

Traditional Blue Dental 1098
Summary of Dental Benefits
Prepared for: IBEW Local 236



Benefits	Coverage
Dependents	Dependents to age 26 Students to age 26
Deductible	None
Annual Maximum	None
<u>Diagnostic & Preventive Services</u> Oral examinations Periapical X-rays Bite-wing X-rays Prophylaxis (cleaning, scaling and polishing) Topical fluoride - up to age 19	100% Coverage
<u>Restorative Services</u> Palliative treatment Fillings (amalgams and composites) Repair of dentures Endodontics (pulpotomy, pulp capping, and root canal treatments) – 1 time per tooth Simple tooth extractions	100% Coverage
<u>Additional Basic Benefits</u> Inlays (not part of a bridge) Crowns (not part of a bridge) Space maintainers Apicoectomy Oral surgery (surgical extractions, abscesses, impactions, and treatment of cysts)	100% Coverage Treatment plan required
<u>Prosthetics</u> Full or partial dentures – once every 5 years Removable or fixed bridges	50% Coverage Treatment plan required
<u>Periodontics</u> Periodontic exam Gingival curettage Gingivectomy Osseous surgery Oral lesions Mucogingivo plastic surgery	50% Coverage Treatment plan required

All benefits assume services are rendered by a participating provider. For eligible services provided by a non-participating dentist, in addition to any coinsurance amount due, the patient is responsible for any charges that exceed BlueShield’s allowed amount.

Please note: this is only intended as a summary of benefits and not intended as a plan document. For more detailed information concerning benefits, limitations, and exclusions, please refer to the actual plan document.