

**BlueDentalSM Elite+ 50 1500
Schedule of Benefits**

**Heart of America Medical Center
273564
January 1, 2022**

The Schedule of Benefits describes the services for which benefits are available under this Benefit Plan subject to the definitions, exclusions, conditions and limitations of this Benefit Plan.

Please retain this Schedule of Benefits to determine Covered Services for this Benefit Plan.

The Claims Administrator shall determine the interpretation and application of the Covered Services in each and every situation.

Service Category	Plan Pays	Deductible Application
Diagnostic Services		
Oral Evaluations (Exams)*	100%	No
Radiographs		
Bitewings*	100%	No
Full mouth*	100%	No
Occlusal Films*	100%	No
Preventive Services		
Prophylaxis (Cleanings)*	100%	No
Fluoride Varnish*	100%	No
Topical Fluoride*	100%	No
Sealants	80%	Yes
Space Maintainers	80%	Yes
Restorative Services		
Amalgam Restorations	80%	Yes
Resin Based Composite-Anterior (White Fillings)	80%	Yes
Resin Based Composite-Posterior (White Fillings)	80%	Yes
Single Crowns	50%	Yes
Single Implant Crowns	50%	Yes
Stainless Steel Crowns	50%	Yes
Inlays	50%	Yes
Onlays	50%	Yes
Inlay Repairs	50%	Yes
Onlay Repairs	50%	Yes
Crown Repair	50%	Yes
Endodontic Services		
Endodontic Therapy (Root canals, etc.)	80%	Yes
Root Canal Retreatment	80%	Yes
Apicoectomy/Periradicular (Root Surgery)	80%	Yes

Service Category	Plan Pays	Deductible Application
Periodontal Services		
Surgical Periodontics	80%	Yes
Non-Surgical Periodontics	80%	Yes
Periodontal Maintenance	80%	Yes
Prosthodontic Services		
Removable Complete and Partial Dentures	50%	Yes
Fixed Partial Dentures (Bridges)	50%	Yes
Adjustments and Repairs of Complete and Partial Dentures	50%	Yes
Implant Services		
Surgical Placement	50%	Yes
Supporting Structures	50%	Yes
Treatment of Implant Defects	50%	Yes
Bone Grafts	50%	Yes
Fixed Partial Denture	50%	Yes
Removable Denture	50%	Yes
Cone Beam CT Images*	100%	No
Removal of Teeth		
Simple Extractions	80%	Yes
Surgical Extractions	80%	Yes
Complex Oral Surgery	50%	Yes
Adjunctive General Services		
Consultations	80%	Yes
General Anesthesia, Nitrous Oxide and/or IV Sedation	80%	Yes
Palliative Treatment (Emergency)*	100%	No
Orthodontic Services		
Orthodontics Services	50%	No

Deductibles

Individual Participation	\$50 per Benefit Period
Parent and Child Participation	\$100 per Benefit Period
Parent and Children Participation	\$100 per Benefit Period
Two Person Participation	\$100 per Benefit Period
Family Participation	\$100 per Benefit Period

Benefit Maximums

\$1,500 per Member per Benefit Period.

\$2,000 Lifetime Maximum per Member for Orthodontic Services.

*Covered Service does not apply to benefit maximums.