

Dental Summary

Classified

Benefit	Blue Cross Plan A - Traditional
Choice of Provider	May go to any dentist but Participating Providers won't charge for any balances beyond deductible and coinsurance amount for covered expenses. Non-participating providers may charge for any balance above usual & customary services.
Annual Deductible (per calendar year)	\$25 per person \$75 per family
Annual Limit (per calendar year)	\$1,500
Preventive/Basic Care Exams, Cleaning, X-rays, fluoride, fillings, simple extractions, root canal therapy	70% - 100% - Benefits increase 10% each calendar year only if the dentist is seen for covered services.
Prosthetics Dentures, bridges, crowns, inlays, space retainers	50% after deductible
Orthodontia	50% after deductible