

DENTAL BENEFITS		BCBS	BCBS
		Passive PPO HIGH- Passive PPO	Passive PPO LOW- Passive PPO
Type I – Preventive Services		2025-26	2025-26
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

Monthly Premium		2025-26	2025-26
Employee Only		\$29.30	\$17.54
Employee & Spouse		\$58.45	\$35.69
Employee & Child(ren)		\$78.59	\$48.49
Employee & Family		\$107.73	\$66.62