

Dental Blue PPO Preventive Program (Effective 1/1/06)

PPO Preventive Benefit Group

Blue Cross Blue Shield provides benefits for the following services to diagnose or prevent tooth decay and other forms of oral disease. These are the types of dental services most members receive during a routine dental checkup or visit.

<p>In-Network Benefits No Deductible Full Coverage</p>	<p>Out-of-Network Benefits No Deductible 80% Coverage</p>
<p>Diagnostic</p> <ul style="list-style-type: none"> • One complete initial oral exam, including initial dental history and charting of the teeth and supporting structures • Full mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays once each 60 months • Bitewing X-rays once each six months • Single tooth X-rays as needed • Study models and casts used in planning treatment once each 60 months • Periodic or routine oral exams once each six months • Emergency exams <p>Preventive</p> <ul style="list-style-type: none"> • Routine cleaning, scaling, and polishing of the teeth once each six months • Fluoride treatment (members under age 19) once each six months • Sealants on permanent pre-molar and molar surfaces (members under age 14). Benefits are provided for one application per pre-molar or molar surface each 48 months • Space maintainers needed due to premature tooth loss (members under age 19) 	<p>Diagnostic</p> <ul style="list-style-type: none"> • One complete initial oral exam, including initial dental history and charting of the teeth and supporting structures • Full mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays once each 60 months • Bitewing X-rays once each six months • Single tooth X-rays as needed • Study models and casts used in planning treatment once each 60 months • Periodic or routine oral exams once each six months • Emergency exams when the dentist does not perform another covered service during the visit <p>Preventive</p> <ul style="list-style-type: none"> • Routine cleaning, scaling, and polishing of the teeth once each six months • Fluoride treatment (members under age 19) once each six months • Sealants on permanent pre-molar and molar surfaces (members under age 14). Benefits are provided for one application per pre-molar or molar surface each 48 months • Space maintainers needed due to premature tooth loss (members under age 19)

\$500 Calendar-Year Benefit Maximum

Monthly Premiums Dental Blue PPO Preventive

Individual Membership \$ _____
 Individual + 1 Membership \$ _____
 Family Membership \$ _____

