



**Dental Blue[®] Proposal For
SEQUENCE, INC**

Effective 01/2017

**Prepared By
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Prospect Number 294813
Quote Number 5034150**

The benefit highlight is a summary of Dental Blue benefits. This is meant only to be a summary. You will also be receiving a Summary of Benefits and Coverage document (referred to as an SBC) required under Health Care Reform. Both documents are provided as a convenience to compare available health plan coverage options. Final interpretation of the Dental Blue health 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 BCBSNC Customer Services.

Dental Blue® Benefit Highlights - Rollover Plan

Services	Benefits
Diagnostic & Preventive Care Routine Oral Exams, Cleanings, X-rays, Fluoride Application, Sealants, Space Maintainers	100%
Basic Care Routine Fillings, Oral Surgery, Simple Extractions, Endodontics	80% after Dental deductible
Major Care Crowns, Periodontics, Inlays and Onlays, Complete Dentures, Fixed Partial Dentures	50% after Dental deductible
Benefit Period Deductible <i>(Applies to Basic and Major Care)</i> Individual Family	\$50 \$150
Combined Benefit Period Maximum <i>(Includes Diagnostic and Preventive, Basic and Major Restorative Care)</i>	\$2,000
Orthodontic Care <i>(Covered for all eligible members to age 19)</i>	50%
Lifetime Orthodontic Maximum	\$2,000
Annual Benefit Threshold <i>(total amount claims cannot exceed within a Benefit Period to qualify for Rollover)</i>	\$800
Annual Rollover Amount <i>(total amount that a qualified member will be eligible to use in subsequent benefit periods)</i>	\$400
Maximum Rollover Amount <i>(the highest amount a qualified member may accumulate during the Benefit Period)</i>	\$1,200

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 BCBSNC

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 BCBSNC. A charge shall be considered incurred on the date the service or supply was provided to a member.

Waiting Period

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

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:

- 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 BCBSNC
- 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
- Dental implants, oral orthotic devices, palatal expanders and orthodontics except as specifically covered by your dental benefit plan

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Billing arrangement: ee, ee+spouse, ee+children, fam