

# WHEATON COLLEGE

## Blue Cross / Blue Shield Dental Blue (July 1, 2009)

(The following is a brief description of the Blue Cross / Blue Shield Dental Blue Plan. Please refer to the plan booklets for detailed information on coverage and participant responsibilities.)

<b>Diagnostic &amp; Preventive</b>	
Comprehensive Exam - once per 60 months per dentist	No Charge – 100% coverage
Periodic Exam - once every 6 months	No Charge – 100% coverage
Full Mouth X-Rays - once per 60 months	No Charge – 100% coverage
Bitewing X-rays - once per 6 months	No Charge – 100% coverage
Single Tooth X-rays - as needed	No Charge – 100% coverage
Teeth Cleaning - once per 6 months	No Charge – 100% coverage
Fluoride Treatment - once per 6 months under age 19	No Charge – 100% coverage
Sealants - unrestored permanent molars, once per tooth through age 15	No Charge – 100% coverage
<b>Basic Restorative</b>	
Silver Fillings - once per 24 months per surface per tooth	Covered at 80%*
White Fillings – once every 24 months per surface per tooth on front teeth, single surface only on back teeth	Covered at 80%*
Oral surgery – single extractions	Covered at 80%*
Oral surgery – surgical extractions	Covered at 80%*
Periodontal Surgery	Covered at 80%*
Periodontal Scaling and Root Planing – once in 24 months, per quadrant**	Covered at 80%*
Root Canal Treatment – once per tooth**	Covered at 80%*
Bridge or Denture Repair – once within 12 months **	Covered at 80%*
Rebase or Reline of Dentures – once within 36 months**	Covered at 80%*
Emergency Dental Care – minor treatment for pain relief **	Covered at 80%*
General Anesthesia – covered for surgical procedures only	Covered at 80%*
<b>Major Restorative</b>	
Prosthodontics – dentures once within 60 months**	Covered at 50%
Prosthodontics – Fixed bridges and crowns (when part of a bridge, once within 60 months)**	Covered at 50%*
Crowns – when teeth cannot be restored with regular fillings – once within 60 months per tooth**	Covered at 50%*
<b>Orthodontics</b>	Covered at 100% of the Maximum Plan Allowance to any Age. \$1,500 lifetime maximum.

\*After Annual Deductible of \$50 per person and \$150 per family.

\*\*Check Plan Booklets for limitations.

Blue Cross/Blue Shield Dental Blue Plan Annual Maximum is \$1,000 per person per calendar year.

Dependent children covered up to age 19; full-time students covered up to age 25. Domestic partner coverage is available. Eligible dependents are covered up to age 26 or for two years past the loss of dependent status, whichever occurs first.

**Did you know?** With Rollover Max from Blue Cross/Blue Shield Dental Blue, members won't lose what they don't use. The Blue Cross/Blue Shield Dental Blue benefit plan lets members roll over part of their unused spending in one year to increase their benefits for the following year and beyond. Visit [www.bcbsma.com](http://www.bcbsma.com) to view program rules and details.