

Dental BlueSelectSM

Take care of your smile with
our Complete Plan

Visit us at bcbsnc.com



The Complete Plan offers:

- + Two cleanings and check-ups per benefit period
- + Broad local and national network
- + No waiting period for preventive services

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.

Research shows evidence of a connection between periodontal disease — infection of the gums and bones that support the teeth — and complications for many health conditions¹ including:

- + **Diabetes**
- + **Respiratory disease**
- + **Coronary heart disease**
- + **Pre-term and low-birth-weight babies**

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.

Convenient and economical

It's easy to find a dentist you can trust, even if you're out of town, with our broad, nationwide network. Though you're free to visit any licensed dentist you choose, there are distinct advantages to visiting a dentist in our network:

- + You're not responsible for charges over the allowed amount for covered services.
- + Dental claims will be filed for you, saving you time and trouble.
- + Dentists in our network have been credentialed and approved.

To find a dentist, go to bcbsnc.com and click on "Find a Doctor."

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.



Complete Plan benefits*

Preventive – 100%	<ul style="list-style-type: none"> + Routine exams and cleanings (two per benefit period) + Bitewing x-rays (one per benefit period) + Fluoride treatment for children under age 19 (one per benefit period) + Emergency treatment at the dentist for dental pain (minor procedures) + Sealants for children ages 6-15
Basic – 80%	<ul style="list-style-type: none"> + Simple restorative services (fillings) + Simple tooth removal
Major – 50%	<ul style="list-style-type: none"> + X-rays of the roots of teeth + X-rays (full mouth or panorex, one per 36 months) + Endodontics (includes root canals) + Periodontics + Surgical tooth removal and oral surgery + Medically appropriate anesthesia related to covered surgery + Space maintainers + Major restorative services (crowns and inlays) + Prosthodontics (bridges and dentures) + Denture relines (if over six months after installation) + Recementation and repair of crowns, inlays, bridges and dentures
Lifetime deductible	\$100 lifetime deductible (applies to preventive, basic and major combined)
Benefit period maximum**	<p>Options include:</p> <ul style="list-style-type: none"> + \$1,000 per person per benefit period + \$1,500 per person per benefit period <p>(applies to preventive, basic and major combined)</p>
Orthodontia (optional)**	<p>50% coverage for children under age 19 up to the lifetime maximum</p> <p>Lifetime maximum options include:</p> <ul style="list-style-type: none"> + \$1,000 + \$1,500
Waiting period	<ul style="list-style-type: none"> + Preventive – none + Basic – 6-months + Major & orthodontia – 12-months <p>Waiting periods waived or reduced for employees with proof of prior dental coverage</p>
Limitations and exclusions	<p>This is a partial list of services not covered by your dental benefits plan. Refer to the member booklet for a full list of exclusions:</p> <ul style="list-style-type: none"> + Not clinically necessary + Hospitalization for any dental procedure + Dental procedure solely for cosmetic or aesthetic reasons + Dental procedures not directly associated with dental disease + Procedures not performed in a dental setting + Procedures that are considered experimental + Drugs or medications obtainable with or without a prescription, unless they're dispensed and utilized in the dental office during the patient visit + Services related to temporomandibular joint (TMJ) + Received prior to member's effective date + Dental implants, oral orthotic devices, palatal expanders and orthodontics, except as specifically covered by your dental benefit plan

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

** Benefit is based on group selection. Orthodontia lifetime maximum must match benefit period maximum

For costs and further details of the coverage, including exclusions, and reductions or limitations and terms under which the policy may be continued in force, see your benefit administrator. This brochure contains a summary of benefits only. It is not your dental plan policy. Your policy is your dental plan contract. If there is any difference between this brochure and the policy, the provisions of the policy will control.

1 "The Health Perils of Gum Disease." Dulce Zamora, April 2005. Reviewed by Brunhilda Nazario, MD; www.webmd.com/content/article/104/107269.htm; Reviewed April 2010 (Accessed June 2011)

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