



# Your Summary of Benefits: Blue Edge Dental Preferred

Blue Edge Dental Preferred plan options provide you maximum cost savings. Benefits are increased when participating dentists are utilized. The listed percentages represent the portion of the maximum allowable charge (MAC) for which the plan is responsible. Network providers agree to accept the MAC as payment in full and also agree to file your claims. If you receive covered services from an out-of network provider, the plan will apply the percentages shown to the MAC for covered services and you will be responsible for the difference, up to the provider's charge. Standard deductibles, exclusions and limitations apply.

Blue Edge Dental		
	In-Network	Out-of-Network
Network	Advantage Plus 2.0	90 <sup>th</sup> Percentile
Deductible – Individual/Family (waived for In-Network Class I Services)	\$50/\$150	
Benefit Period Maximum per member	\$1,250	
<b>Class I Services</b>		
Exams	100%	100%
X-rays	100%	100%
Cleanings	100%	100%
Fluoride Treatment	100%	100%
Sealants	100%	100%
Palliative Treatment (Emergency)	100%	100%
<b>Class II Services</b>		
Basic Restorative (Fillings), Posterior Resins	80%	80%
Space Maintainers	80%	80%
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	80%	80%
Oral Surgery (including Extractions)	80%	80%
General Anesthesia	80%	80%
Endodontics	80%	80%
Periodontics (Surgical and Nonsurgical)	80%	80%
<b>Class III Services</b>		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)	50%	50%
<b>Orthodontics (dependents to age 19)</b>		
Diagnostic, Active, Retention Treatment	50%	50%
Orthodontic Lifetime Maximum per covered dependent	\$1,500	
<b>Implants</b>		
Implant Surgery, Supported Restoration	Not Covered	

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