

BlueDental Choice
Benefit Summary

Anniversary Date 1/1/2022

	Low Plan	Mid Plan	High Plan
Deductible (No Deductible for Preventive Services)	In & Out-of-Network Per Person: \$50 Per Family: \$150	In & Out-of-Network Per Person: \$50 Per Family: \$150	In & Out-of-Network Per Person: \$50 Per Family: \$150
Preventive Services	You Pay In: 0% Out: 20%	You Pay In: 0% Out: 20%	You Pay In: 0% Out: 20%
Basic Services	You Pay In: 40% Out: 40%	You Pay In: 40% Out: 40%	You Pay In: 40% Out: 40%
Major Services	You Pay In: 100% Out: 100%	You Pay In: 50% Out: 60%	You Pay In: 50% Out: 60%
Periodic Oral Eval (0120)	Preventive	Preventive	Preventive
Comprehensive Oral Eval (0150)	Preventive	Preventive	Preventive
Bitewing X-rays (0272)	Preventive	Preventive	Preventive
Cleanings- Adult/Child (1110,1120)	Preventive	Preventive	Preventive
Fluoride Treatment- Child (1206, 1208)	Preventive	Preventive	Preventive
Office Visits (9430)	Preventive	Preventive	Preventive
Space Maintainers –fixed – unilateral (1510)	Basic	Basic	Basic
X-rays- Intraoral/Complete Series (0210)	Basic	Basic	Basic
Sealant – per tooth (1351)	Basic	Basic	Basic
Amalgam Restorations (Silver Filings) (2140)	Basic	Basic	Basic
Resin-Based Restorations –Anterior (2330)	Basic	Basic	Basic
Extractions – Routine & Surgical (7140)	Basic	Basic	Basic
Root Canal Molar (3330)	Major (You pay 100%)	Major	Major
Periodontal Scaling & Root Planing – per quad (4341)	Major (You pay 100%)	Major	Major
Osseous Surgery – 4 or more contiguous teeth (4260)	Major (You pay 100%)	Major	Major
Crowns – Porcelain fused to noble metal (2752)	Major (You pay 100%)	Major	Major
Complete Dentures (5110, 5120)	Major (You pay 100%)	Major	Major
Pontic- Porcelain fused to noble metal (6242)	Major (You pay 100%)	Major	Major

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Bay County Commission

Anniversary Date 1/1/2022

	Low Plan	Mid Plan	High Plan
Partial Dentures (5213, 5214)	Major (You pay 100%)	Major	Major
Surgical placement of implant body –endosteal implant (6010)	Major (You pay 100%)	Major	Major
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major (You pay 100%)	Major	Major
Ortho Services	N/A	N/A	All Insureds In & Out-of-Network 50%
Waiting Periods	None	None	None
Maximum Benefits	Plan Year (per person) In: \$750 Out: \$750	Plan Year (per person) In: \$500 Out: \$500	Plan Year (per person) In: \$1,250 Out: \$1,250 Lifetime Ortho (per person) In: \$1,250 Out: \$1,250
Dental Rollover	Yes	Yes	Yes
Type of Coverage	Monthly Premium		
Employee Only	\$15.45	\$20.15	\$28.85
Employee + 1	\$28.09	\$36.65	\$59.82
Employee + Family	\$46.97	\$61.28	\$95.47

