



BLUE CROSS BLUE SHIELD OF ALASKA

Highlights of your Dental Coverage

Bering Straits Native Corporation

Group Number: 4000231

Effective Date: 01/01/2017

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

DENTAL PLAN	2017 DENTAL \$100 - 0/20/50 \$2,000
COVERED SERVICES	
Individual/Family Deductible Per Calendar Year (PCY)	\$100/\$300
Diagnostic/Preventive	Covered In Full
<ul style="list-style-type: none"> -cleanings (limited to 2 PCY) -emergency exams (limited to 1 PCY) -fluoride treatments (limited to 2 applications PCY for members under age 20) -routine oral exams (limited to 2 PCY) -sealants (for members under age 19) -space maintainers (for members under age 20) -x-rays (including bitewing x-rays; complete series or panoramic X-ray once per 36 consecutive months) 	
Basic	Deductible, then 20%
<ul style="list-style-type: none"> -emergency palliative treatment -endodontic (root canal) treatment (limited to 2 per arch when performed in conjunction with overdentures) -fillings (limited to once per tooth surface every 24 consecutive months) -full mouth debridement (limited to once every 3 calendar years) -general anesthesia (limited to covered dental procedures at a dental-care provider's office when dentally necessary) -oral surgery (including simple and surgical extractions) -periodontal maintenance (limited to 4 visits per calendar year) -periodontal scaling (limited to once per quadrant every 2 calendar years) -periodontal surgery 	
Major	Deductible, then 50%
<ul style="list-style-type: none"> -dentures, partial & fixed bridges (replacements limited to once every 5 calendar years) -inlays, onlays & crowns (replacements limited to once per tooth every 5 years) -recementing & repair of crowns, inlays, bridgework & dentures 	
Annual Maximum	\$2,000 PCY applies to basic and major services

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service.