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## Get Dental Blue for Individuals

Contact your authorized agent to apply for Dental Blue for Individuals today.

Residents of North Carolina are eligible for Dental Blue for Individuals.<sup>4</sup> Coverage for applications received on or before the 20th of the month will be effective on the first day of the next month. Coverage for applications received after the 20th will begin on the first day of the following month. For example, coverage for applications received from May 1st to May 20th will begin on June 1st. Coverage for an application received from May 21st to May 31st will begin July 1st.

### Dental Blue for Individuals Benefits

Type of coverage	Plan benefits
<b>Preventive services</b> Routine oral exams, Adult and child cleaning, Bitewing X-rays, Sealants ( <i>members 5 to 15 years old only</i> ), Pulp testing, Fluoride cleaning ( <i>members through 18 years old only</i> ), Palliative emergency treatment, Emergency oral examinations, Other diagnostic and preventive services	100%
<b>Basic services</b> Fillings, Space maintainers ( <i>members under 16 years old only</i> ), Endodontics, Simple extractions, Oral surgery, Other basic services	60%
<b>Major services</b> Gingiva curettage, Gingivectomy and gingivoplasty, Periodontal maintenance, Inlays and onlays ( <i>once per 5 years</i> ), Crowns and bridges, Dentures, Other major services	50%
<b>Annual maximum, all services<sup>5</sup></b> (per covered member)	\$1,000
<b>Waiting periods</b> Diagnostic and preventive services / Basic services / Major services	None / 6 months / 12 months
<b>Deductible</b> Basic and major services	\$75

### Limitations and Exclusions

This is a partial list of services that are not covered by Dental Blue for Individuals. Your coverage may be canceled by Blue Cross and Blue Shield of North Carolina for failure to pay premiums when due and for fraudulent statements on your application, among other reasons. Members will be notified 30 days in advance of any change in coverage. Consult your member guide for complete information. Your dental benefits plan does not cover services, supplies, drugs or charges that are:

- Orthodontic services
- Not clinically necessary
- Investigational in nature or obsolete, including any service, drugs, procedure or treatment directly related to an investigational treatment
- Not prescribed or performed by or upon the direction of a dentist or other provider
- Received prior to the member's effective date

- Received on or after the coverage termination date, regardless of when the treated condition occurred or whether the care is a continuation of care received prior to the termination
- For telephone consultations, failure to keep a scheduled visit, completion of a claim form, obtaining dental records, and late payments
- Incurred more than 18 months prior to member's submission of a claim to BCBSNC
- For complications or side effects arising from services, procedures or treatments excluded from coverage under this dental benefits plan
- Provided and billed by a licensed dental care professional who is in training
- Available to a member without charge
- For care given to a member by a provider who is in the member's immediate family
- In excess of the allowed amount<sup>6</sup>
- Cosmetic services
- For dental implants, oral orthotic devices and palatal expanders, except as specifically covered by your dental benefits plan
- Dental services provided in a hospital, except when a hazardous condition exists at the same time, or if covered oral surgery services are required at the same time as a result of a bodily injury

Policy Form #M60 9/06 1 "Dealing with Gum Disease: A Life-Threatening Health Risk," American Dental Hygienists' Association, 2001. 2 "The Health Perils of Gum Disease," Dulce Zamora, WebMD  
 Web site [www.webmd.com/content/article/104/107269.htm](http://www.webmd.com/content/article/104/107269.htm), published April 2005, updated April 2006. 3 "Oral Health in America: A Report of the Surgeon General," Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000. 4 If you've terminated a Dental Blue for Individuals policy within the last 12 months, you are ineligible for coverage. 5 Based on allowed amount. Annual maximum on all services is \$1,000 (includes diagnostic and preventive, basic and major services). 6 Allowed amount is 85th percentile of the HIAA (Health Insurance Association of America) index.

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