

## Dental Blue<sup>®</sup> Benefit Highlights - Traditional Plan

Services	In-network	Out-of-network
<b>Preventive Care</b> Routine Oral Exams, Cleanings, Bitewing X-rays, Fluoride Application, Sealants, Space Maintainers	100%	100%
<b>Basic Care</b> Routine Fillings, Simple Extractions	80% after Dental deductible	80% after Dental deductible
<b>Major Care</b> Crowns, Inlays and Onlays, Dentures, Endodontics, Periodontics, Implants	50% after Dental deductible	50% after Dental deductible
<b>Benefit Period Deductible (Includes Basic and Major Care)</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Combined Benefit Period Maximum</b> <i>(Includes Diagnostic and Preventive, Basic and Major Restorative Care)</i>	\$1,000	\$1,000
<b>Orthodontic Care</b> <i>(Covered for all eligible members through age 18)</i>	50%	50%
<b>Lifetime Orthodontic Maximum</b>	\$1,000	\$1,000
<b>Non-Voluntary: At least 50% of eligible employees must enroll with a minimum of two.</b>		

Some services may have frequency limitations. For example 2 exams and cleanings per benefit period, replacements of crowns & dentures every 8 years.

### ADDITIONAL INFORMATION ABOUT DENTAL BLUE FROM BLUE CROSS NC

#### Benefit Period

The period of time, usually 12 months as stated in the group contract, during which charges for covered services provided to a member must be incurred in order to be eligible for payment by Blue Cross NC. A charge shall be considered incurred on the date the service or supply was provided to a member.

#### Waiting Period

Waiting periods may apply to some services if the group or member does not have evidence of prior dental coverage. A waiting period is the amount of time that a member must be enrolled in this dental benefit plan prior to receiving specific services.

#### What is Not Covered?

The following are summaries of some of the coverage restrictions. A full explanation and listing of restrictions will be found in your benefit booklet.

Your dental benefit plan does not cover services, supplies, drugs, or charges that are:

- Not medically necessary
- Hospitalization for any dental procedure
- Dental procedures solely for cosmetic or aesthetic reasons
- Dental procedures not directly associated with dental disease
- Procedures that are considered to be experimental
- Drugs or medications obtainable with or without a prescription unless they are dispensed and utilized in the dental office during the patient visit
- Services related to temporomandibular joint (TMJ)
- Expenses for dental procedures begun prior to the member's eligibility with Blue Cross NC
- Clinical situations that can be effectively treated by a more cost effective, clinically acceptable alternative procedure will be assigned a benefit based on the less costly procedure
- Oral orthotic devices, palatal expanders and orthodontics except as specifically covered by your dental benefit plan

The benefit highlights is a summary of dental benefits. This is meant only to be a summary. Final interpretation and a complete listing of benefits and what is not covered are found in and governed by the group contract and benefit booklet. You may preview the benefit booklet by requesting a copy of the benefit booklet from Blue Cross NC Customer Service.

Plan code: DS62003  
Facets code: DEN-B100116 (base)  
Billing arrangement: ee, ee+spouse, ee+children, fam

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Town of Valdese

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