

BCBSMA Dental

For Benefit Eligible Employees and Retirees

Plan Name	Dental Blue With Ortho
Deductible	\$50/person \$150/family
Calendar Year Benefit	\$1,000 per person
Out of Network Coverage	none
Routine Cleanings & Scaling	100% covered
Routine Exams	100% covered
Emergency Exams	100% covered
Pediatric Fluoride (to age 19) Pediatric Sealants (to age 14) Pediatric Spacers (to age 19)	100% covered
Study Models and Casts	100% covered
Routine X-rays	100% covered
Labs, Panoramic X-rays	deductible + 20%
Fillings	deductible + 20%
Periodontal Scaling & Surgery	deductible + 20%
Oral Surgery	deductible + 20%
Extractions	deductible + 20%
Endodontics- Root Canal	deductible + 20%
Crowns	deductible + 50%
Inlays/Onlays	deductible + 50%
Bridges	deductible + 50%
Dentures	deductible + 50%
Orthodontia (Braces)	\$1,000 allowance to age 19
Total Monthly Cost of Single Plan	\$30.00
Total Monthly Cost of Family Plan	\$88.00

City Contribution	50% Single 50% Family
BiWeekly Single Deduction (24 pays)	\$7.50
BiWeekly Family Deduction (24 pays)	\$22.00
Monthly Single Deduction**	\$15.00
Monthly Family Deduction**	\$44.00