

SUMMARY OF BENEFITS

DentalBlue Select Preventive Plan
 Group Name: Union County Public Schools
 Group Number: 133273
 Benefits Effective: January 1, 2020

Deductible Calendar Year • Applies to Coverage B Only	<u>Individual</u> \$25	<u>Family</u> 3x
Benefit Maximums • Applies to Coverage A and B	\$1,000 per Calendar Year	
Covered Services	Benefit Percentages	
Coverage A • Exams, X-rays • Cleanings, Fluoride • Sealants, Space Maintainers	Copay - None Network - 100% Non-Network - 100%	
Coverage B • Basic Restorative Services • Basic Endodontics • Basic Periodontics • Basic Oral Surgery	Network - 50% Non-Network - 50%	
Coverage C • Major Restorative, Implants and Prosthodontics • Major Endodontics • Major Periodontics • Major Oral Surgery	Your Plan does not Cover these services	
Coverage D • Orthodontics	Your Plan does not Cover these services	
Network Option	Preferred	
BluePerks	Discounts on routine vision care, Lasik surgery, weight loss and fitness centers, complimentary/alternative medicine and more	

- This document serves as a summary of the benefits that are detailed in the Evidence of Coverage. These benefits are subject to the Covered Services and Limitations on Covered Services, Exclusions From Coverage, and Schedule of Benefits sections of the Evidence of Coverage.
- When applicable, benefits will be paid based on the Benefit Percentages listed above. Members will be responsible for co-insurance (when benefit percentages are less than 100%), deductible(s), and all other charges when benefit maximums have been met.
- Members may see any dentist. We have contracted dentists on our network that have agreed to limit their charges to our fee schedule. Because we have no contract with non-network dentists, members may be responsible for any billed charges that exceed our Maximum Allowable Charge.
- Implants have been added effective 1/1/08. Anesthesia in conjunction with an implant service is also now covered.