

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

Take care of your smile with  
our Complete Plan

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



## The Complete Plan offers:

- + Two annual cleanings and checkups
- + Covers crowns and bridges
- + Lifetime deductible only \$100
- + Choice of any dentist

## 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 shows evidence of a 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>1</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™ – Complete Plan

## Complete Plan benefits

<b>Preventive – 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 – 80% (6-month waiting period)</b>	<ul style="list-style-type: none"> <li>+ Simple restorative services (fillings)</li> <li>+ Simple teeth removal</li> </ul>
<b>Major – 50% (12-month waiting period)</b>	<ul style="list-style-type: none"> <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> <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>+ 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 (optional) – 50% (12-month waiting period)</b>	<ul style="list-style-type: none"> <li>+ Children under 19 only</li> <li>+ \$1,000 or \$1,500 lifetime maximum*</li> </ul>
<b>Your choice of dentist</b>	You can visit any licensed dentist
<b>Deductible</b>	\$100 lifetime deductible (applies to preventive, basic and major combined)
<b>Benefit period maximum</b>	\$1,000 or \$1,500 per person per benefit year **
<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, oral orthotic devices, palatal expanders and orthodontics, except as specifically covered by your dental benefit plan</li> </ul>

\* Orthodontia lifetime maximum must match selected benefit period maximum.

\*\* Based on group selection.

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. 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 agent or representative.

1 "The Health Perils of Gum Disease." [www.webmd.com/heart-disease/features/health-perils-of-gum-disease](http://www.webmd.com/heart-disease/features/health-perils-of-gum-disease) (Accessed September 2008).

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