



# BENEFIT SUMMARY DENTAL SELECT



GROUP SIZE 51+ VOLUNTARY PPO PLUS

### CALENDAR-YEAR AGGREGATE MAXIMUM

In Network    Out of Network

**\$1,500**

**\$1,000**

### INDIVIDUAL DEDUCTIBLE

Minor & Major

**\$50**

### MAXIMUM FAMILY DEDUCTIBLE (3 FAMILY MEMBERS)

Minor & Major

**\$150**

	In Network/You Pay	Out of Network/You Pay
<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES (not subject to deductible)</b>		
Exams	0%	10%
Radiographic Images (X-rays)	0%	10%
Fluoride Treatment	0%	10%
Prophylaxis (cleaning)	0%	10%
Sealants	0%	10%
<b>MINOR (BASIC) RESTORATIVE SERVICES</b>		
Fillings	20%	30%
Extractions (simple)	20%	30%
<b>MAJOR RESTORATIVE SERVICES*</b>		
Periodontics	50%	60%
Inlays, Onlays, Crowns	50%	60%
Partials and Dentures	50%	60%
Endodontics (root canals)	50%	60%
Oral Surgery	50%	60%
Anesthesia	50%	60%
Extractions (surgical)	50%	60%
Implants	50%	60%
<b>DENTAL XTRA (included)</b>		

PPO dental providers have agreed not to bill amounts above the fee schedule allowance for covered services. Dental Plan will pay benefits directly to the member for covered services performed by an out-of-network dentist. Any difference between the out-of-network dentists' billed charge and the contract benefits paid by Dental Plan are the responsibility of the member.

\*6 month waiting period on Major Restorative Services for LG Voluntary Plans. Waived for initial enrollees who had coverage under the prior plan. Applies to all new hires and late enrollees. Waiting periods may be waived for all enrollees, please see the Schedule of Benefits for details.



To find a dentist anywhere in the United States, go to [arkansasbluecross.com](http://arkansasbluecross.com) and select "Find a Doctor"

Your Dental Customer Service phone number: 1-888-223-4999



Arkansas BlueCross BlueShield

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### Important Disclaimer from Arkansas Blue Cross and Blue Shield

This document is intended only to highlight your benefits and should not be relied on to fully determine coverage. Please refer to your Benefit Certificate for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.

VLG/2016