GENERAL PROVISIONS</b>	
<b>Deductible</b>	\$50 deductible per member per calendar year; \$150 family maximum.
<b>Maximum</b>	\$1,500 per member each calendar year.
<b>DIAGNOSTIC AND PREVENTIVE (Exams and Cleanings)</b>	
<b>Covered at 100%, not subject to the deductible.</b>	
<b>Includes:</b>	
<ul style="list-style-type: none"> <li>• Dental exams up to twice per benefit period.</li> <li>• Full mouth x-rays, one set during any 36 consecutive months.</li> <li>• Bitewing x-rays, up to twice per benefit period.</li> <li>• Other dental x-rays, used to diagnose a specific condition.</li> <li>• Routine cleanings, twice per benefit period.</li> <li>• Tooth sealants on teeth numbers 3, 14, 19, and 30, limited to one application per tooth each 48 months. Benefits are limited to a maximum payment of \$20 per tooth. Limited to the first permanent molars of children through age 13.</li> <li>• Fluoride treatment for children through age 18 twice per benefit period.</li> <li>• Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18.</li> </ul>	
<b>RESTORATIVE (Fillings and Root Canals)</b>	
<b>Covered at 100%, subject to the deductible.</b>	
<b>Includes:</b>	
<ul style="list-style-type: none"> <li>• Fillings made of silver amalgam and synthetic tooth color materials.</li> <li>• Simple tooth extractions.</li> <li>• Direct pulp capping, removal of pulp and root canal treatment.</li> <li>• Repairs to removable dentures.</li> <li>• Emergency treatment for pain.</li> </ul>	
<b>SUPPLEMENTAL (Oral Surgery and Anesthesia)</b>	
<b>Covered at 100%, subject to the deductible.</b>	
<b>Includes:</b>	
<ul style="list-style-type: none"> <li>• Oral surgery for tooth extractions and impacted teeth.</li> <li>• General anesthesia given for oral or dental surgery. This means drugs injected or inhaled for relaxation or to lessen pain, or to make unconscious, but not analgesics, drugs given by local infiltration, or nitrous oxide.</li> <li>• Treatment of the root tip of the tooth including its removal.</li> </ul>	
<b>PROSTHETIC (Crowns and Dentures)</b>	
<b>Covered at 50%, subject to the deductible.</b>	
<b>Includes:</b>	
<ul style="list-style-type: none"> <li>• Full or partial dentures.</li> <li>• Fixed or removable bridges.</li> <li>• Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate.</li> </ul>	
<b>PERIODONTIC (Gum Disease)</b>	
<b>Covered at 80%, subject to the deductible.</b>	
<b>Includes:</b>	
<ul style="list-style-type: none"> <li>• Periodontic exams twice each 12 months.</li> <li>• Removal of diseased gum tissue and reconstructing gums.</li> <li>• Removal of diseased bone.</li> <li>• Reconstruction of gums and mucous membranes by surgery.</li> <li>• Removing plaque and calculus below the gum line for periodontal disease.</li> </ul>	
<b>ORTHODONTIC (Braces)</b>	
<b>Covered at 50%, subject to the deductible.</b>	
<b>Includes:</b>	
<ul style="list-style-type: none"> <li>• Coverage for dependent children up to age 26.</li> <li>• Limited to a lifetime maximum of \$1,500.</li> </ul>	

**This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.**