



## **Carolinas Association of General Contractors**

**Effective January 1, 2024**

**Dental Blue<sup>®</sup>**

**Prepared By**

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**Prospect # 405687**

**Quote # 6174032**

The benefit highlight is a summary of Dental Blue benefits. This is meant only to be a summary. Final interpretation of the Dental Blue dental plan and a complete listing of benefits and what is not covered are found in and governed by the group contract and benefit booklet. You may preview the benefit booklet by requesting a copy of the Dental Blue benefit booklet from Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Customer Service.

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## Dental Blue Benefit Highlights - Rollover Plan

Services	In-network	Out-of-network
<b>Preventive Care</b> Routine Oral Exams, Cleanings, Bitewing X-rays, Emergency Palliative, Fluoride Application, Sealants, Space Maintainers	0%	0%
<b>Basic Care</b> Routine Fillings, Oral Surgery (including Simple Extractions), Periodontal Maintenance, Endodontics	20% after Dental deductible	20% after Dental deductible
<b>Major Care</b> Crowns, Inlays and Onlays, Dentures, Periodontics	50% after Dental deductible	50% after Dental deductible
<b>Benefit Period Deductible (Applies to Basic and Major Care)</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Combined Benefit Period Maximum</b> (Includes Diagnostic and Preventive, Basic and Major Care)		
	\$1,500	\$1,500
<b>Annual Benefit Threshold</b> <i>(total amount claims cannot exceed within a Benefit Period to qualify for Rollover)</i>		
	\$700	\$700
<b>Annual Rollover Amount</b> <i>(total amount that a qualified member will be eligible to use in subsequent benefit periods)</i>		
	\$350	\$350
<b>Maximum Rollover Amount</b> <i>(the highest amount a qualified member may accumulate during the Benefit Period)</i>		
	\$1,000	\$1,000
<b>Orthodontic Care</b> <i>Covered for all members</i>		
	50%	50%
<b>Lifetime Orthodontic Maximum</b>	\$1,500	\$1,500

Some services may have frequency limitations. For example, 2 exams and cleanings per benefit period, replacements of crowns & dentures every 8 years.

## ADDITIONAL INFORMATION ABOUT DENTAL BLUE FROM BLUE CROSS NC

### What is Not Covered?

The following are summaries of some of the coverage restrictions. A full explanation and listing of restrictions will be found in your benefit booklet.

Your dental benefit plan does not cover services, supplies, drugs, or charges that are:

- Dental Implants, oral orthotic devices, palatal expanders, and orthodontics except as specifically covered by your dental benefit plan
- Not medically necessary
- Hospitalization for any dental procedure
- Dental procedures solely for cosmetic or aesthetic reasons
- Dental procedures not directly associated with dental disease
- Procedures that are considered to be experimental
- Drugs or medications obtainable with or without a prescription unless they are dispensed and utilized in the dental office during the patient visit
- Services related to temporomandibular joint (TMJ)
- Expenses for dental procedures begun prior to the member's eligibility with Blue Cross NC
- Clinical situations that can be effectively treated by a more cost effective, clinically acceptable alternative procedure will be assigned a benefit based on the less costly procedure

### Benefit Period

The period of time, usually 12 months as stated in the group contract, during which charges for covered services provided to a member must be incurred in order to be eligible for payment by Blue Cross NC. A charge shall be considered incurred on the date the service or supply was provided to a member.

### Waiting Period

A waiting period is the amount of time that a member must be enrolled in this dental benefit plan prior to receiving specific services. Waiting periods may apply to some services if the group or member does not have evidence of prior dental coverage.

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Plan code: DS96069  
Facets code: DEN-B1002041 (base)  
Billing arrangement: ee, ee+spouse, ee+children, fam

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