

# Dental Blue Select<sup>SM</sup>

Take care of your smile with  
our Enhanced Plan (with Orthodontia Services)

Your plan for better health.<sup>SM</sup> | [bcbsnc.com](http://bcbsnc.com)



## The Enhanced Plan with Orthodontia Services offers:

- + **Two annual cleanings and checkups**
- + **No waiting period for basic services**
- + **Coverage for implants**



## Your smile says a lot about you - and your health

When you take care of your dental health, you help fight heart, lung, cardiovascular and arterial disease.<sup>1</sup>

Research confirms the connection between periodontal disease – infection of the gums and bones that support the teeth – and complications for many health conditions including:

- + **Diabetes**
- + **Respiratory disease**
- + **Coronary heart disease**
- + **Pre-term and low-birth-weight babies<sup>2</sup>**

Dental Blue Select can help in the fight against periodontal disease and many other illnesses linked to it. The plan gives you regular and reliable access to dental professionals who can diagnose periodontal disease, which can otherwise go unnoticed for years.

## Choose Dental Blue Select

When you enroll or renew your benefits at work, be sure to add Dental Blue Select. Through convenient payroll deduction, you'll have one less bill payment to keep track of each month. And, you'll give yourself one more thing to smile about – improving your oral health through routine dental care is one way to improve your overall health.

# Dental Blue Select™ – Enhanced Plan (with Orthodontia Services)

## Coverage you can count on

### Enhanced Plan benefits (with Orthodontia Services)

<b>Preventive services – 100%</b>	<ul style="list-style-type: none"> <li>+ Routine exams and cleanings (two per 12 months)</li> <li>+ Bitewing X-rays (one per 12 months)</li> <li>+ Fluoride treatment for children under age 19 (one per 12 months)</li> <li>+ Emergency treatment for dental pain (minor procedures)</li> <li>+ Sealants for children ages 5-15</li> </ul>
<b>Basic services – 80%</b>	<ul style="list-style-type: none"> <li>+ Simple restorative services (fillings)</li> <li>+ Simple teeth removal</li> <li>+ X-rays of the roots of teeth</li> <li>+ X-rays (full mouth or panorex, one per 36 months)</li> <li>+ Endodontics (includes root canals)</li> <li>+ Periodontics</li> </ul>
<b>Major services – 50% (12-month waiting period)</b>	<ul style="list-style-type: none"> <li>+ Surgical teeth removal and other oral surgery</li> <li>+ Medically appropriate anesthesia related to covered surgery</li> <li>+ Space maintainers</li> <li>+ Major restorative services (crowns and inlays)</li> <li>+ Adult dental implants</li> <li>+ Prosthodontics (bridges and dentures)</li> <li>+ Denture relines (if over six months after installation)</li> <li>+ Recementation and repair of crowns, inlays, bridges and dentures</li> </ul>
<b>Orthodontia services (12-month waiting period)</b>	<ul style="list-style-type: none"> <li>+ No deductible, 50% coverage</li> <li>+ Children under 19 only</li> </ul>
<b>Your choice of dentist</b>	There are no restrictions or in-network requirements. You can visit any licensed dentist.
<b>Deductibles and maximums</b>	\$100 lifetime deductible, which applies to all covered services (preventive, basic and major combined). Contract year benefit maximum of \$1,000 per person.
<b>Limitations and exclusions</b>	<p>This is a partial list of services not covered by your dental benefits plan:</p> <ul style="list-style-type: none"> <li>+ Not medically necessary</li> <li>+ Hospitalization for any dental procedure</li> <li>+ Dental procedure solely for cosmetic or aesthetic reasons</li> <li>+ Dental procedures not directly associated with dental disease</li> <li>+ Procedures not performed in a dental setting</li> <li>+ Procedures that are considered experimental</li> <li>+ Drugs or medications obtainable with or without a prescription, unless they're dispensed and utilized in the dental office during the patient visit</li> <li>+ Services related to temporomandibular joint (TMJ)</li> <li>+ Received prior to member's effective date</li> <li>+ Dental implants, except as specifically covered by your dental benefit plan</li> </ul>

NOTICE: Your actual expenses for covered services may exceed the stated coinsurance percentage because actual provider charges may not be used to determine the health benefit plan's and member's payment obligations.

1 "The Health Perils of Gum Disease" <<http://www.webmd.com/heart-disease/features/health-perils-of-gum-disease>><July 2008>.

2 "Periodontal infection and preterm birth" *The Journal of the American Dental Association*, Issue 131, 875-880.

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