

DENTAL BENEFITS	BCBS	BCBS
	Passive PPO HIGH- Passive PPO	Passive PPO LOW- Passive PPO
Type I – Preventive Services	2024-25	2024-25
Deductible	Waived	Waived
Oral Exams -	No cost	No cost
(2) Cleanings per calendar year	No cost	No cost
Lab and other diagnostic tests	No cost	No cost
Fluoride & Sealants	No cost	No cost
Space Maintainers	No cost	No cost
Type II – Basic Services		
Restorations	80%	80%
Emergency Treatment / General Services	80%	80%
Simple Extractions	80%	80%
Oral Surgery	80%	80%
Periodontics	80%	80%
Endodontics	80%	80%
Type III – Major Services		
Inlays / Onlays / Crowns	50%	N/A
Dentures and removable prosthetics	50%	N/A
Fixed Partial Dentures (Bridges)	50%	N/A
Implants	Not Covered	N/A
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Dental Annual Maximum	\$1,000	\$1,000
UCR Out of Network Percentile	90th	MAC
Type IV – Orthodontia		
Coinsurance	50%	N/A
Orthodontia Eligibility	Child up to age 19	N/A
Orthodontia Lifetime Maximum	\$1,000	N/A
Network	BlueCare	BlueCare

* This is a summary and not intended to be a contract.

Monthly Premium	2024-25	2024-25
Employee Only	\$10.18	\$0.00
Employee & Spouse	\$35.42	\$15.71
Employee & Child(ren)	\$52.85	\$26.79
Employee & Family	\$78.08	\$42.49