

2022 GROUP DENTAL PLAN Standard Plan for employees

The Standard Plan offers:

- One cleaning and checkup per benefit period
- Broad local and national network
- No waiting period for preventive services

Your smile says a lot about you – and your health

When you take care of your teeth, you're taking care of more than just your oral health. Research shows a link between periodontal disease – infection of the gums and bones that support the teeth – and complications for many health conditions,^{1,2} such as:

- Diabetes
- Heart disease and stroke
- Low birth weights and premature births
- Osteoporosis
- Respiratory disease

Dental Blue Select can help in the fight against gum disease and many other illnesses linked to it. The plan gives you regular and reliable access to dental professionals who can spot gum disease, which can otherwise go unnoticed for years.

Easy and affordable

It's simple to find a dentist, even if you're out of town, with our broad, nationwide network.³ Though you're free to visit any licensed dentist you choose, there are distinct advantages to visiting a dentist in our network:

- You're not responsible for charges over the allowed amount for covered services
- Dental claims will be filed for you, saving you time and trouble
- Dentists in our network have been credentialed

It's easy to find a dentist. Log in to [BlueConnectNC.com](https://www.blueconnectnc.com), click on the Dental tab then select Find a Dentist.⁴

Choose Dental Blue Select

When you enroll or renew your benefits at work, be sure to add Dental Blue Select. With an easy 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 – because improving your oral health through routine dental care is one way to improve your overall health.

Dental Blue Select gives you reliable access to dental professionals.

DentalBlueSelect™ Standard Plan

Standard Plan Benefits*	
PREVENTIVE – NO CHARGE ⁵	<ul style="list-style-type: none"> • Routine exams and cleanings (one per benefit period) • Bitewing X-rays (one per benefit period) • Fluoride treatment for children under age 19 (one per benefit period) • Emergency dental pain relief • Sealants for children ages 6–15
BASIC – YOU PAY 20% ⁵	<ul style="list-style-type: none"> • Simple restorative services (fillings) • Simple tooth removal
MAJOR – YOU PAY 50% ⁵	<ul style="list-style-type: none"> • X-rays (single tooth) • X-rays (full mouth or panorex, one per 36 months) • Endodontics • Periodontics • Surgical tooth removal and oral surgery • Medically necessary anesthesia related to covered surgery • Space maintainers
LIFETIME DEDUCTIBLE	You pay a one-time \$100 lifetime deductible (applies to preventive, basic and major combined)
BENEFIT PERIOD MAXIMUM	Plan pays \$1,000 per person per benefit period (applies to preventive, basic and major combined)
WAITING PERIODS	Waiting periods may apply
LIMITATIONS AND EXCLUSIONS	<p>This is a partial list of services not covered by your dental benefit plan. Refer to the member booklet for a full list of exclusions:</p> <ul style="list-style-type: none"> • Major restorative services (crowns and onlays) • Prosthodontics (bridges and dentures) • Not clinically necessary services • Hospitalization for any dental procedure • Dental procedure solely for cosmetic or aesthetic reasons • Dental procedures not directly associated with dental disease • Procedures not performed in a dental setting • Procedures that are considered experimental • Drugs or medications obtainable with or without a prescription, unless they're dispensed and utilized in the dental office during the patient visit • Services related to temporomandibular joint (TMJ) • Services received prior to member's effective date • Dental implants, oral orthotic devices, palatal expanders and orthodontics, except as specifically covered by your dental benefit plan

* If you see an out-of-network provider, you may owe amounts above the allowed amount (based on 90th percentile of usual and customary).

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 benefit administrator. This brochure contains a summary of benefits only. It is not your dental plan policy. Your policy is your dental plan contract. If there is any difference between this brochure and the policy, the provisions of the policy will control.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the number on the back of your member ID card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número que aparece en el reverso de su tarjeta del seguro para obtener ayuda.

1 American Academy of Periodontology, www.perio.org/consumer/other-diseases (Accessed August 2020).

2 Office of Disease Prevention and Health Promotion, www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health#4 (Accessed August 2020).

3 Nationwide network available to members using dentists through GRID+.

4 Blue Cross and Blue Shield of North Carolina offers several decision support tools to aid you in making decisions around your health care experience. These tools are offered for your convenience and should be used only as reference tools. You should consult your own legal counsel, tax advisor or personal physician, as applicable, throughout your health care experience.

5 In-network allowed amount is based on our negotiated rate with the provider; out-of-network allowed amount is based on the 90th percentile of usual & customary and out-of-network providers may bill you for amounts above the allowed amount.

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