

## Dental Insurance

### Coinsurance (Plan Pays)

#### In Network

#### Out of Network

#### Diagnostic/Preventive Procedures 100%

100%

Oral Exams, Cleanings, X-Rays, Fluoride Treatment, Space Maintainers, Sealants

#### Basic Restorative Procedures 90%

80%

Fillings & Stainless Steel Crown, Basic Oral Surgery, resin composite restorations

#### Major Procedures

60%

50%

Crowns, Endodontics, Inlays & Onlays, Partial Denture Repair, Bridges

#### Orthodontia

50%

50%

Covered for Children up to Age 19

#### Deductible Amounts -- Based on Calendar year basis

Preventive Procedures

\$0

\$0

Basic & Major Procedures

\$50

\$50

Orthodontia

\$0

\$0

Annual Maximum Deductible per Family

\$150

#### Plan Maximums

Annual Per Person Benefit Maximum

\$1000

#### Orthodontia

Per-Person Lifetime Maximum

\$1000

[www.BCBST.com](http://www.BCBST.com)

Network: DentalBlue

### 2020-2021 Employee Dental Plan Rates

Coverage Level	Monthly Cost	Semi-Monthly Payroll Deduction
Employee Only	\$22.64	\$11.32
Two Person Family	\$50.89	\$25.45
Family	\$88.84	\$44.42