	Dental Blue Basic		Dental Blue Enhanced		Dental SelectHMO
	In-network	Out -of-network	In-network	Out -of-network	In-network only
Annual Deductible	$25		$50/$150		None
Waived for Diagnostic and Preventive Services	Yes	No	Yes	No	N/A
Annual Maximum	$500		$1,250		No
Diagnostic and Preventive Services Cleanings, exams and X-rays	100%	80%	100%	80%	No copayment for these services, however a $5 office visit copayment will apply
Basic Services					
Fillings	80%	60%	80%	60%	No copayment for most fillings
Other Minor Restorative	Not covered				Copayments ranging from $31 to $187 depending on procedure
Major Services					
Oral Surgery	Not covered		50%		Copayments for most commonly performed procedures range from $36 to $223, depending on complexity
Endodontics	50% - limited to pulpotomies on primary teeth only		50%		Anterior root canal* – $289 copayment Molar root canal* – $459 copayment
Periodontics	Not covered		50%		Gingivectomy* – per tooth – $72 copayment
Prosthodontics	50% - limited to stainless steel crowns on primary teeth only		50%		Crown* – $432 copayment Partial denture* – $430 copayment
Orthodontics	Not covered		Children only 50%, $100 Deductible, $500 per year/ $1,000 lifetime maximum		Child - $2,870 copayment Adult - $3,045 copayment Retention – $210 copayment
In-Network Reimbursement	Dental Blue 100 fee schedule		Dental Blue 100 fee schedule		Dental SelectHMO fee schedule
Out-of-Network Reimbursement					None
Waiting Periods	No waiting period for cleanings, exams and X-rays; six-month waiting period for all other covered services		No waiting period for cleanings, exams and X-rays; six-month waiting period for basic services; 12 months for major services/orthodontics		6-month waiting period for fillings for which there is no member copayment

*** Chart reflects copayments when services are rendered by a participating dental office. Amounts may differ if services are obtained through a participating specialty office.**