

# Understanding Your Benefits

## Standard Provisions

\$1,500 - annual maximum per member age 19 and over  
 \$0 deductible per individual plan  
 \$0 deductible per family plan  
 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                          | Plan Pays |                 | Description   |
|----------------------------------|-----------|-----------------|---|
|                                  | Under 19  | Age 19 and over |   |
| <b>Diagnostic and Preventive</b> |           |                 |   |
| Oral Exams                       | 100%      | 100%            | Up to age 19 - Two routine or emergency oral examinations performed by a general dentist per calendar year.<br>19 and over - One routine or emergency oral examination performed by a general dentist per calendar year.  |
| Cleanings                        | 100%      | 100%            | Two cleanings per calendar year.  |
| Fluoride Treatment               | 100%      | Not covered     | 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 under the age of 19. One set per calendar year for members age 19 and older.<br>Full Series or Panoramic X-rays – One set per 60 months.<br>Individual X-rays – Four per calendar year.  |
| Sealants                         | 100%      | Not covered     | One sealant treatment per permanent molar for members under age 19, every 36 months.  |
| Space Maintainers                | 100%      | Not covered     | Limited to members under age 14.  |
| Palliative Treatment             | 100%      | 100%            | Minor treatment to relieve sudden, intense pain. Two per calendar year.   |
| <b>Basic Dental</b>              |           |                 |   |
| Fillings                         | 100%      | 100%            | 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               | 100%      | 100%            | Removal of an erupted tooth not requiring surgery.  |

## Beyond Benefits

When you sign in to your member page on [BCBSRI.com](http://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?

### Call Customer Service

- 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 19    | Age 19 and over |   |
| Denture Repairs                      | 100%        | 100%            | Rebasing and relining covered once every 36 months.   |
| Root Canal Therapy (Anterior Teeth)  | 100%        | 100%            | Root canal services for all permanent anterior (front) teeth.   |
| Root Canal Therapy (Posterior Teeth) | 100%        | 100%            | Root canal services for all permanent posterior (back) teeth, including bicuspids and molars. Final restoration is excluded.  |
| Oral Surgery*                        | 100%        | 100%            | Surgical extractions and other eligible oral surgery procedures, including general anesthesia for covered surgical services.  |
| Non-surgical Periodontics*           | 50%         | 50%             | Non-surgical treatment of periodontal disease, including root planning and scaling, periodontal maintenance.  |
| Surgical Periodontics*               | 50%         | 50%             | Surgical treatment of periodontal disease, including tissue grafts, osseous surgery, and crown lengthening.   |
| <b>Major Dental</b>                  |             |                 |   |
| Crowns, Inlays and Onlays*           | 100%        | 100%            | 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%         | 50%             | Fixed bridges, partial and complete dentures; replacement limited to once every 60 months.  |
| Single Tooth Implant*                | 50%         | 50%             | Covered in lieu of a three-unit bridge; replacement limited to once per tooth site per lifetime.  |
| <b>Orthodontics</b>                  |             |                 |   |
| Braces (Medically Necessary)         | 50%         | Not covered     | Braces and related orthodontic services for members under age 19. Only medically necessary braces are covered.  |
| Braces (Elective)*                   | Not covered | Not covered     | Braces and related orthodontic services for members under age 19. Limited to the orthodontic lifetime maximum.  |
| Lifetime Maximum                     | N/A         | N/A             | Orthodontic services lifetime maximum per member.   |

\*Predetermination is recommended.



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

*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.*

500 Exchange Street • Providence, RI 02903-2699  
Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

09/16 BCD-68385