



Benefits	In-network	Out-of-network
lifetime maximum for Class IV services	Not applicable	

## Benefits

Annual exams	100% of approved amount	100% of approved amount
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**Note:** Twice per benefit year

Set (up to 4 films) of bitewing x-rays	100% of approved amount	100% of approved amount
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**Note:** Once per benefit year

In panoramic or full-mouth x-rays	100% of approved amount	100% of approved amount
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**Note:** Once every 12 months Ngl2ce every 60 months

Benefits	In-network	Out-of-network
Scaling and root planing	75% of approved amount after deductible	75% of approved amount after deductible
<b>Note:</b> Once every 24 months per quadrant		
Limited occlusal adjustments	75% of approved amount after deductible	75% of approved amount after deductible
<b>Note: Limited</b> occlusal adjustments covered up to five times in any 60 consecutive months		
Occlusal biteguards	75% of approved amount after deductible	75% of approved amount after deductible
<b>Note:</b> Once every 60 months		
General anesthesia or IV sedation	75% of approved amount after deductible	75% of approved amount after deductible
<b>Note:</b> When medically necessary and performed with oral surgery		
Repairs and adjustments of a partial or complete denture	75% of approved amount after deductible	75% of approved amount after deductible
<b>Note:</b> Six months or more after denture is delivered		
Relining or rebasing of a partial or complete denture	75% of approved amount after deductible	75% of approved amount after deductible
<b>Note:</b> Once per arch in any 36 consecutive months		
Periodontic maintenance	75% of approved amount after deductible	75% of approved amount after deductible
<b>Note:</b> Twice per benefit year		
Tissue conditioning	75% of approved amount after deductible	75% of approved amount after deductible
<b>Note:</b> Once per arch in any 36 consecutive months		

Class III services		
Benefits	In-network	Out-of-network
Crowns, onlays, inlays, and veneer restorations - permanent teeth - for members age 12 and older	50% of approved amount after deductible	50% of approved amount after deductible
<b>Note:</b> Once every 60 months per tooth		

**Note:**  
ADM PLANYR JUL;BLUE DENTAL;DO-BM-\$1500;DO-DBC;DO-DBP;DO-EOS;DO-IN-C1-C0%;DO-IN-C2-C25%;DO-IN-C3-C50%;DO-IN-D-C2/3;DO-IN-FD X2;DO-IN-MD \$50;DO-NP-C3-C50%;DO-NP-D-C2/3;DO-NP-FD X2;DO-NP-MD \$50;DO-ON-C1-C0%;DO-ON-C2-C25%;DO-PPO-MAC;DOBY JUL

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